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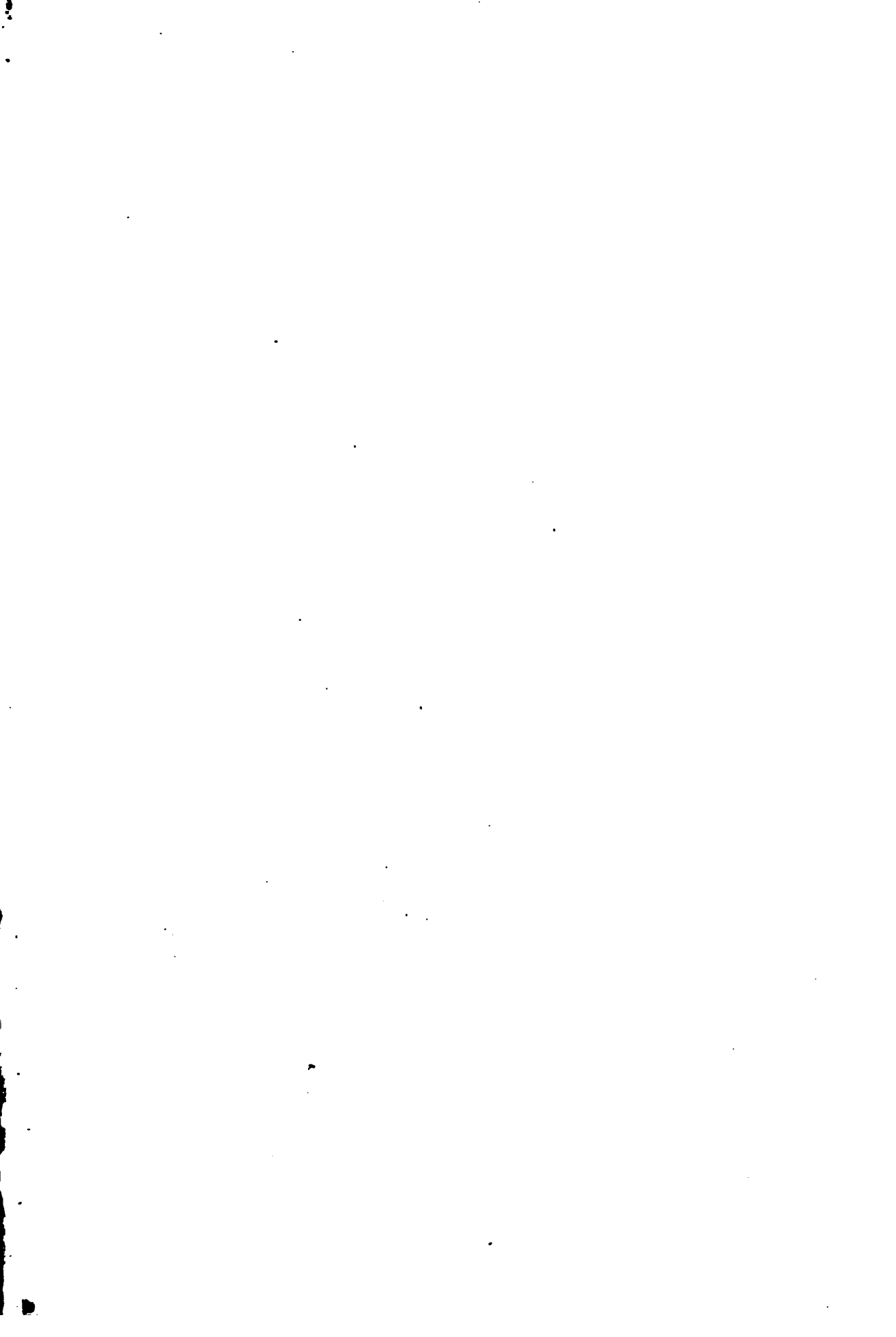
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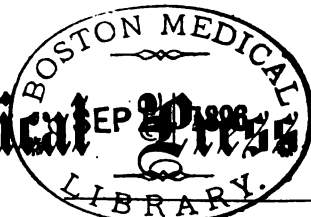
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Lectures

ON

THE DIAGNOSIS OF INSANITY.

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In these lectures I propose to deal with some of the practical and controversial aspects of insanity, and to submit for consideration some hints as to the method of approaching, with a certain degree of confidence, those who are alleged to be insane. Attention to these hints will save much trouble, not only in your examination and diagnosis of the nature of the mental malady, but also in your subsequent experiences should they ever extend to the law courts. My purpose, therefore, is to point out some of the dangers and difficulties which stand in your way in dealing with insane patients.

The first point of importance is that you should, before seeing the patient, obtain all the details of the case from the friends. Sometimes this is no easy task. The relatives of insane patients are only too fond of disguising, or of entirely withholding, the history of an insane inheritance. I have often been told in most emphatic terms that such a thing as insanity has never been known in the family; whereas, on investigation, the whole family for generations had suffered from some form of neurosis. The friends are also fond of attributing the illness of the patient to some fall, shock, overwork, religious meeting, or other cause which no one need be ashamed of, rather than admit the existence of a family taint or predisposition. The parents of idiots are especially prone to assign as the causes of their children's defects, some accidental circumstances which in reality have little or no value as factors.

Another difficulty with which one has to contend is, the informants themselves may be eccentric or even insane. One lady who applied for the admission of her sister to Bethlem, gave a connected and detailed account of her sister's delusions, moral perversions, and tendencies to impulsive violence. Subsequently, however, I was told that the informant herself was the victim of delusions as to her sister, and, moreover, she was actually under certificates at the time she made the application, the sister being perfectly sound. On another occasion a lady described very graphically the sufferings of a friend, who eventually turned out to be the lady herself.

These few notes of warning as to the relatives of insane persons ought to be borne in mind, and it is well to suspend all judgment until you have interviewed the patient, i.e., wait until you have fully inquired into both sides of the question. Over and over again, patients tell us that their friends are insane, and, curiously enough, the friends also not infrequently assert that the obvious lunatic is as sane as anyone. Quite recently one of our patients escaped on account of the stupidity of the police. Being allowed out on leave with an attendant in plain clothes he gave the attendant in charge as a wandering lunatic.

One word more as to the informants. They may be aiding a malingerer. On one occasion a patient was brought into our reception room without the usual admission papers. The friends were very mysterious, and appeared to be unduly anxious to impress me with the fact that the patient was suffering from the delusion that he had been poisoned. On interviewing the patient, the most noticeable feature was a constant attempt at restlessness. The forced expression of the face, and the evident desire to impress me with his insanity, were noteworthy. The friends had followed me into the room, and hastened to explain the nature of the symptoms. After obtaining silence I said to the patient, "What is the matter with you?" He made no reply, but redoubled his exertions, so I said, "Unless you can tell me what is the matter I must ask you to go elsewhere." He looked rather foolish at this, and ventured to glance at his friends for some advice on the matter. After a few moments of painful and perplexed silence, during which *all the voluntary facial contortions had ceased*, he stated that he had been poisoned. "By whom?" I asked. "By my enemies," he replied. "Who are your enemies?" I continued. "That's my business," he replied. "How do you know they poisoned you?" I asked. "Oh," he replied, "I saw them put it into my beer." "And yet you drank the beer all the same," I ventured to remark. At this the would-be patient, contrary to the usual custom of the insane, perceived the folly of his ways and lost his temper. After submitting to severe abuse from both friends and patient, and threats to make the matter public by means of the press, I suggested that since he had seen the poison put into the beer, and had voluntarily drunk it, the best thing he could do would be to go to St. Thomas's Hospital and get an emetic. Subsequently, I found that the would-be patient had endeavoured to avoid being summoned as a witness in an important matter then engaging the attention of the country.

This instance is of importance, and I may point out that insane patients do not argue in this way. Delusions as to poison are usually the result of many factors. Dyspepsia, or discomfort after food, is apt to be misinterpreted by the insane mind, and as a consequence some cause for the unpleasant sensations is sought, and poison is naturally suggested. The patient usually arrives at his fallacious conclusion from his own feelings, and it is not common to have such direct evidence brought forward. Moreover, the absurdity of the idea of a man voluntarily drinking a fluid containing poison was evident even to the patient himself.

To enter at length upon the question of feigned insanity would occupy too much of the time at my disposal. Ever since David "changed his behaviour and feigned himself mad, and scrambled on the doors of the gate, and let the spittle fall down upon his beard," there have arisen keen controversies as to whether apparent insanity is real or assumed. The presence of a motive, the history of the onset of the symptoms, and the inconsistency in the patient's conduct and statements, are the main points for your guidance. Sometimes absolute silence is maintained by the patient. Blandford says, "Comparing a true with a feigned case, I may say generally, that a real

lunatic, when approached by a stranger, appears at first rather better than worse, and more on his guard; he tries to bring his wits together and understand what is going on. But a sham lunatic when we go to him redoubles his efforts to seem insane; he is more energetically noisy, idiotic, and maniacal. Sham lunatics over act or under act their parts, and frequently declare themselves to be insane."

Epilepsy has been simulated, especially, by professional mendicants. The traditional use of a piece of soap to produce foaming at the mouth is of interest. One person, reported to have fits, when first aid was rendered, and the collar loosened, was found to have on his chest a placard stating, "Brandy always cures me."

Delusions are not uncommonly simulated, but it must also be remembered that the prolonged assumption of a delusion will sometimes end in actual insanity. This may come about in two ways. The malingerer may become exhausted through constant anxiety and forced attention to the *role* he assumes, or the constant repetition of his tale may result in a belief in its actual reality. Many of us, at times, imitate the mental aspect of the famous Bill Adams, who fought the Battle of Waterloo. We invent a yarn and improve upon it so often that ultimately we incorporate it as a part of our own actual experience. I do not, however, propose to push this argument too far.

Should I desire to assume the *role* of a certifiably insane patient, my first act would be to dissociate myself from others. I would allow my friends to discover for themselves some eccentricity of conduct or some strangeness of view, together with an attitude of melancholy and despondency. Having raised the element of expectant attention in those who are solicitous as to my welfare, the remainder would be easy. If I simulated an hallucination, I would let others discover it; if a delusion, I would be consistent about it, and teach people how to argue in a circle, and in spite of the evident fallacy in my reasoning, always return to the point from whence I started.

Attention to these matters will furnish any medical man with ample material for certification; but the certificate can be rendered more valid by some hint or attempt to commit suicide. In asylum practice, the worst cases with which we have to deal are those in which there is some confession as to suicide or homicide, and the element of risk adds to our desire to retain the patient under proper control.

Criminals not uncommonly plead forgetfulness of their crime, but it is often a difficult matter to decide. Many, however, have been hanged in spite of this plea, and from a practical point of view, it is far from being efficacious.

Being now fully aware of the possibility of deception on the part of friends and patients we will proceed to the examination of the patient. In the majority of instances it is advisable that you should be introduced to the patient as a medical man. Rarely is it necessary that deception need be resorted to. The relatives are only too apt to practice deception and to seek to introduce you as some old friend of one of the family, or as a man come to see about a dog, or some such frivolous pretext. Any system of deception seldom effects its purpose, and the patient will naturally resent being cross-questioned by a remote friend of the family or by a dog fancier. Moreover, if his suspicions be aroused, he is apt to refuse to submit to any examination whatsoever. It is, in my opinion, the wiser course to be strictly honest with all insane patients. You can effect more by means of a judicious consultation than by any other method.

I have been much impressed by the methods in which various members of the legal and of our own profession have first tackled patients. When the present Lunacy Act first came into force it was ordered

that either a magistrate, judge of county courts, or justice of the peace specially appointed under the Act, should, after seeing the medical certificates, sign an order for the admission of a patient to an asylum.

If not satisfied with the certificate these legal gentlemen had the right to personally examine the alleged lunatic. My first experience of one of these interviews was highly entertaining. The magistrate began by confessing to me that he knew nothing about lunacy, and had never seen a lunatic in his life. He was very anxious to know what he ought to do in order to test the patient, but I politely remarked that it would be presumption on my part to instruct him in his own business, so with many misgivings he entered upon his task. "Good morning," said the magistrate. The lady (who was remarkable for her serenity and capability of justly estimating men and matters) replied, "Good morning, Sir, but I have not the pleasure of knowing you." He at once proceeded to explain who he was, but she turned to me and said "perhaps you will tell me this gentleman's name." I did so, and the magistrate proceeded. "How are you, madam?" "Very well, thank you," she replied. "How are you?" "Oh, I'm all right," he said. "I shouldn't have thought so," she remarked. "you look peculiar about the eyes. Are you a male patient?" "No!" he replied. "I've come to inquire into your state of mind." "Look to yourself," she said, "and remember that I may excuse mere eccentricity, but I will not submit to impertinence." With that the magistrate flushed somewhat, but returned to the charge. "Madam, what I wish to know is, have you any delusions?" At this she rose and said, "Now I know you are neither eccentric nor rude. You are a poor ignorant man with little or no pretence even to common sense. Anyone could tell you that if I had any delusions, and knew they were delusions, they would no longer be delusions. Good morning to you." With that the interviews terminated.

I trust the magistrate has benefited by his experience. I have given this illustration because it represents a position in which you all may find yourselves unless you know how to set about eliciting facts. A patient should never perceive that you are searching for mental defects. We all naturally resent being cross-questioned as to our innermost thoughts by a perfect stranger. Therefore I submit that you ought first to play your part as medical men, inquiring into the conditions of bodily health, digestion, sleep, &c., then when you have convinced the patient that you really sympathise with his or her trouble, the road is easy to find out the mental interpretations of the disordered feelings.

There are three rules for the examination of patients, and unless you hold them ever before you, you will sooner or later find yourselves in the law courts with possibly the stigma of negligence attached to your action. These rules are as follows:—

1. *Test the Facts*, i.e., find out whether the statements of the patient are facts or not, and as part of this rule, you must decide whether the apparent mental perversion is the result of natural causes. In illustration of this point I may tell you some of my own experiences. One patient was admitted to Bethlem under a medical certificate to the effect that he was emotional, restless, crying bitterly, and that he stated that during the last week he had lost his father, mother, and sister. The medical man had actually neglected to test the statements. As a matter of fact, the statements were quite correct, and, moreover, the depression was but the natural reaction to such a series of losses. A man may suffer greatly at the loss of his relatives or become excited at the sudden acquisition of wealth. Did we not respond in some measure to ordinary influences our mental reactions would be defective.

A well-known specialist was lately consulted about an old gentleman who was apparently morbidly emotional and full of ideas of ruin. The patient declaimed bitterly that he was ruined, and that he had not a penny in the world. His wife on the other hand assured the specialist that this was far from being the case. "Indeed," she said "how could we keep up this large house and live as we do if we had not ample means?" In consideration of the ample means and the age of the patient it was decided to keep him at home under suitable nursing and supervision. The old man died in a few weeks and it was found that all his statements were correct. He had been living on trust money and his mental state was but a natural reaction after all.

And now, gentlemen, I wish to speak to you of a case which proved a very wholesome lesson to me. I admitted to Bethlem a male patient who had the following symptoms of insanity:—The patient left his home, came to London, went to a tabernacle, offered up a prayer, upon the sweetness of which he was complimented by various members of the congregation, immediately went to the Elephant and Castle, spoke to a woman of ill-fame and married her. Stated that his father was in the habit of committing unnatural offences, that he would set the Thames on fire, and that he had had communication with the dead. What with the patient's excited demeanour and attempts to do violence to all of us I did not hesitate in admitting him, and more especially upon such evidence as was given in the certificates.

When the excitement had somewhat subsided, however, he reasoned as follows:—

"All my life I have known that my father has committed unnatural offences, and of this you will have evidence from the authorities at Scotland Yard. At times I have been aware of sexual instincts in myself. Knowing that no decent girl would marry the son of such a father, and fearing lest I should give way to a morbid impulse which was ever before me in all its horrors, I determined that of two evils I would choose the lesser, and it was with this deliberate intention that I came to London, went to the Tabernacle to make my peace with God. Then I looked for the most suitable person, and (he said by way of an aside) I think you will agree that my wife is everything that could be desired."

On being questioned as to his state of excitement he replied, "How would you like to be shoved into a place like this the day after your marriage. Give a man credit for some show of energy." Again he continued, "What! I said I would set the Thames on fire, did I? Well, what of that? Have you never in your conceit thought you would set the Thames on fire? Perhaps you think I intended to light it with a match. You *must* be a fool if you take that in its literal sense." "But what about the communications with the dead?" said I. "My good sir," he replied, "if you're going to shut up everybody who believes that, what about all the members of my faith? I have been taught to believe that all my life, and it is no more than your own lot of *psychical research* people believe. How about them, with their *media*, and *telepathy*, and all that? Why don't you shut them all up?"

After a few days this patient was allowed to resume his honeymoon, and it was with great pleasure that I subsequently heard his marriage had proved far from being a failure. Although the episode occurred several years ago, up to the present time the loving couple have maintained a good standard of moral and mental rectitude.

The second point to which I would draw your attention is the

2. *Presence of Hallucinations or Delusions.*—In order to elicit the presence of either of these symptoms

it is absolutely necessary that you should proceed in a systematic way.

Just as you would first discuss the customary diet of a patient suffering from some abdominal complaint, so you ought to discuss the mental diet provided by the special senses in every form of mental disorder. The special senses provide the mind with food for reflection, and it is to their special consideration that I now propose to devote attention.

Unfortunately it is a common experience with us to have the whole nature of a case misrepresented, owing to neglect of the examination of the special senses. Many of the feeble certificates which we have, to do are owing to such neglect. Thus, patients have been described as preoccupied, inattentive, and morose, facts which are of little value in a law court, when a very little care might have elicited the presence of hallucinations of one or other senses, the mere presence of the hallucination itself giving a correct clue to the nature of the malady. As a matter of routine, I usually begin with the digestive organs and inquire about the functions of the whole length of the digestive tract. In many cases attention to this point will provide you with a true estimate of the case. Thus a patient may suffer from a foul taste in his mouth, difficulty in swallowing, pain after food, feelings of fulness, constipation, or other disorder. Having ascertained these facts, find out what the patient thinks of them. A foul taste may be the clue to ideas of poison and delusions of persecution. Difficulty in swallowing may be interpreted as due to the presence of organic disease, or there may be some other hypochondriacal interpretation. Pain after food may be attributed to the presence of cancer, snakes, or even the Devil. Fulness of the abdomen has been attributed to the presence of all sorts of abnormal influences, whilst constipation has furnished even some males with the idea that they were pregnant.

Attention to common sensation will reveal the existence of tinglings, twitchings, numbness, &c., and these very sensations are the clue to delusions as to electricity, and other influences thought to be at work. The paralytic who says he is in the habit of walking on air may receive the impression owing to anaesthesia of his feet. The woman who accuses those around her of persecuting her by batteries may have some feeling of pins and needles in her limbs. So it is with the sense of smell, sight, and hearing. Remember, however, it is with the interpretation of the actual sensations that you have to do.

In connection with this second rule I feel that I must tread upon ground which is of necessity mainly controversial. When we remember that our senses are very defective in many respects, and when we take into consideration the various illusions and hallucinations to which even the wisest of us are subject we must be generous and open-minded in our estimate of what is abnormal in others. Abnormal conditions of perception occur in the sane, in intermediate states between sanity and insanity, and in the insane. A false perception is technically called an illusion, and it must be borne in mind that the process is often largely the same in a false perception as in a true one. Some authors would seek the explanation of the fallacy in an illusion by taking into account the action of the senses only, and they would assume the mental interpretation of the false sensory impression to be the abstract result of a fallacy of the senses.

In the sane person there is a constant liability to errors of perception, illusions are common to us all. Our discriminating power is necessarily limited and defective. Thus the study of sensory perversions belong both to the psychologist and to the mental pathologist. There is no sudden break between the illusions of the sane and those of the insane, and there is often great difficulty in distinguishing between them. Our judgments are liable to be distorted at any time,

and our sensory discriminations may be at variance. Any emotional disturbance, any state of exhaustion, inattention, expectancy, or mental preparedness, may favour the development of some false sensory perception. The transition from sane to insane perceptions is often difficult to demonstrate.

In the *intermediate* conditions, half-way conditions between sanity and insanity, we have many examples of sensory disturbances. Thus, in some dream states, night-mare, religious fanaticism, and many excessive emotional states, we have perversions which are suggestive of a neurosis rather than true nerve health. In hysterical temperaments, especially, do we find illusory morbid conditions. In the sane the illusory percepts may be due to defective knowledge; or the illusory nature of the percepts may be recognised by the individuals in whom they occur as the results of defective energisation. In the intermediate states there is often failure to recognise the true nature of the illusory phenomena at the time of their occurrence, but this knowledge may be gained at some subsequent period.

In the *insane* there is not only a failure to recognise the true nature of the phenomena, but also a belief in their objective reality, and, as a consequence, there is a tendency on the part of the individual in whom they occur to act upon the false evidence presented to the mind by way of the senses.

In order to fully appreciate the influence of the various senses and their perversions of functions in the production of morbid perceptual processes, we ought to devote our attention more particularly to the consideration of the special senses themselves in their morbid objects. Time, however, will not permit this so I now pass to the consideration of actual delusions.

The imperfection of judgments formed by any individual may be due to

1. Imperfect observation.
2. Defective conditions of memory.
3. Imperfect use and conception of words.
4. The presence of emotional disturbances.
5. Traditions, i.e., attending to the notions of others.
6. Rapidity of formation.

Judgments may be correct or otherwise in respect of their mode of formation, but, if, when formed, they are persistent, they may become advantageous or the reverse. Thus, in every branch of science and literature we note the obstinacy with which erroneous judgments are adhered to, and the obstacles which they thus present to the advance of knowledge. A distinction has been made between *instinctive* and *reasoned* judgments. Professor James says a savage is often as tactful and astute socially as a trained diplomatist. Women's intuitions, so fine in the sphere of social or personal relations, are seldom good at mechanics. Most boys teach themselves how a clock goes; few girls. Whateley says woman is an unreasoning animal, and pokes the fire from on top.

In diseased states, the delusions of women, arrived at by intuitional processes, are seldom capable of correction by logical reasoning. The evolution of the mind in man differs essentially from that in woman. The woman at twenty has often formed her mental character in nearly all its essentials, and this remains through life, or, perchance, begins to develop from the reasoning side at the close of the reproductive period; whereas in the youth of twenty the reasoning faculty is undergoing active evolution, the mind is developing and endeavouring to assume a shape, is easily moulded, and deals little with intuitions as compared with reasoning.

The evolution of the mind of woman at the characteristic period I commend to your notice. It is from the ranks of such unfortunate sufferers that we obtain some deluded, but so-called strong-minded, individuals. They become platform orators, seek to redress their

grievances, subdue that reptile man, and, perchance, reform the empire generally.

As we have already seen, delusional states are often associated with illusions and hallucinations, but the presence of delusions does not necessarily imply a condition of mental weakness. Such patients are often shrewd and intelligent, memory good, volition strong, and they are able to keep their emotions well under control. In the sane we see every variety of delusion, arising in some instances from false sense-impressions or illusory phenomena, in others from the propagation of false intellectual beliefs, as in the various psychopathic epidemics, and as the result of ignorance. In the half-way conditions delusions vary from the effects of dreams or nightmare, to superstitious and false beliefs. Hysterical people are subject to temporary delusions, which are the outcome of emotions or loss of control. An insane delusion is usually defined as a belief in something that would be incredible to sane people of the same class, education, or race as the person who expresses it; this resulting from diseased working of the brain convolutions. An insane delusion affects the conduct of life, and is not due to ignorance.

In examining every case it is well to remember that delusions may arise—

- (1) In regard to an individual's self-consciousness. He may become exalted or depressed.
- (2) They may relate to the individual's physical organism, as the outcome of sensory disturbances.
- (3) They may relate to any part of the physical or social environment.

(4) Not only may a man feel that he has lost himself, and that he is someone else, but there may be an alternating condition, in which he believes he is at one time one individual, and at other times another. Or he may believe that he is two persons at once.

Now you will ask yourselves, what are the practical points for your guidance in recording the presence of delusions in your certificates? I would advise you to avoid such statements as the following:—

"Patient says I am a fool."

"Patient says he does not believe in the marriage ceremony."

"Patient says he feels depressed," &c.

As a matter of fact, practitioners who believe in life everlasting hesitate not in certifying a man who believes he will live for ever, and conversely, the believer in dust to dust consigns to an asylum the unfortunate being who says he is going to die. When a man accepts the declamations of his pastor and is at last convinced that his soul is lost he has only to mention his conviction to furnish the most common of all the certified facts indicating insanity.

We must be generous in our estimation of the feelings and beliefs of others, and I would caution you upon accepting their creeds as evidences of insanity. It is done daily, but, sooner or later, trouble will arise, and you may find yourselves in a ridiculous position in a law court, and figuring as a would-be judge upon matters which transcend the knowledge of even the most enlightened theologians.

One more caution I would give you.

The fact that hallucinations are exceedingly common in insane people is no argument that they are necessarily always insane symptoms. On the contrary, some hallucinations may be perfectly compatible with sanity. Who shall define the limits of interpretation of what appears to the mind? The materialist assumes the existence of a molecular causation to account for the origin of all objects of perception, whereas the spiritualist believes in spiritual factors. Who shall decide the issue and prove the sanity or insanity of these combatants? Until we are able to solve these ultimate problems, we must, as presumably sane individuals, be generous in the limits we assign to the interpretation which others give to their own experiences.

Unfortunately, many men define mental health from a purely objective standpoint. They make of it an objective description and not a subjective appreciation. The objective manifestations of the sensibilities, aims, beliefs, and characteristics of others, they regard from their own subjective standpoint. Their own functions, which they regard as sound, are compared with the objective manifestations of others, and any departure from their own standpoint is regarded as psychopathic, and not to be tolerated.

Of late years we have had a superabundance of literature upon the decay and degeneration of the human race. Were we to resort to the *argumentum ad hominem* we might see that these advocates of degeneracy are in reality degenerate advocates. They themselves adopt that weapon of rhetoricians and demagogues, the *argumentum ad populum*, in that they address themselves to the masses at large, and seek to excite their feelings by arrogant and insulting biographical details, which tend to prevent the formation of a dispassionate judgment upon the matter in hand.

Max Nordau might, from his writings, be described as a degenerate. He is not, however, an example of the genius who is degenerate, but of the gifted man who suffers from auto-hypnotism, and who appears to exhibit a condition of monoideism, which has been developed at the expense of his sense of justice and practical reason. I agree with Professor James that the real lesson of the books upon degeneration and genius is that we should welcome susceptibilities, impulses, obsessions, if we have them, so long as by their means the field of our experience grows deeper, and we contribute the better to the race's stores; that we should broaden our notion of health instead of narrowing it; that we should regard no single element of weakness as fatal—in short, that we should not be afraid of life.

In another place (a) I have sought to condemn much of the farcical writing upon the subject of degeneration, and I there pointed out my belief that such writings were due to—

1. Want of true breadth of culture—i.e., a sympathy with art pursuits, literature, science, and religion, derived from something more than a mere superficial examination of the evidence thereof.
2. The difficulty of forming an opinion of the general question from any one standpoint, and under the light of any one set of traditions.
3. The fact that the causes and sources which are most vital can often only with reluctance be disclosed to a nerveless and unsympathetic public opinion.
4. Materialistic bias, and the consequent lack of healthy sociological determination of the will, seeing that the belief in the supernatural has always been almost universal.

And now, gentlemen, it only remains for me to mention the third rule for your guidance in the estimation of a case of insanity. The law requires that not only must a person think abnormally but there must also be some perversion of the conduct which renders the individual unsafe towards himself or to his fellow-beings, and thereby makes him a proper person for care and control. The third point, therefore, is to note the practical outcome of the mental perversion and how the patient's conduct is affected. At present the law is loth to recognise that a person may be insane in his conduct without at the same time having any actual discoverable mental defect. This, however, is a controversial matter which we cannot devote attention to at present. We have more to do with morbid conditions of action as we find them associated with mental perversions.

(a) "Mental Physiology."

Clinically, we have to note the following types of morbid impulse:—

1. General impulsiveness, or the tendency to react immediately to all sorts of external or internal stimuli. Patients of this type break windows, strike others, and are continually getting into mischief.
2. Epileptiform impulses which are unconscious in character, or in which, at any rate, the patient is unable to recall the reasons for, or the nature of, the impulsive act.
3. Sexual impulses, which include the excessive tendencies towards sexual intercourse, onanism, bestiality, &c.
4. Morbid appetites, in which patients are unable to resist eating and drinking all sorts of filth.
5. Homicidal or suicidal impulses.
6. Dipsomania, kleptomania, hyromania.
7. Impulsive conditions, which alternate with forms of intellectual or moral insanity.

These clinical varieties do not, however, include some of the most difficult cases with which you may have to deal. I refer to those cases in which the tendency to act out of conformity with our notions of social and moral rectitude is the result of the evolution of socialistic and other modes of reasoning. In dealing with such cases as these, my test is, and I venture to believe that you agree with me, to put the patient in the light of a sister, and then to decide whether you will sanction the meditated departure from the moral laws which civilisation has imposed upon us. It is needless to say I refer to an instance now engaging the attention of the public, in which the marriage laws are defied as being at variance with social freedom.

In subsequent lectures I purpose dealing in detail with the more important points in diagnosis, and in order to do so with some degree of completeness, considerable attention will be given to the various sensory illusions and hallucinations met with in the insane, and also to the mental perversions associated with defective memory, false conception, and disordered feelings.

THE EFFECTS PRODUCED IN THE RABBIT AND PIGEON BY THE EXTRACTION OF THE STAPES OR OF THE COLUMELLA, AND THE EXPERIMENTAL DESTRUCTION OF THE MEMBRANOUS VESTIBULE.

By PROF. GARNAULT, M.D.

[FROM OUR FRENCH CORRESPONDENT.]

A COMMUNICATION WAS read on the above subject at the last meeting of the Académie des Sciences, by Dr. Garnault.

In 1893 the author attempted extraction of the stapes in dogs and of the columella in pigeons. He took very incomplete antiseptic precautions, but suppuration occurred in only one case, and in that the animal made as good a recovery as the others. No reaction of any kind was manifested, and no complications, temporary or permanent, occurred.

The hearing of animals operated upon on both sides was notably diminished during about a fortnight, but at the end of two or three months it was difficult to distinguish animals experimented upon from those intact.

He destroyed also the tympanic membrane and cauterised it with nitrate of silver, so that it was not again repaired.

Having confirmed the previous experiments of Kessel and Botey, M. Garnault felt justified in practising on men extraction of the stapes, and he communicated to the Congress of Rome, 1894, three operations of the kind.

In a new series of experiments which he has made M. Garnault put on one side—only noting it incidentally—

the return of hearing, on which subject his experiments, as well as those of Kessel, Botey, and Straaten, left no doubt. He wished to take special note by personal observation of the effects upon the pigeon and rabbit of the operation which he wished to perform upon man, in which there is the danger of opening the membranous labyrinth. When the integrity of the auditory nerve has been proved by Rinne's test; and when it has been determined by examination by means of the probe, and particularly by centripetal pressure, that the stapes is fixed by bony ankylosis to the walls of its cell, indications for its removal exist; for it is known by experiments on animals that in extraction practised on man in comparable cases—that is, the auditory nerve being unaffected, but where there does not exist bony ankylosis of the stapes—membranous occlusion after operation of the fenestrum ovale, and the return of a high degree of hearing power is certain. Unfortunately, in these cases, the branches of the stapes become broken, when it is extracted by means of a hook; and it cannot otherwise be withdrawn without danger of opening the membranous labyrinth.

M. Garnault resolved to produce more severe lesions of this kind in animals. In pigeons he opened the membranous labyrinth by introduction of an elevator through the fenestrum ovale. In one pigeon he repeated the operation twice at intervals of three weeks. He did the same operation on rabbits, in which he extracted the stapes, dislocating and breaking it by means of a sharp elevator. When the labyrinth was opened in pigeons and rabbits the operation was never followed by serious or lasting effects on powers of standing, locomotion, or flight, nor was the general health affected. All the creatures thus operated on got well as soon as those from which the stapes alone had been removed. In pigeons the sense of hearing was re-established also in these conditions. It is extremely difficult to judge of the acuteness of the sense of hearing in the rabbit. The wounds healed just as well when no antiseptic precautions were taken as when these were observed.

In view of the important results to be derived from the operation, M. Garnault considers that his experiments justify extraction of the ankylosed stapes in the human subject when the rest of the necessary auditory apparatus is intact. Of course, the operation would be done with strict antiseptic precautions, and lesions of the membranous labyrinth, of which there is danger, could not possibly approach in gravity such as M. Garnault made experimentally on animals which, nevertheless, invariably recovered.

M. Garnault promises in a later paper fully to describe the structure of the membrane which closes the fenestrum ovale.

REAPPEARANCE OF MALARIAL AFFECTIONS IN DUBLIN: A WARNING.

By W. FRAZER, F.R.C.S.I., M.R.I.A.,

MALARIAL diseases were formerly known to occur in many parts of Ireland, and were reckoned among the common maladies that might be expected. I do not speak of the so-called "Malignant Fevers" termed by Gerard Boate, in 1652, "Irish Agues," some of which were possibly due to other forms of fever, and some also, it is probable, to malaria, as his description appears to show. He also distinctly mentions agues, for he states: "As for the tertian ague—some years since, I know not through what secret changes, it hath found access into the island, so that at this time some are taken with it." Certain it is that it continued in some damp districts, as for instance near Dublin at Swords,

along the banks of the river Liffey, at Island Bridge, at Bantry, and at the rere of Phoenix Park, where there was a wide extent of land saturated with water, first drained about forty years ago. The milder form of malarial disease, known as "Brow Ague," common in the city of Cork, and of late years, more frequent in parts of Dublin than it used to be, has never left us, but for a considerable time past, ague in any form would be thought more than rare.

I regret to say that an unmistakable example of summer-autumnal remittent fever, as witnessed in the South of Europe, came this autumn under my care, succeeded in its decline by symptoms of ordinary ague, and I have heard of another remittent attack, both patients living in Dublin. Possibly, if watched for, more of these unpleasant affections may be recognised. My case occurring in private practice, it is needless to give the detailed course of the malady. It was seen in constant consultation with another physician, and as the patient was unable to take quinine in any form, other treatment had to be employed. The remittent fever nearly lasted three weeks, then came a lull of about ten days. Subsequent to this marked attacks of ague set in. The patient is now convalescent.

PERFORATION IN ENTERIC FEVER ITS SURGICAL TREATMENT.

By FREDERICK HOLME WIGGIN, M.D.,

Visiting Surgeon, New York City Hospital.

THERE is no complication of enteric fever more dreaded by the physician than perforation. It occurs in about two per cent. of all cases. Its most frequent causes are improper diet, distension of the bowel from any cause, or too early and sudden movements of the patient. It is present as often in mild cases as in those which are severe and is most frequently met with in young adult males. As is well known, its recognition is not difficult. Its occurrence is announced by the advent in the course of the fever of sudden severe pain in the right iliac region, accompanied by symptoms of collapse, this being soon followed by the symptoms of peritonitis, and almost invariably on the second or third day the case terminates fatally. The site of the perforation is generally found to be in the last twelve inches of the ileum.

The late Prof. Loomis, in the course of the discussion on Dr. Reeve's paper on typhoid fever, read before the Association of American Physicians in 1890 said: "I do not remember to have seen a single recovery after there were unmistakable evidences of intestinal perforation. Recovery from a localised peritonitis, complicating typhoid fever, is not uncommon, but when characteristic symptoms of intestinal perforation are present, in my experience a fatal issue soon follows." With such evidence and our own individual experience of the hopelessness of the patient's condition when reliance is placed on Nature's efforts at repair (spontaneous recovery resulting less frequently in this than in other forms of perforation, on account of the central location of the injury), it is not to be wondered at that with the constant reports of successful operations for the relief of perforation from other causes and in other locations, the physician should turn toward the surgeon, asking if among the good tidings modern surgery is proclaiming to many sufferers there is not some message of hope for the unfortunates whose condition we are considering, who seem at present to be condemned to an untimely death, and by whose bed-sides he has so often stood with folded hands, helpless to aid them. Dr. Bontecou, of Troy, who was the first in the United States to operate for this form of perforation, claimed that "when this mortal accident occurs,

laparotomy cannot impair, but may improve the patient's chance of recovery." Dr. Van Hook, in his admirable paper reporting the first successful case of operation for perforation occurring in the course of a closely diagnosed case of enteric fever, remarked: "It is strange, nevertheless, that a question involving the only promise of help for five and seven-tenths per cent. of all those dying of typhoid fever should not have excited even more interest and discussion." Dr. Robert Abbe, (a) in a recent report of a case, also successfully operated upon, said: "Why one class of cases should be left to die, while we operate on all appendicitis cases, when perforation can be recognised, does not appear." Again, Prof. Kussmaul, of Strasburg, some time since, said: "Granted that the chance of a successful issue is heavily against you, that the patient is in the midst or at the end of a long sickness, that his tissues are in the worst state to stand the injuries of the surgeon's knife, that the lesions of the gut may be extensive, that the vital forces are at the lowest ebb, no one yet has hesitated to perform tracheotomy in the laryngeal complications of enteric fever which require it to save life, for these reasons."

With this testimony and much more that could be offered in favour of operation, one cannot help being surprised in looking over the literature of this subject, to find on record only twenty-four cases, of which six recovered. If those cases are rejected in which there is doubt of the diagnosis, we find only seventeen cases where an attempt has been made to relieve the patient's desperate strait by surgical means. Of these three recovered. Allusion has already been made to the first and third, and the second recovery belongs to Dr. Netschajau, of St. Petersburg. The writer's opinion, formed after a careful study of the subject, and from a considerable experience in abdominal operations when the patients were septic and consequently in bad condition, is that the physician on taking charge of a case of enteric fever should prepare himself to act with promptness on the occurrence of perforation. It is well to remember that while there should be the least delay possible these patients rarely die in the first state of collapse, and that this condition is not one favourable for operation. The patient as soon as the diagnosis is made should be stimulated by means of strychnia and morphia. If the patient rallies then the operation should be performed without loss of time, and under favourable conditions there is a fair chance of success, especially in those cases in which the course of the fever has been mild or where the perforation has occurred during convalescence. Of course, if the patient refused to respond to the stimulation the operation would be useless. Dr. Abbe, in the paper previously alluded to, said: "Very essential do I consider it that the surgeon should never be so hasty in getting at his work that he enters upon it handicapped by poor assistance, poor light, or poor arrangements for irrigation." While the patient is being stimulated the necessary arrangements for the operation can be made. The writer's experience has shown him that a laparotomy, although the personal care and trouble is greater, can be even more safely performed in a farmhouse with good surroundings than in a city hospital. All that is requisite is a clean light room, without carpet or furniture, except two or three wooden tables, an abundant supply of hot and cold soft spring water which has been sterilised by boiling, and a dozen towels.

Patients of this class do not bear anaesthesia well, and, in fact, the great danger comes from this source. With a closed inhaler of the Clover type, or Dawbarn's modification, which the writer has used with satisfaction for some years, patients can be readily anaesthetised and kept unconscious for an hour with four ounces of ether. The incision should usually be in the median line between the umbilicus and the pubes,

rather than over the site of the pain, true as this guide generally is to the point of perforation, for from this point one has the abdominal and pelvic contents under command. Search should first be made in the pelvis because collapsed small gut and extravasated matter tend to fall into this cavity, as has been pointed out by Bland Sutton (a). If the inflamed and perforated intestine is not found here the caecum should be sought, and the last foot of ileum is then easily located and looked over. When the injured point is found, the perforation should be closed if possible by Lambert's or Halsted's mattress sutures and should then be covered by an omental graft. The sutures for closing the abdominal wound should now be placed, all the layers of this wall being included. These sutures should be of silk worm gut. When this has been accomplished the abdominal cavity should be freely irrigated with a hot saline solution (half a drachm to the pint), about two gallons being used, the temperature of the water being from one hundred and ten to one hundred and fifteen degrees Fahrenheit, according to the degree of shock the patient is suffering from and in most cases the abdominal cavity should be left filled with the irrigating fluid, and the sutures already passed should be drawn and tied. If effort has been made by nature to shut off the perforated point by adhesions before they are disturbed the general cavity should be shut off by sponges or gauze. In some cases all that would be advisable to do would be to draw the perforated intestine into the wound, and after free irrigation of the abdominal cavity it should be stitched to the wound or surrounded by gauze, further procedure being delayed till a future occasion. In a still more desperate case, one occurring earlier, when the fever was at its height, or in which the fever had run a severer course, one might with the aid of cocaine anaesthesia rapidly open the abdominal cavity over the site of greatest pain, and after irrigating, surround the perforated intestine by gauze, thus shutting off the general cavity, favouring the formation of adhesions and securing drainage, as has been suggested by my friend, Dr. E. D. Ferguson. In one of the successful cases previously alluded to, Netschajau, a portion of the perforated intestine was excised, and now that an anastomosis by means of the Murphy button can be easily effected in five minutes, it may in favourable cases, especially in those in which a number of ulcers are near together and in a dangerous condition, be quicker and wiser to excise the diseased intestine. The decision as to the best procedure must be determined by the circumstances of each case and by each operator for himself. It is here that skill and experience count for the most. Personally, I favour closing the abdominal wound after free irrigation, leaving the abdominal cavity full of the hot fluid, as I know from many past experiences how much this procedure does to lessen shock and to prevent the danger of septic infection of the peritoneum. If at this time shock were still great, it would be wise to follow Dr. Abbe's advice to administer an enema of black coffee and whiskey on the operating table.

In conclusion, may we not all agree that in many cases of perforation occurring in the course of enteric fever an attempt should be made to save the patient by operation. The patient should be freely stimulated on the occurrence of this accident and careful preparation ought at once to be made for the operation. Time should not be purchased at the expense of experience, light or competent assistance. The smallest possible amount of ether should be used. The surgical procedure should be the least that offers hope of recovery to the patient. We must remember that the chance of a successful termination of our work increases with every drachm of ether and every minute saved. Finally, the physician must realise more fully that the surgeon

(a) *Medical Record*, January 6th, 1896.(a) "*Clinical Society Reports*," London, March 9th, 1894.

is his assistant and not his rival and must give him as well as the patient a fighting chance by calling him early and not after several days of hesitation which has too often been the case in this and other forms of intra-abdominal disease.

Under favourable conditions I am convinced that modern surgery has a remedy to offer these patients and that in the near future the mortality from perforation occurring in the course of enteric fever will be markedly lessened.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF SURGERY.

MEETING HELD FRIDAY, DEC. 6TH.

The President, Sir THORNLEY STOKER, in the Chair.

THE SECRETARY, Mr. KENDAL FRANKS, asked if Mr. R. H. Woods would favour the Section with details of the very interesting case he had shown previous to the meeting, and upon the successful treatment of which he wished to congratulate Mr. Woods.

Mr. WOODS gave an account of the case of the man, *æt.* 28, upon whom he operated for extra-dural abscess in the cerebellar fossa on the left side, complicated by thrombosis of the lateral sinus, following middle ear disease. Two days later he again trephined him and evacuated an abscess in the left temporo-sphenoidal lobe. The man made an uninterrupted recovery.

Mr. WHEELER asked several questions about the case, to which Mr. Woods replied.

Mr. Woods then read a paper on

EXCISION OF HALF THE LARYNX.

The case described, said to be the first of its kind in Ireland, was one of malignant disease of the larynx in a man, *æt.* 32, whose dominant symptom was great pain in swallowing. There was no previous illness or history of syphilis; his father died of cancer of the neck. There was a tumour occupying the right half of the larynx and growing through the ala of the thyroid cartilage, so as to present externally. The glands were secondarily engaged; a piece of the tumour torn off proved to be a squamous epithelioma. Preliminary tracheotomy was performed and the right half of the larynx then raised. All the tissues from the great cornu of the hyoid bone to the arytenoid cartilage, inclusive, were removed. Two chains of glands were dissected out, a stomach tube was tied in, and the cavity plugged with iodoform gauze. The following day the temperature was 100.8° F., from whence it steadily fell to normal. The tracheotomy tube was dispensed with on the third day; on the 28th day the patient swallowed. After four months recurrence took place in a gland behind the clavicle. Its removal was attempted but without success, owing to air entering the veins. The patient died of pneumonia shortly afterwards, nearly five months after the excision.

Mr. CROLY thought that filling the wound with water was the best way of preventing canalisation. The difficulty of having oxygen always at hand was very much against its use in cases of emergency, such as of air entering a vein. He was rather sceptical as to the value of oxygen in such cases. He (Mr. Croly) desired to put three questions to Dr. Woods:—1. Why he did not remove the whole larynx? 2. Why he did not use water to prevent canalisation? 3. Why he did not ligate the jugular vein before proceeding to remove the glands adherent to its walls?

Mr. KENDAL FRANKS said Mr. Woods deserved to be congratulated on having described in a very interesting manner the details of an exceptionally brilliant operation. Unfortunately, the result was fatal, but death could not be ascribed to excision of the larynx; it was due to an extension of the disease, for the removal of which the operation had been undertaken. He believed he was right in describing Mr. Woods' case as the first undertaken in this country for the partial removal of the larynx. He had seen, in such a case, ether administered by the rectum,

but the patient died within forty-eight hours from colliquative diarrhoea, and the *post-mortem* showed acute inflammation of the whole of the large intestine. The administration of chloroform by means of Trendelenburg's apparatus through an opening in the trachea, as performed by Mr. Woods, was far better. He entirely disagreed with Mr. Croly's view that the whole larynx should have been excised. It made a great difference to the patient whether he lost his whole larynx or only half. Recurrence did not take place in the healthy side, but in the cicatrix, or in the glands of the neck of the affected side. Moreover, partial excision was far from being as dangerous as complete excision. Mr. Franks asked why Mr. Woods, in the second operation, did not tie the vein above and below, and remove the included portion with the adherent implicated glands.

Mr. WHEELER said that the rectal method of administering anaesthetics was not to be recommended. In one case that he had ether thus administered, the intestines became distended, pressed on the diaphragm, and considerably embarrassed breathing.

Professor BENNETT thought that a great source of danger in the administration of ether by the rectum was that the ether was apt to accumulate in the intestines, and therefore the quantity given was not easily controlled.

Mr. Woods, in reply to Mr. Croly, said that his finger introduced into the wound completely controlled the vein, and prevented the further entrance of air, and was much more rapidly effectual than filling the wound with water. The immediate improvement in the condition of the patient after the administration of oxygen, suggested oxygen as perhaps the best remedy for canalisation. The implicated glands were adherent not only to the internal jugular, but also to the subclavian and innominate veins, and the condition of the patient would not permit of such a serious proceeding as ligature and excision of these veins would involve.

A DISCUSSION OF SOME OF THE METHODS OF INTESTINAL ANASTOMOSIS.

Mr. MYLES in his communication described at length, and illustrated by a series of preparations, the methods introduced by Senn, Murphy, Mayo-Robson, &c. He discussed the merits and demerits of these various methods at some length, pointing out the special circumstances which seemed to him to be factors in determining the choice of any one method in any given case. His general conclusions were that simple suture alone, where possible, was the best method for end to end anastomosis. That for gastro-enterostomy, Senn's plates, fortified by a peripheral row of Lambert's sutures, seemed most promising; that the Murphy button was the readiest method of lateral anastomosis in the small intestine, and with care might be used for end to end anastomosis in the same situation, but that especial attention should be given to the turned-in portion of the mesentery when used for this purpose; that it should not be used for the large intestine at all, owing to the contents of the bowel being solid there. The operator should take great care to use a button not large enough to stretch the wall of the gut.

Mr. MYLES pointed out that all the methods now in use produced as a substitute for the contractile bowel an inert tube of cicatricial tissue at the point of junction.

The PRESIDENT said that one of the great questions as yet unsettled in surgery was whether we should prefer end to end or lateral anastomosis. For lateral anastomosis he was in favour of Senn's plates. He would not care to use Murphy's button to procure anastomosis above the ileocaecal valve. The button made of aluminium he considered superior to others. In a case in which he used Murphy's button in the colon, the patient died of septic peritonitis, which the *post-mortem* showed was due to sloughing of the intestine, extending both upwards and downwards, from the place where the button was inserted.

Mr. M'ARDLE believed that by far the best method of intestinal anastomosis was by the use of Murphy's button. The statistics which he had received from Mr. Murphy himself proved this. In 76 cases treated by methods other than Murphy's, 41 died. In 12 cases that were operated on for gangrenous hernia, and where Murphy's button was used, only two deaths occurred; and in 14 cases of internal strangulation its adoption was followed

by only one death. Taking 78 consecutive cases, we find there were only 10 deaths, although the list included many of great gravity. Mr. Murphy lays great stress on the necessity for closing the little triangular wound at the mesenteric border. By this means puckering is lessened and leakage prevented. A single case of stricture of the bowel following Murphy's method has not been recorded. Mr. Murphy insists on the button fitting easily into the lumen of the intestine. It should not, he says, be more than 15-16ths of an inch in diameter for small intestine. In his opinion Senn's plates were far inferior to Murphy's button. In returning the bowels into the abdomen the bowels should be placed in parallel rows, and the end containing the button should be placed most superficial.

Mr. KENDAL FRANKS said that end to end anastomosis by a continuous suture was the ideal method of treatment, and should be employed in all cases where urgency was not extreme. He did not attach much importance to the material of which the sutures were made, nor to the peculiar method of suture employed; but what he thought most important was, that the sutures should be made to pass through healthy tissue. Leakage was nearly always due to placing sutures in unhealthy bowel. A large amount of intestine—three, four, or five feet—could be safely removed if necessary, and it was better to take too much than too little. In cases of urgency, where the suture might take too long and might endanger the patient's life, he thought Murphy's button was the most useful contrivance, and deserved the place it occupied in surgery.

Mr. CROLY was favourably impressed by the small experience he had of Murphy's button.

Mr. MYLES having replied,
The Section adjourned.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD WEDNESDAY, DECEMBER 18TH.

Dr. W. CRAIG, Vice-President, in the Chair.

THIS meeting was devoted entirely to the exhibition of patients and specimens.

CASES.

Dr. ALLAN JAMIESON showed a girl, *æt.* 3, with Xeroderma pigmentosa. He explained that this was the second case of this disease reported from Scotland. The disease commenced in this child with some itchininess of the face followed by freckling. At present the skin of the face was much pigmented, with, in some parts, atrophic spots and warty growths. These warts were a special characteristic of the disease, and later on, became epitheliomatous, sometimes sarcomatous. In this case the face alone was affected.

Dr. MCGILLIVRAY showed: 1. A girl, *æt.* 7, in whom he had excised the condyles of the humerus for dislocation and fracture. 2. A lad, after thyrotomy for papillomata of the larynx. He generally performed a preliminary tracheotomy, and left the tube in for twenty-four hours after the other operation. The growths on the cords were easily removed, but those that sprang from the pouch between the cords presented much more difficulty. The bases of the warts were touched with fuming nitric acid.

Mr. J. M. COTTERILL showed—1. A girl on whom he had operated for a cyst of the pancreas. She had been ill for twelve weeks and exhibited a large swelling in the left hypochondrium about the size of a hand. Aspiration removed fluid. Following Mr. Cathcart he had operated from behind, making an incision just outside the erector spinae, and below the renal vessels. The cyst had thick fibrous walls. The patient was now quite well, for after three months drainage of the cyst, the wound had closed up very satisfactorily. 2. A boy, *æt.* 4, with a swelling in the sacral region which disappeared on pressure. The finger could be inserted into a hole in the posterior aspect of the sacrum, and, if introduced into the rectum could be felt passing through a large patency in the bone near where the swelling projected. Examination of the fluid drawn off from the swelling proved it to possess the characters of cerebro-spinal fluid. The boy was in other

ways deformed, in fact he was a museum in himself, for he had a clubfoot, a congenital inguinal hernia, ill-developed ears, some cardiac lesion, and an abnormally flexible elbow-joint, probably the result of an old fracture. 3. A woman who had come to him with a swelling of the cheek commencing in front of the ear. The presence of pus was diagnosed and evacuated. Later on granulations appeared at the mouth of the wound which on examination were found to contain the fungus of actino-mycoosis. The swelling had subsided to a great extent, but the question was, what was the correct treatment in the future?

Mr. CAIRD also showed three patients—1. A lad in whom a part of the humerus had been wanting owing to acute myelitis, and on whom he had operated successfully. 2. A boy, *æt.* 14, whose skull he had trephined for supposed meningitis over Broca's convolution on the left side. The patient had had a mastoid abscess which had been opened, and later on symptoms of meningitis set in. Nothing was found at the operation, but the boy became perfectly well a short time afterwards. 3. A lad on whom he had operated for dilated stomach. The pylorus was one inch in length and of the thickness of a slate pencil. The stomach held 80 oz. A longitudinal incision was made in the pylorus and stitched transversely together, while the stomach was made smaller by the stitching together of its reduplicated walls. The patient had been benefited by the operation.

Dr. J. THOMSON showed a case of Neuritis following measles, and one of Elephantiasis of the face, scalp, and neck.

Mr. WALLACE showed a patient who had made a perfect recovery after the evacuation of a large cerebral abscess involving the left temporo-sphenoidal lobe. The abscess had followed suppuration in the mastoid cells.

Mr. STILES show three patients; 1. A child with complete arrest of development of both ears. 2. A child with a cervical rib. 3. A child with symmetrical tubercular lesions, namely, osseous tubercles of the floor of the orbit.

Mr. ALEXIS THOMSON showed two men in whom he had excised portions of the fifth nerve for neuralgia. In one he had performed Rose's operation and called attention to the small amount of deformity resulting.

Dr. NORMAN WALKER showed four cases of lichen planus, one of leucoderma, and one of lupus vulgaris.

SPECIMENS.

Dr. BURN MURDOCH showed a piece of raw rhubarb which had caused intestinal obstruction in a child, and a specimen of caries of the stilo-axoid articulation.

Dr. A. JAMIESON showed the two parasites of ringworm under the microscope.

Dr. MACKENZIE JOHNSTON showed a boot button which had formed the centre of a rhinolith.

Dr. WALLACE: 1. Epithelioma of larynx, after complete laryngectomy. 2. Malignant double stricture of the oesophagus.

Dr. LEITH: Specimens illustrating a case of coincident simple perforating ulcer of the stomach, and primary colloid cancer of cæcum. 2. Two cases of malignant disease of the terminations of the common bile duct.

EXHIBITS.

Mr. CAIRD exhibited a portable steriliser for instruments.

Mr. STILES an improved tonsillotome (Mathieu).

LIVERPOOL MEDICAL SOCIETY

MEETING HELD FRIDAY, DECEMBER 12TH.

MR. CHAUNCEY PUZEY in the Chair.

THROAT CASES.

MR. BARK showed two patients after endo-laryngeal removal of Singer's nodule. They were both professional voice users. The first, a "star comique," had completely lost his singing voice. The growth had been removed in 1892, by another specialist, but recurred in about a year. He presented himself in July, 1893, and the growth was completely removed by means of Grant's guarded laryngeal forceps. Two weeks after the operation he fulfilled an engagement at Brighton, and wrote "that his voice had

never been better." Two years have elapsed without recurrence. The second patient, a choir-master, had suffered from hoarseness and loss of singing voice for over two years. The growth in this case also was removed by Grant's forceps, on the 29th June, 1894. His voice had been good ever since. Mr. Bark also showed a papilloma removed from the anterior commissure of the larynx by means of Gibb's snare, and a patient suffering from trachoma of the larynx.

Dr. STEEVES read a short note on

A RESPONSIBILITY TO THE LYING-IN PATIENT FROM A SANITARY POINT OF VIEW.

Puerperal fever now being a "notifiable disease" we no longer question the nomenclature from a public health standpoint, so long as the practitioner and sanitary authority do their duty under the Act: remarks confined to that variety of puerperal fever which exists as the result of defective sanitation. Dr. Steeves referred to instances where puerperal septicæmia existed as the result of atmospheric infection by sewer-gas. He touched on the result of removal of patients suffering from puerperal fever to healthy surroundings. In the city of Liverpool, one-third of the cases of puerperal fever reported occurred in houses which came under the category of insanitary. The prevalence of puerperal fever is no necessary index of the amount of zymotic disease. In Liverpool, in 1893, 82 cases of puerperal fever; in 1874, 68 cases. But there were many more cases of zymotic disease in 1894. A total of nearly 1,000 more in the latter year. The medical attendant when engaged to attend confinements rarely proceeds to the premises of the patient to investigate the sanitary conditions likely to affect the case ultimately. He pointed out the necessity where the owner refuses to abate a nuisance, of the physician calling the attention of the sanitary authority. Where the physician is without experience in sanitary detail, he should not hesitate to obtain a skilled opinion, a protracted period of ill-health, often conveniently passed as "general debility" frequently results after a confinement, the victim suffering from chronic sewer gas-poisoning, only got rid of by change of residence or alteration of sanitary arrangements. He then moved the following resolution, viz.: "That in the opinion of the members of the Liverpool Medical Institution, it is the duty of every medical practitioner when engaged to attend a confinement to forthwith inspect, or cause to be inspected, the premises of the patient, with a view of having any sanitary defects which may exist corrected, and so further the stamping out of puerperal septicæmia by the methods of preventive medicine."

SPINAL LOCALISATION.

Prof. SHERRINGTON, in a paper on this subject, drew attention to the localisation of function in the spinal cord, as illustrated by the distribution to the skin of the sensory spinal nerve pairs arising from the cord. He pointed out that experiments show the field of skin supplied by each sensory spinal nerve-root to be a large area of somewhat simple configuration. Where simplest, *e.g.*, in the trunk and neck the segmental skin-fluid is band-like, wrapping transversely round one lateral half of the body. In the limbs the spinal skin-fields are distorted from the simple band-like type. Further, in the limbs the spinal skin-fields are disconnected from attachment to the median line of the body, although in the trunk and neck each of the special skin-fields always extends from the mid-dorsal line to the mid-ventral line. In the regions of the limbs the mid-dorsal line of the body may be said to extend laterally in a side-branch forming a secondary axis almost at right angles to the main axis; upon this secondary axis, which may be called the limb-axis, the spinal skin fields are ranged, as though upon folded portions of the axial lines of the trunk itself. Each spinal skin-field spreads out to a marked extent into neighbouring spinal skin-fields. Each spinal skin-field has in this way an overlap into the next field in front and into that next behind. There is, therefore, no area of skin which is supplied by one spinal nerve above, and the supply is from two roots, in some places, *e.g.*, the palm (from three spinal roots, although in a plexus each sensory spinal root gives separate contributions to many nerve trunks, the cutaneous distribution of the root composes a field not of discrete or disjointed patches, but of

patches so-joined that the distribution of the entire root forms one continuous field.

Prof. PATERSON described the distribution of special nerves to the skin and muscles of the trunk and limbs of man. He pointed out that while superficially segmental in origin, the spinal nerves are truly segmental in distribution only to the muscles of the thoracic wall; and that where the segmental elements forming muscles have combined, the segmental nerves combine also, forming plexuses. With regard to cutaneous innervation it was certain that a certain overlapping takes place in the distribution of the simplest type of the nerve, so that it was possible to affirm that no spot of skin and no muscle (except the intercostal muscle) is supplied by a single spinal nerve. With this qualification the cutaneous innervation of the trunk between the limbs is zonular; continuous belts of skin are supplied from back to front by the branches of the third to the twelfth thoracic nerves. The nipple lies in the track of the fourth, the umbilicus in that of the tenth, nerve. The growth of the head and limbs causes the adjacent nerves to be drawn out of their primitive positions, so that the back of the head is innervated by C. 2 and 3; the buttock receives nerves from T 12 and L₁; and the buttock and back of the thigh nerves from S. 2 and 3. In the limbs lines (dorsal and ventral axial lines of Sherrington) could be drawn from the middle line of the body down the limbs, and indicated the meeting place of widely separated nerves. In the area the dorsal line separates the area supplied by third and fourth cervical from that supplied by second and third thoracic. The central line extends to the wrist, and separates the areas of distribution of C 3, 4, 5, 6. from those of 7, 8, and it is only at the ends of these lines that a continuity of distribution appears, and the seventh cervical nerve takes its proper place in cutaneous innervation. In the lower limb the dorsal line traceable over the buttock to the head of the fibula separates L 1, 2, 3. from S 1, 2, 3. The ventral line extends from the penis (supplied by L 1. and S 2, 3.) to the inner ankle and separate from above down, the areas in the front of the limb supplied by L 1, 2, 3, 4. from those on the back supplied by S 3, 2, 1. At the ends of these lines as in the arm the intervening nerves L. 4 and 5 or L. 5 make their appearance, and cause regular continuity of innervation of the leg and foot. It is seen in the limbs that in spite of the apparent complexity due to the combination of the spinal nerve in the plexuses and in the nerves of distribution, a definite arrangement exists by which the skin and muscles are supplied by a gradually descending series of spinal nerves proceeding from the preaxial to the postaxial borders of the limbs.

LARYNGOLOGICAL SOCIETY OF LONDON.

ORDINARY MEETING, WEDNESDAY, DEC. 11TH.

The President, Dr. FELIX SIMON, in the Chair.

CASES.

MR. C. BABER gave a further report of the case of papilloma of the nose shown before the Society last April. It had been thoroughly removed, and up to Nov. 29th had showed no sign of recurrence. Microscopical examination showed the growth to be a true papilloma.

Dr. J. B. BALL showed a case of soft fibroma of the left vocal cord.

Dr. CLIFFORD BEALE showed two pathological specimens of tubercular infiltration of the pharynx and tongue.

Dr. BENNETT showed a microscopical section of a round-celled sarcoma of the thyroid.

Mr. L. LAWRENCE showed a case of naso-pharyngeal polypus with nasal polypi.

Mr. DE SANTI suggested splitting the soft palate, and thus removing the growth.

Mr. C. Baber, Mr. Spencer, Dr. Dundas Grant, Dr. Permewan, Mr. Waggett, and Dr. Scanes Spicer all considered this a simple case of mucous polyp capable of being removed by the snare or polypus forceps.

Mr. DE SANTI showed two pathological specimens of tubercular ulceration of the trachea, larynx, and pharynx.

Dr. SIMON brought forward a case of a gentleman sent

from Australia, who had some ulcerative process in the larynx.

Dr. SCANES SPICER thought it was syphilitic.

Dr. W. HILL did not think it was either tubercular or syphilitic, and suggested it might be a kind of ulcerative laryngitis seen in some parts of Europe.

Dr. SIMON, in reply, said he had not yet made up his mind what it was.

Mr. W. G. SPENCER showed a case of stenosis of the larynx caused by a chronic inflammatory thickening.

A discussion arose as to whether the chronic inflammatory condition was caused by the nasal obstruction existing. Dr. De Havilland Hall and Dr. Scanes Spicer thought this was the case, but the President, Mr. Baber, Dr. Permevan, Dr. HILL, and Dr. Dundas Grant were of the opposite opinion.

Mr. STABB again brought forward the case of enlarged thyroid shown at the last meeting of the Society, the tumour had been removed, and the lad was doing well.

MR. W. R. W. STEWART showed a man, between 50 and 60, who had suffered from a very large tumour of the nose for twenty-five years. Last May, after an endeavour had been made to remove the growth by the ecraseur, Mr. Macready turned by the upper jaw performing a slightly modified Mansell Moullin operation. The tumour was found to be growing from the nasal septum, and on removal was found to measure 4 in. \times 2½ in. \times 1½ in. Microscopical examination showed it to be a true fibroma. It is by far the largest tumour of the kind on record.

The PRESIDENT suggested that a woodcut should be obtained for insertion in the Society's proceedings as the case was evidently unique.

Mr. J. SYMONDS gave a further report of two cases of lesion of the septum shown at the October meeting.

Mr. C. B. WAGGETT brought forward a case for diagnosis, a woman, *æt.* 54, giving a history of impacted fish bone with symptoms persisting for fourteen months.

Dr. W. A. WILLS showed a case of inspiratory spasm of the vocal cords.

was very great, and also in cases of grave septicæmia. M. Terrier thought that it was immaterial to make injections into the veins or cellular tissue, and recognised their efficacy.

TUBERCULOUS PERITONITIS.

M. Rendu communicated to the Medical Society a case of tuberculous peritonitis with ascites, in a lad of 17, in whom all bad symptoms had disappeared after tapping, followed by washing out the peritoneal cavity with eight quarts of hot sterilised water.

M. Sireday had a similar case in a girl, which he was going to treat by injections of camphorated naphthol as recommended by his colleague, M. Rendu, but remembering the remarks recently made by M. Netter, on the danger of this treatment, he put it off for some days, and in the meanwhile, to his great surprise, the symptoms began to disappear, and finally the patient left the hospital entirely well, without any interference.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Dec. 27th.

At the Society for Nervous Diseases Hr. Brasch showed preparations of

EARLY SYPHILITIC DISEASE OF THE CENTRAL NERVOUS SYSTEM

taken from a man, *æt.* 47. The man was a gilder, and worked a good deal in lead. In his family there had been both mental disease and phthisis. The wife and children were healthy. He became infected in 1891. After three to four weeks a sore formed, which was of a phagedænic kind. He had acute stomatitis after a course of inunction, and the course had to be interrupted. Six weeks after inunction the patient had facial paralysis, which showed a severe reaction of degeneration. There was no lead line. In the beginning of November he complained of headache and giddiness. His appearance was bad, and he became still more cachectic. The paralysis showed no tendency to disappear. Transient contractions and Westphal's sign were observed. The paralysis was at first thought to be rheumatic, but when later auditory disturbances set in the suspicion of brain mischief arose. The patient had taken potass. iodidi. Small doses of mercury were now given internally. As the headache and giddiness got worse he was admitted into hospital. The disease affected the labyrinth, and was more on the right than on the left side. In about two months time he was discharged free from trouble, but in a fortnight the headache and giddiness returned. Inunction and pot. iodidi were ordered, and whilst these were being given left hemiplegia came on. The patient finally died with bulbar symptoms.

The autopsy was a surprise. Basilar meningitis and disease of the vessels were expected, but were not present, but instead, a purely vascular form of cerebral syphilis. The right pons was smaller than the left, the central ganglia normal. All the basilar arteries were greatly changed. There was secondary degeneration in the pyramidal tract, from the cervical medulla to the pons, but not passing beyond this. The peripheral nerves also showed changes. The period of the commencement of the disease was of special interest. The division into the three stages of the disease was not justifiable. The chief form of cerebral syphilis was the vascular and meningitic, and this

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Dec. 28.

SEPTICÆMIA.

At the meeting of the Surgical Society, M. Pozzi read a paper from a colleague at Nice, on a case of septicæmia, treated successfully by intravenous injections of serum. A lady, on whom hysterectomy had been performed per vaginam, was seized on the third day with the gravest symptoms: enlarged abdomen, dyspnoea, intense low temperature, and vomiting. On the following day, the death agony seemed to have set in, when the surgeon made an injection of twenty ounces of serum prepared according to the formula of M. Hayem, and soon afterwards, another of thirty ounces. The patient for a short time was in a critical condition as a consequence of the injections, but soon rallied, and eventually made a good recovery.

M. Segond said that for a long time he was in the habit of improving the general condition of his patients who lost a good deal of blood from operations, by intravenous or subcutaneous injections of artificial serum. For the last four years, he did not perform any great operation without having recourse to these injections. He had injected as much as forty ounces of serum into the subcutaneous cellular tissue, and resuscitated in this manner many patients who would have otherwise succumbed.

M. Monod observed that he saw his house surgeon, last year, inject from twenty to forty ounces of serum with excellent results and without causing any accidents.

M. Michaux had frequently had recourse to intravenous injections in operations for fibroma when the loss of blood

was an early form. The infiltrations that formed at the base of the brain might later on thicken into gummatous formation. In other respects also we were not justified in distinguishing a secondary from a tertiary syphilis. In conclusion, the speaker formulated the following:—

1. Disease of the central nervous system is possible in every stage of syphilis.

2. This appears so much the earlier, as the treatment has been insufficient and attention to bodily wants defective.

3. As regarded disease of the nervous system there was no distinction between early and late periods.

At the Dermatological Society (Dec. 3rd) Hr. Litten showed a case of

DIFFUSE INTERSTITIAL SYPHILITIC HEPATITIS.

The speaker remarked that syphilis of the internal organs rarely came before the syphiologist, it generally went to the physician. Syphilitic disease of the liver was the common form of internal syphilitic disease, the easiest to examine, and the safest to diagnose.

Four forms of liver syphilis could be distinguished:—

1) Perihepatic syphilis, (2) the amyloid form of syphilitic disease of the liver, (3) syphilitic cirrhosis of the liver, and (4) diffuse interstitial syphilitic hepatitis. This latter form was first described by Wagner. The speaker had seen three cases. Anatomically there was diffuse growth of the connective tissue, which gradually pressed upon and took the place of the liver tissue. The newly-formed connective tissue had no tendency to shrink.

The consistence of the liver was that of a shoe sole (Trousseau) or that of a hearthstone (Gabler). He (the speaker) would describe it as polished ivory. This form developed for years without symptoms. Jaundice might or might not be present. Retrogression of the enlarged liver would take at least years. He had never proved that it took place. The patient shown acquired syphilis in 1870. Two years ago a relapse took place in the throat: the patient had then been under treatment eight weeks. He had felt the hardness in his abdomen for years. He had been treated by sublimate injection. Objectively, no change had been observed in the liver.

THE IMPERIAL HEALTH OFFICE.

In the Reichsgesundheitsamt the work to be done has increased so much that it is already beyond the powers of the present ordinary members. In addition to the duties already undertaken, experimental investigations have to be made into toxicological, pharmacological, and physiologico-chemical matters. Inquiries have to be made as to injurious consequences to health of certain industries, and in the preparation of certain foods and articles of consumption, and the skilled examination of drugs, with the view to another pharmacopoeia-medical-statistics, also require attention. Next year, another member, making the ninth, will be appointed, with a salary of 4,500 marks. The whole cost of the office for the year 1896-7 will be 277,550 marks, or 11,115 more than the year now ending.

THE SALE OF DIPHTHERIA SERUM AND THE GOVERNMENT.

The Minister for Medical Affairs has made the public announcement that after conferring with the principal manufacturers of diphtheria-curative serum, the Höchst Company and the Chemische Fabrik serum of higher strength than was formerly made may now be procured at the apothecaries. That for serum containing 300 units

per cubic centimetre, the price is 1.35 m. per centimetre; for that containing 400 units, the price is 2.40 m.; and for that containing 500 units, the price is 4 marks. It is not expected that the price will be reduced at present, even for charitable institutions.

LOCOMOTION OF GONOCOCCI.

At the Medical Society (Dec. 11th) Hr. Merre, of Chile, showed some microscopic preparation of pus cells containing gonococci. The latter showed an active movement independent of the current under the cover-glass. He made the observation that gonococci possessed independent movement in Hr. Lassar's klinik.

Hr. Hirschfeld gave an address on the

DIAGNOSIS AND COURSE OF DIABETES.

He did not distinguish the easily curable and the incurable form as two distinct groups of the disease, but only recognised one form in which variations for the better or worse were observed. Many intercurrent diseases increased the excretion of sugar, furunculosis, for example, whilst others, such as phthisis, diminished the proportion of sugar in the urine. Therapeutically, great individualisation was necessary, as the therapeutic factor acted differently in different individuals. A diminution of the excretion of sugar always followed the withdrawal of carbohydrates, but this result followed quickly in some cases and later in others. This diminished glycouria, however, was not at the same time an improvement of the condition, for many patients with an almost exclusive meat diet had serious attacks, especially coma. Over-feeding acted in the same way as under-feeding, i.e., unequally upon patients, and it was the same with muscular movement. The speaker then passed on to discuss drug treatment, and showed how uncertain this was also.

Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, Dec. 27th.

EXTIRPATION OF THE UTERUS WITH PARAMETRIA.

At the Gesellschaft der Aerzte, Latzko exhibited a woman from whom he had removed the uterus with the adnexa. The patient had suffered from epithelioma of the portio which he determined to remove by a method which he claims to be his own. The principle on which he rests the claim of operation is the removal of the parametria which he believes to be the residual centre of a new outbreak of the cancerous condition, as the poison is carried to the lymphatics where new deposits are formed. For the perfect execution of the operation laparotomy is essential. When cutting round the ureters the sound should be used for their protection, the bladder dissected from behind, and the folds of ligament carefully removed from the ureter; the peritoneal covering of the posterior wall of the pelvis may then be carefully stripped, with the glands from the large blood vessels extending from the iliac down to the mouth of the ureters, while the broad ligament should be followed to its insertion in the walls and closely removed. The operation may be termed a general surgical one, recognised in removing a neoplasm, as the greatest care is necessary in taking away all probable centres of future origin. [He

considers it impossible to remove as thoroughly as should be, per vaginam, the whole extension of carcinoma as poisonous centres are sure to be left in the broad ligament.

Vertheim in criticising Letzko's operation said he could see very little novelty in the method as he thought Rumpf of Berlin had long since practised this form of removal. For the application of the sound in the ureter he could see little advantage of this as a careful dissection of the ureter can be easily performed without this difficult procedure. Again, he objected to laparotomy being combined with the vaginal method if no infiltration of the parametria existed. The opening of the abdomen was too serious an experiment to carry out on mere supposition. In seven of the cases thus treated by Schauta in his clinic, only two recovered and five died. It is even possible to remove by the vagina inflammatory or carcinomatous infiltrated parametria. Again, total extirpation by this operation will not secure immunity. A radical operation must include resection of the ureters which is not likely to be removed.

SUBPHRENIC ABSCESS.

At the *Doktoren Kollegium* Hermann Schlesinger traced the history of this morbid condition from the time of Barlan, 1845, to the present. He pointed out the difficulty of diagnosis and the necessity of confirmation by post-mortem. Leyden had put on record many useful observations, while France, in 1880, had added more difficulty by applying the term of false pneumothorax. The best monograph on the subject to-day is Maydl's. In the diagnosis there was no true point in auscultation or percussion to be relied on as the disease might arise from neighbouring organs lying in the vicinity of the diaphragm, such as the liver, pancreas, kidneys, retro-pharyngeal lymphatics, while the spleen is not to be neglected. On the upper side of the diaphragm the lungs, pleura, pericardium, and heart may be the starting-point of subphrenic abscesses. More remote causes may be found in the vermiform process or female organs—perforating injuries or metastatic causes. Winteritz showed a patient, on whom Maydl had operated on five years ago for subphrenic abscess. In July, 1890, she came to him with the phenomena of muscular rheumatism and left-sided pleuritis. The temperature was 38 degrees. Upon auscultation there was catarrhal vesicular breathing, with snoring and whistling râles; posteriorly there was a hand-breadth of dulness; the fever increased while pain continued. The persistence of the dulness, and the continuance of fever with asthenic pulse, and the absence of tubercle bacilli in the sputa, negated the diagnosis of phthisis; neither did the bacilli lend any confidence to the diagnosis of the latter. By exclusion the subphrenic process was diagnosed, but whether the morbid condition had its origin above or below the diaphragm was not so clear. Aspiration under the twelfth rib gave exit to a purulent discharge; a free incision was afterwards made. Washing applications of iodoform and glycerine with drainage brought about a good result.

The Operating Theatres.

ST. THOMAS'S HOSPITAL.

OPERATION FOR SUPPURATIVE PERITONITIS, SHOWING THE ADVANTAGES OF PROMPT SURGICAL INTERFERENCE.—MR. BATTLE operated on a young man, *æt.* about 21, who had been admitted a few hours before with symptoms of acute

abdominal mischief. He stated that three days before he had been opening a door and had struck himself a blow over his hip, which caused him to sit down rather suddenly on the ground. Soon afterwards he felt pain in the abdomen, which had since increased in severity, so that for two days he had been obliged to keep in bed. His bowels had acted and there had been no vomiting. When seen by the doctor he complained of the above symptoms, and was sent to the hospital, as the medical man told the patient he did not quite understand the nature of the case. On arrival in the wards he lay on his back, with his knees drawn up, complaining of pain in the abdomen, which was subject to marked exacerbations, during which he threw his head backwards and held his breath; he had a look of anxiety, and respiration was entirely thoracic, though fairly regular. The tongue and mouth were dry, pulse quick, and temperature 102.4; the abdomen looked normal, not being distended; the walls were rigid, and he complained of excessive tenderness, so that it was hardly possible to touch him. Light percussion was possible, however, and showed an area of dulness extending from the pubes outwards to about the middle of Poupart's ligament on the right side. This dulness was about an inch and a half wide above the spine of the pubes, gradually diminishing to the right. These symptoms were considered to be due to an early stage of suppurative peritonitis and operation was advised. The patient readily consented, so a median incision was made above the pubes in the middle line, the peritoneum opened and a quantity of pus about equal to half a pint evacuated; this occupied the pelvis and extended into the right iliac fossa, but was not shut off by adhesions from the general peritoneal cavity. The source of the mischief could not be demonstrated, but it was supposed that it was in the appendix vermiformis. The abdomen was washed out with sterilised water and a glass drainage tube put in. Mr. Battle remarked that this patient had been submitted to operation at an earlier period than was usually the case in suppurative peritonitis, as it was the custom for the physician to wait until the classical signs, including vomiting, had unmistakably proved the presence of peritonitis, when the patient was therefore exhausted, and unable to stand the necessary surgical procedures, when also considerable changes had taken place on the surface of the peritoneum; when the suppuration was widely diffused throughout the serous membrane, and it was difficult to disinfect the large surface affected, and the patient was suffering from the effects of absorption from such an extensive area. Many physicians would probably not consent to operation before vomiting had declared itself, but this case proved, he thought, the value of a combination of symptoms indicating suppurative peritonitis, which, taken together, form an urgent call for operation; this latter can alone save the patient, whose chances are greatly increased by promptitude in carrying out the necessary procedures. Only the week before he had, he said, been called upon to see a case of suppurative peritonitis while the symptoms were undoubted, but the patient, a boy, *æt.* 14, was so exhausted that he died twelve hours after a simple incision through the abdominal wall. In this latter case there had been two days' severe abdominal pain and then vomiting, which, at the time the boy was seen by Mr. Battle, was one of several symptoms which, while they indicated without doubt the nature of the case, showed also the extremely bad condition of the patient. This state is one, he thought, with which surgeons are only too familiar.

TREPHINING FOR COMPOUND COMMINUTED AND DEPRESSED FRACTURE OF THE SKULL.—The same surgeon operated on a boy, *æt.* 10, who had been kicked on the forehead by a horse an hour or two before. The hoof of the horse had struck him in the upper part of the frontal region, causing a transverse wound of the scalp, at the bottom of which a gutter-shaped fracture about three inches long and an inch and a half wide in its centre was visible. After the patient had been placed under chloroform the head was shaved and the wound and adjacent parts rendered as aseptic as possible. An incision was made at right angles to the wound and flaps reflected on each side above the fracture. A small trephine was then applied to the right of the middle line, and through the opening made by it an elevator was passed and the fragments of the bone elevated and removed. The inner table was especially comminuted. When the fragments were removed they were placed in warm solution of boracic acid. The removal of one fragment to the right of the middle line permitted free bleeding from a laceration in a large vein which was entering the superior longitudinal sinus; this was temporarily arrested by pressure and permanently by passing a suture round it so as to close the hole in the dura mater. The edges were smoothed with Hoffman's forceps, several fragments of bone, including the trephine crown, replaced, and the wound closed without drainage. Mr. Battle said that this was apparently another example of the ill results attending the pursuit of a game which was, so far as he knew, confined to Lambeth, and of which he had seen three previous examples, each of which might be described by the account given above of this patient; the game consists in striking a tethered horse on the hind quarters with a piece of rope or a stick and escaping before the animal has time to kick the striker. This proves the attraction which a game involving a considerable spice of danger has for the British urchin. All these boys, he said, ultimately recovered.

It is interesting to record, with regard to the case just described, that implantation of the bone was unsuccessful as the wound became septic, and a week after operation the boy developed symptoms of serious intra-cranial pressure, unconsciousness, dilated pupils, loss of power, especially on the left side, and lateral deviation of the eyes to the left with nystagmus; he was again taken to the operating theatre and the brain explored on both sides of the middle line. A small trochar and cannula was used; this was passed in all directions with a negative result. The former opening in the dura mater was then enlarged and a searcher passed between the dura mater and the brain; again the result was negative. The boy next day showed marked improvement and is at present convalescent.

By the appointment of Dr. David Nicholson as visitor of lunatics by the Lord Chancellor, the important appointment of medical superintendent of the Broadmoor Criminal Lunatic Asylum will become vacant. We congratulate Dr. Nicholson and the Lord Chancellor on the appointment.

DR. BERTRAM HUNT, of Harrow-on-the-Hill, committed suicide last week while in bed by severing the femoral artery. Dr. Hunt was staying at Christchurch, at the residence of a medical man, and he was suffering from depression.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 1, 1896.

EXTRA-GENITAL SYPHILIS.

THERE appears to be a very general impression that the consequences of syphilis contracted elsewhere than on the genital organs are graver than after the usual method of inoculation. The question has been very fully dealt with by Dr. Fournier, in a recent article, published in *La Semaine Médicale*, from which it would appear that extra-genital chancres do not involve a degree of severity or duration greater than in the ordinary form. Statistics show that the proportion of extra-genital to genital chancres is about seven per cent., that is to say, of a hundred cases of chancre of every description, the lesion is located on the genitals in ninety-three, and at some other spot, in six or seven. It would not be surprising if extra-genital chancres did really give rise to severer manifestations than those following lesions on the genitals where their appearance is sure to attract attention with a view to recognition and treatment. Owing to their unusual situation and other circumstances, it is a fact that extra-genital chancres often remain unrecognised, and, therefore, untreated, much longer than would be the case under ordinary circumstances. Syphilis from vaccination is universally in bad repute, and the history and the

mortality of certain epidemics which have occurred in France tend to support this view. On examination, however, we find that it is the age and condition of the little patients that are responsible for their mortality, plus of course the fact that in the earlier cases no treatment was instituted for a long time, simply because the disease was not identified. Digital infection in medical men has furnished a harrowing list of untoward results, but here too there are circumstances independent of the method of inoculation which may serve to explain why it is that digital syphilis sometimes paves the way to unusually severe tertiary symptoms. First of all a medical man is invariably a bad patient. He either has not treatment enough or he has too much, to which must be added the profound mental depression which the discovery can hardly fail to produce in one who is fully cognisant of the far-reaching possibilities of the disease. Then, too, it is highly probable that the generally received opinion has been built up on a few striking instances. The only way to settle the question was evidently to collect a sufficiently large number of figures and proceed to make a reliable comparison. The method selected by Dr. Fournier consisted in collecting a large number of cases of syphilis of all kinds at the tertiary stage, in which the symptoms were grave, and ascertaining how many of extra-genital origin. Now, of 1,200 cases with tertiary symptoms, 1,125 were due to genital syphilis, and only 75 to extra-genital chancre. This gives a proportion of 6.25 per cent. of extra-genital chancres; in other words, the proportion of patients suffering from tertiary symptoms is almost exactly the same as that of its occurrence, on an estimate based on some 10,000 cases. Just as there are six or seven extra-genital chancres among a hundred cases of chancre of every description, so in every 6 or 7 per cent. of every hundred cases of syphilis, the disease runs its course to the tertiary stage. Had the ratio of tertiary symptoms occurring in persons whose chancres were extra-genital been higher than the ratio of their initial proportion, then there would have been some ground for supposing that this form of infection was more disastrous, but this has been shown not to be the case. The gravity of syphilis in a given case is manifested in two ways, either by the premature outbreak at an early date of tertiary, usually multiple, symptoms, supervening immediately, or within a short time, after the appearance of the chancre, or by the supervention at a later date of tertiary phenomena, which are serious in that they attack one or other of the vital organs. Of 242 cases of prematurely grave syphilis Dr. Fournier found that the disease originated in the genital organs in 223 cases, and in only 19 instances in some other part of the body. Extra-genital syphilis thus comes out at 7.8 per cent., a result not materially different from that of the comparative frequency of the two methods of inoculation. Still another test is available in respect of the proportion of syphilitics who suffer from syphilis of the brain. Collecting all the cases of cerebral syphilis in which the situation of the primary chancre was known the author found that of 707 cases 31 were of extra-genital

origin, that is to say, 5 per cent. It appears, therefore, that the proportion of cases of cerebral syphilis following extra-genital chancre is less than it should be if its gravity were even equal to that of ordinary syphilis. Dr. Fournier is careful to observe that he does not express any opinion that there is no difference between genital and extra-genital infection, but he points out that though the two varieties of infection are strictly alike in symptomatology and prognosis, certain special cases of extra-genital syphilis do not follow the usual course. This peculiarity, however, in no wise depends on the localisation of the initial chancre, but upon the greater or less facility of diagnosing the condition and treating it. From this point of view tonsillary chancre is particularly dangerous, but the observation is also applicable in a less degree in respect of mammary and digital chancres. Dr. Fournier concludes that unquestionably syphilis of extra-genital origin does in some cases assume an unusually grave character, but taking them altogether the prognosis is not more gloomy than that of syphilis of any origin. When such cases prove unusually grave the exceptional gravity is due not so much to the extra-genital localisation of the primary chancre as to variable conditions under which the sufferer happens to be placed in respect of age, predisposition, individual power of resistance, soil and surroundings.

THE GIANT STRIDE OF SCIENCE.

ONE of the most striking characteristics of the present age is the rapidity with which mankind adopts new ideas and discoveries. The scientific toy or marvel of to-day becomes the established necessity of to-morrow, and is exploited by a thousand speculators in a keen commercial world. Although of late years men of science undoubtedly secure a larger portion of the wealth they are the means of creating, yet in the majority of instances it is still true that the lion's share falls to the mere manufacturer and distributor of their scientific wares. The latter fact has been over and over again illustrated in the history of inventions. To take a single instance, a few months since the death of the inventor of lucifer matches was reported from Saint-Lothaire, in Jura. This benefactor of his species was a poor country doctor, named Sauria, who, when a student at the College of Dôle, conceived the idea of making matches with chlorate of potash, sulphur, and phosphorus. He was, however, unable to raise the 1,500 francs necessary to patent his discovery. His researches became known to M. Nicolet, Professor of Physics at the college, who afterwards lectured upon the subject in Germany. The Germans developed the idea and ultimately imported matches into France, where they were called *allemandes*. It would be difficult to hazard a conjecture as to the enormous sums of money that have been made out of this invention. But the discoverer of the gold mine died in poverty at the age of 84. When an old and worn-out man he obtained from M. Grévy, at that time President of the French Republic, a government appointment as the keeper of a tobacco shop. It would nowadays be hard

to imagine a civilised world without matches, yet, if we may accept the foregoing account as true, it is sixty-four years only since the time of their first production by Dr. Sauria. Nor is the present generation much further removed from the birth of another marvellous invention, namely, the steam engine, which has probably had more to do with the giant stride of modern science and civilisation than any other single product of the human brain. Yet it was only last summer that the death of the driver of the first "locomotive" in England was commented upon in the public newspapers. It would take a large volume to describe even briefly the wonderful inventions in machinery of all kinds that have been issued in a steady stream of upward evolution since the days of the primitive engine "Puffing Billy," which is still preserved as a sacred landmark and relic among the national treasures at South Kensington. Curiously enough, the date of the first meeting of the British Association coincides with the year assigned for the discovery of lucifer matches. The progress of scientific knowledge during the ninety odd years that have since elapsed has been simply phenomenal. This attractive topic furnished the theme of the address by Sir Douglas Galton, President of the Norwich meeting in 1895. He pointed out that the Association early recognised the importance of uniformity in the record of scientific facts, as well as the necessity for an easy method of comparing standards and of correcting differences between individual observers. Indeed, the provision of accurate standards, not only of length, but of weight, capacity, temperature, force, and energy, are amongst the foundations of scientific investigation. In a former presidential address, speaking on this point, Lord Kelvin said, "Nearly all the grandest discoveries of science have been but the rewards of accurate measurement and patient, long-continued labour in the sifting of numerical results." It is not our intention to review, or even to enumerate, the chief scientific discoveries of the century that is now drawing to a close. The world is utilitarian, and men of science, by the very nature of their pursuits, dwell in the future rather than in the past. Sir Douglas Galton, in his Norwich Address, hinted at the lines of further physical research in the following eloquent passage: 'Who, at the foundation of the Association, would have believed some far-seeing philosopher if he had foretold that the spectroscope would analyse the constituents of the sun and measure the movements of the stars; that we should liquefy air and utilise temperatures approaching to the absolute zero for experimental research; that, like the magician of the 'Arabian Nights,' we should annihilate distance by means of the electric telegraph and the telephone; that we should illuminate our largest buildings instantaneously, with the clearness of day, by means of the electric current; that by the electric transmission of power we should be able to utilise the Falls of Niagara to work factories at distant places; that we should extract metals from the crust of the earth by the same electri-

cal agency to which, in some cases, their deposition has been attributed? These discoveries have been brought to their present condition by the researches of a long line of scientific explorers, such as Dalton, Joale, Maxwell, Helmholtz, Herz, Kelvin and Rayleigh, aided by vast strides made in mechanical skill. But what will our successors be discussing sixty years hence? How little do we yet know of the vibrations which communicate light and heat! Far as we have advanced in the application of electricity to the uses of life, we know but little even yet as to its real nature. We are only on the threshold of the knowledge of molecular action, or of the constitution of the all-pervading æther." This confession of humility and ignorance made by a veteran scientist may well find an echo in the schools of medicine. Although marvellous advances have been made during the past generation towards the goal of full and adequate knowledge, yet it may be doubted whether the pioneers of the medical profession have done more than catch the far-off glimpses of a glorious dawn.

THE DIRECT REPRESENTATION OF IRELAND IN THE GENERAL MEDICAL COUNCIL.

THE contest for the position vacated by the death of Dr. Kidd is likely to be very acute. The *status quo*, plainly stated, is as follows. The Dublin vote is, to a great extent, concentrated upon Mr. Thomson, who is in intimate relation with the College of Physicians and with the Trinity College Medical School, by virtue of his position as Secretary of the Royal Academy of Medicine, and he has, also, the sympathy of the same parties in the Council of the College of Surgeons. He is supported by these parties with additional enthusiasm, because he is believed to be the most dangerous opponent of Dr. Jacob, whom they desire, by all means, to defeat because he has striven to secure fair and honourable treatment for the Apothecaries' Hall in the recent controversy between that Body and the General Medical Council, in which dispute the College of Physicians has been the prosecutor. Mr. Thomson, being a Queen's University graduate, an *alumnus* of Galway College, and a Senator of the Royal University, had calculated upon receiving the solid vote of the Queen's College party in Belfast, Cork, and Galway, but his hopes have been to a great extent frustrated by the starting of Professor Cuming, of Belfast, who probably will carry off, from every candidate, the section of voters who are officially interested in the Queen's Colleges. Dr. Thomson has also such following throughout the country as can be picked up by the personal canvass of his friends.

Dr. Archibald Jacob will have in Dublin the following only of those who are disposed to give their vote apart from collegiate or school interests, and who are willing to believe that, rightly or wrongly, he has honestly tried to advocate what he thought best for the profession and just to all concerned. His chief dependence is upon the provincialists, whose battles he has been fighting for the past thirty years, and if he obtains their united support he will beat Mr. Thomson.

The desire that the direct representative should be one of the rank and file of the profession is represented by three candidates, Professor Cuming, of Belfast, Mr. Hercules MacDonnell, of Dundalk, and Dr. Greene, an esteemed practitioner at Ferns, and County Councillor in the Irish Medical Association, of whose candidature we were not aware when we last wrote. Professor Cuming may be eliminated from the category of representatives of the Irish country doctors. As a thoughtful, experienced teacher and practitioner, and a genial gentleman, no one could be fitter for the General Medical Council, but his past record presents no evidence that he has anything in common with the working practitioner. If the Belfast, Galway, and Cork Colleges can bring about his election they will have done an excellent stroke of business for themselves, and the Medical Council will be enriched by the accession of a member creditable to it as a collegiate representative. The other provincialist candidates are Dr. MacDonnell, of Dundalk, and Dr. Greene, of Ferns, of whom the only remark that need be made is that neither of them are likely to succeed, whatever their merits may be. We hope we shall not be mistaken when we make this observation. It must always be difficult to find a candidate outside the great teaching centres who will be *au courant* with the subjects of education, examination, and qualification with which the Medical Council is chiefly employed, and, at the same time well-informed and sympathetic with reference to the wants and wishes of the working practitioner; but if such a combination can be found in any competitor, and that a reasonable chance of success exists for such candidate, we think the aspiration of the provincialists to have a man of their own sort is very commendable. If, therefore, there is any way of concentrating the country votes of Mr. Thomson, Dr. Jacob, Professor Cuming, and Dr. Greene upon Dr. MacDonnell, or *vice versa*, we do not doubt that such candidate will win. Failing such means of concentration, it seems to us that the provincialists, by dividing their suffrages between four candidates, are simply making a present of the Direct Representation to a Dublin Collegiate nominee.

Notes on Current Topics.

Hydrophobia near London.

ALTHOUGH no deaths have occurred from hydrophobia in the Metropolitan district, yet it is reported that 40 rabid dogs have been killed therein as against 12 in 1894, and 8 in 1893. These figures must be received with a certain amount of caution, as it is a common thing to pronounce a dog mad if he bite anyone and to kill the unfortunate animal forthwith. There can be no doubt, however, when a human being dies from so strongly marked and terrible a malady as hydrophobia. Last week, a case of the kind formed the subject of an inquest at Croydon. A City solicitor living at that place was bitten on October 27th last, by his own fox terrier. He recovered from the wound and did well until five days before his death, when he

suddenly became unable to drink. His medical attendant recognised the malady as hydrophobia, a diagnosis which was confirmed by Professor Ferrier. The same terrier bit other dogs and also several persons, of whom one, a girl, has been sent to Paris for treatment. A number of cases of rabies have been reported at Willesden, and a panic prevails amongst the inhabitants of the place. Up till the present time, no muzzling order has been issued in the County of London, although it is being enforced in the boroughs of Kingston, Richmond and Guildford, and in the counties of Middlesex and Surrey.

The London Asylums Board and Its Fever Accommodation.

At length the Metropolitan Asylums Board has made some practical effort to accommodate the fever-stricken poor of London. This winter there is very little small-pox, and the Board has for months past been urged to throw open the Gore Farm (small-pox) Hospital for Convalescents to ordinary fever patients. It was decided, however, a month ago, not to adopt that course. But further reflection has brought wisdom to the counsels of the members, and on Saturday last they determined, by a majority of 38 to 8, to admit scarlatina and diphtheria patients to Gore Farm. As the institution in question has permanent accommodation for 1,000 patients, its opening will materially reduce the immediate pressure. At the end of last week the Board reported 3,502 patients in the district hospitals, 2,786 of whom were suffering from scarlet fever, and 564 from diphtheria.

The Scientific Administration of Chloroform.

THE cause of those who advocate the careful and accurate administration of chloroform has received a lift at the hands of the Society of Anæsthetists, where the subject was recently discussed very fully on a paper read by Dr. Carter, of Weymouth, whose thoughtful contributions on this subject our readers have on various occasions had opportunities of considering. The question is really so very simple that it is a matter for some surprise that it should still be necessary to discuss it. Are we to go on administering a powerful and lethal drug such as chloroform in a haphazard way, trusting to the patient to give us due warning of an impending catastrophe, or is the anæsthetist to calculate the quantity required to bring about narcosis by means of a suitable apparatus? The fact that chloroform is given in thousands of instances by the rough and ready methods so frequently employed without a fatal result is not *per se* any reason why advantage should not be taken of the ingenious and convenient apparatus at our disposal, which allows of our controlling effectually and certainly the output of the vapour. Once again it must be repeated as a cardinal principle that death from chloroform means that the patient has succumbed to an overdose. In some cases, the overdose is singularly small in point of quantity, but that is, if anything, an additional reason for displaying the greatest possible care. Dr. Carter's paper was well received by the Society, and virtually received the

assent of nearly all present. We do not wish to tie anyone down to a particular procedure. It is rather the principle of accurate dosage that we are contending for, and in such a matter common sense ought, if necessary, to override special experience. A bad method in expert hands may give better results than a good method in careless or unskilled hands, but these considerations are *ultra vires* in discussing the principles that should underlie the administration of an anæsthetic. The fact, too, that the quantity of chloroform required to induce and maintain anæsthesia with a regulating inhaler is vastly less than by ordinary means, is of importance, for it is evident that *cæteris paribus*, the less chloroform absorbed by the patient the greater will be the freedom from risk and the various uncomfortable sequelæ.

The Registrarship of the London University.

THE Registrarship of the University of London will shortly be declared vacant by the retirement of Dr. Milman who has filled the office with great satisfaction to the authorities, the examiners, and all with whom he was brought in contact for many years past. The vacancy is likely to create a considerable amount of competition as there are naturally many privileges connected with such an appointment, added to which is the salary of £800, increasing to £1,000 per annum. The new Registrar will enter on his duties on May 1st, 1896, full particulars of which will be furnished by the present Registrar.

"Powders" for Cerebral Vomiting.

SOME curious facts were disclosed at an inquest held last week by a London Coroner. A lad, aged ten, entered into a competition with some playmates as to which of them could stand longest on his head. He subsequently grew dull and heavy and vomited. His parents procured some powders from the chemist to stay the sickness, but they had not the desired effect, and the child died soon afterwards. Medical evidence was given to the effect that the cause of death was serous apoplexy. The case is certainly an unusual one, and probably death might have been averted by prompt medical treatment. It illustrates the absurd faith pinned by ignorant folk to the prescribing powers of the dispensing chemist. For our own part we hold that a chemist like the above who gives medicines to treat serious specific conditions is deserving of short shrift and condign punishment. The coroner pointed out that the death could hardly be called accidental, while it certainly was not a natural one.

How Fever is Spread.

AN extraordinary state of affairs was brought to light a few days since before a metropolitan coroner. The object of the inquest was to inquire into the death of a child five months old. The mother said that all her children had been taken ill one after the other—the first about three weeks since, that they had come out in a rash, and had been about the whole time. Her baby seemed poorly, so she called in a doctor, who said the children were suffering from

scarlet fever. The father had been going to work, and the mother asserted she did not know the nature of the disease until the doctor was called. It is tolerably certain that this family must have spread the fever broadcast over a considerable area. In the face of such a revelation the labours of preventive medicine may well appear Sisyphean and hopeless. But the preventive machinery itself is at fault, for even after the discovery of this nest of infection there appears to have been the usual doubt as to their removal to an infectious hospital. A doctor present in court stated that he had two or three cases where he was unable to get the authorities to remove fever-stricken patients from one-room tenements. It would be more reassuring to the general public if the asylums board issued circulars dealing definitely with public statements of this nature.

Malaria.

OF late, the subject of malaria has been attracting a good deal of attention. The recent experiences of the French in Madagascar emphasise the havoc that this pestilential malady can work among troops that have not become acclimatised to its poisonous influence. It remains to be seen how our British soldiers will pass through a similar ordeal in their march of many miles through the heart of a tropical forest. Fortunately, the home authorities are alive to the necessity of fighting King Fever as well as the King of Ashanti. They have sent forward native bearers to prepare camps at stated intervals along the forest route. In every case the soldiers will be provided with huts, where they can sleep at a distance of at least two feet from the ground. Malaria is almost invariably contracted at night, but it would be clearly impossible to prevent the occasional exposure of men to night duty. Of course, the value of quinine taken as a routine prophylactic is well recognised. Eucalyptus is also recommended by some authorities for a similar purpose. News comes of a new remedy for malaria which has been brought before the notice of the French Academy of Medicine in Paris. It is an extract called Pombotano-Midi, obtained from a Mexican plant. Fortunately malaria, as a disease, is fairly tractable to treatment. Our War Office may reasonably hope for a minimum sacrifice of life from climatic causes. It has selected picked men and supplied them with the best of material for comfort and safety in camp, on the march, and in the field. With good food, suitable clothing, dry camps, proper pumps, and sterilising filters, we may hope for an instructive object lesson in the advances of modern military hygiene. The Indian sanitary authorities will do well to follow closely the history and experiences of the Ashanti expedition.

An Anti-vaccinationist Theory.

THE physician to a well-known London hospital for diseases of the skin vouches for the truth of the following incident:—A girl, of about seventeen years of age, was brought to him to be treated for irritation of the scalp of long standing. The friends of the patient declared that the condition first appeared after vaccination; that up to that time the girl had been perfectly

healthy, but that she had been ailing ever since. On examination the scalp was found to be in a shocking condition, covered with numerous ulcers and decomposing *débris*, and simply swarming with *pediculi capitis*. There could be little doubt that the parasites were the real *fons et origo mali*, and had kept up the trouble, which by its constant pain, irritation and discharges had considerably impaired the health of the unfortunate sufferer. This view of the case was presented to the patient's friends, but they refused to abandon their vaccination theory. Their story had been told so often and for so long a period, and had become so deeply rooted in their convictions, that it was not to be gainsaid by the simple statement of a hospital physician. Their theory amounts to the transmission of *pediculi capitis* or their ova in vaccine matter. In any case, it is not much more absurd than much of the evidence advanced by anti-vaccinationists. Unfortunately it is a fact that some rashes, for the most part fleeting and harmless, accompany or follow vaccination. There can be no doubt that the observance of strict aseptic precautions before, during, and after vaccination would do much to lessen these little complications, and to restore the confidence of that small but mischievous section of the community that constitutes the schismatic camp of the anti-vaccinationists.

Ladies as Hospital Managers.

A MOVEMENT is on foot in Edinburgh, and one which will, no doubt, give rise to a great deal of opposition on the part of those members of the profession who are anti-feminine in everything, to nominate a lady for the one vacancy on the board of the Edinburgh Royal Infirmary. The vacancy is among those elected by the contributors, Mr. R. A. Lockhart's term of office having expired. Miss F. Stevenson, who has already done excellent work on the School Board, has, we believe, consented to be nominated, and there is no doubt that, if elected, she would make an admirable member of the board. It is reported that the present members of the board do not relish the idea of having a lady colleague. The infirmary board has long and justly been celebrated for the splendid manner in which the affairs of this huge charity have been conducted by them, but it is no disparagement to them to suggest that, in some matters, feminine advice would prove of great value. It might be so in connection with the laundry, with the nurses, and perhaps with the cooking arrangements. The Board has hitherto left purely medical questions in a large measure to be settled by the medical managers, and this would probably continue to be the case in the future, so that the election of a lady on the board should not concern or affect the susceptibilities of the staff to any great extent. A lady manager will be an innovation, and it, maybe, will prove a blessing, but in order to preserve the infirmary from a ladies' committee independent of the regular board, such a timely concession will be of value.

Medical Certificates and the School Boards.

THE granting of medical certificates of inability to attend school where the facts of the case do not warrant any such certification must surely be an exceptional occurrence. This alleged practice, however, has formed the subject of a discussion in the public newspapers, and as usual several medical men have been found ready to rush into the breach. The Chairman of the Attendance Committee of the London School Board admits that it is only in rare cases that medical certificates are signed without due care, and he is careful to say he does not impute a want of confidence, skill, or good faith on the part of the profession generally. At the same time he brings forward the specific case of a certificate granted by a duly qualified practitioner, which was produced before a magistrate as evidence of the inability of a child to attend school. After prolonged inquiry, the School Board officer ascertained from the doctor himself that he had not seen the child, and that he gave the certificate on the strength of the mother's assertions. As might be expected, this statement of affairs drew a strong expression of opinion from the magistrate at the adjourned hearing, as to the worthlessness of such testimony. Now that attention has been drawn to the point it will be well in future for all medical practitioners to be most careful how they grant certificates dealing with the health of school children. In the hurry of practice the busy doctor is often inclined to accept his patients' statements without putting them to further proof. Such a disclosure as the one above mentioned, however, not only brings discredit to the profession generally, but is also likely to involve the individual practitioner in a regular whirlpool of worry and annoyance.

Professional Ethics and the British Gynæcological Society.

THIS society is now established on so firm a basis that it doubtless feels itself strong enough to promulgate a code of honour for its Fellows which it might be well perhaps for certain other societies to imitate. We understand that at the annual meeting to be held on Thursday in next week, the following resolutions of Council (dated February 28th and April 4th, 1895, respectively) will be submitted to the Fellows, with a view to their being added to the bye-laws of the Society:—1. That it is undesirable that any member of the medical profession practising homœopathy should be proposed as a Fellow of the Society. 2. That it is contrary to the ethics of the British Gynæcological Society that any of its Fellows should advertise their publications, or otherwise bring themselves before the notice of the public by advertising in any way through the medium of the lay papers. That circulars of the nature of an advertisement sent even to members of the medical profession generally would be regarded with disapprobation by the Council. Doubtless, the discussion of such "burning questions" will attract a very full attendance.

The Oyster Scare.

At a meeting of the Health Committee of the Glasgow Town Council held last week, Dr. Chalmers, one of the medical officers of health for the city, submitted a report containing his investigations into the cause of the outbreak of typhoid fever which followed the Stirling County Ball. He considered that no reasonable grounds exist for supposing that the oysters which were supplied at the ball, or any other article of diet which was consumed at it, had been contaminated before being sent to Stirling. It might be presumed that whatever had been the cause of the outbreak had been infected in that town by sewage gas or other foul air, and had thus led to the outbreak of fever. This report is only in part reassuring. The original cause has not been discovered, and the good name of the oyster is still left under a cloud.

The Army Medical Service.

OWING to the recent death of four retired medical officers no less than seven honours or rewards have been distributed in the Army Medical Service. One of the good service rewards of £100 has been divided between two retired Quartermasters of the Army Medical Staff—Honorary Major L. Gorman and Honorary Captain E. Enright. Two other rewards of £100 each go to Surgeon-General J. O'Nial, C.B., retired pay; and Surgeon-Major-General J. Warren, Principal Medical Officer, Bombay. The appointment of Honorary Physician to the Queen, vacant by the death of Surgeon-General J. Irvine, goes to Deputy Inspector-General R. Domenichetti, late Army Medical Department; and the two vacancies for Honorary Surgeons to her Majesty, in succession to the late Director-General Sir T. Crawford and the late Surgeon-General Sir T. Longmore, go to Surgeon-Major-General C. D. Madden, and Surgeon-General H. T. Reade, V.C., C.B., late Medical Staff.

Exit the Andrew Clark Memorial.

THE unhappy attempt to promote a memorial on behalf of the late Sir Andrew Clark, to which we referred some weeks ago, has now become a matter of history. The Committee of the Memorial have closed the Fund, and have handed the amount of £2,500, raised by subscriptions, to the Governors of the London Hospital to be funded for the present, as the nucleus of a sum for the provision of a new isolation block at the above hospital. The cost of this new block will be upwards of £12,000, so that there does not appear to be any likelihood of the undertaking being carried out for some time to come. A good deal of satisfaction will probably be felt at this result, and that the busy bodies who interested themselves to perpetuate Sir Andrew Clark's memory by inveighing contributions for such a purpose have failed in their attempt, for, obviously, to apply for subscriptions for a memorial to the late President of the College of Physicians, who was admittedly not a universal genius, seemed to be unnecessary, and a step which savoured more of too severely taxing the living for the dead than anything else. Sir Andrew Clark had his

reward in this life, which, we are quite prepared to admit, he thoroughly deserved. But he was only, after all, one of many who in their various spheres of life have simply done their duty. The principle of taxing the living for the dead is undeniably a bad one, and we trust that the failure, conspicuous as it has been in this instance, to promote a memorial object, will, from the publicity which it has obtained, act as a corrective on future occasions of the kind.

The Next Annual Meeting of the British Medical Association.

A SPECIAL meeting of the Council of the British Medical Association was held in London last week, at which it was decided that the Annual Meeting of the Association should be held at Carlisle on the 28th, 29th, 30th, and 31st July next, and the Council approved of the nomination of the Border Counties branch that Dr. Barnes, of Carlisle, be the President of the Association next year. It is proposed to have nine sections in Carlisle, and Dr. Barnes, Dr. Helm, and Dr. Maclaren, representing the local arrangements committee, have secured from the Carlisle School Board the use of the Lowther Street Board Schools for the occasion. They have also obtained from the governors of the Grammar School permission to use a portion of that commodious building.

Royalty and Continental Hospitals.

THE hospitals in Berlin were especially favoured during the season of Christmas just passed. The Empress Frederic, according to her annual custom, paid a round of visits to them and other charitable institutions. At the Emperor and Empress Frederic's Children's Hospital her Majesty was present at the distribution of the Christmas gifts. One hundred and fifty-six children received their presents from the Empress Frederic's own hands, and these included for each little patient a complete outfit of new clothes. After the ceremony Professor Virchow gave a brief account of the results achieved in the hospital with the antitoxin serum in the treatment of diphtheria. In the period from April to November, out of 335 children who suffered from diphtheria 305 had been cured. The mortality, which had formerly amounted to 43 per cent., had fallen to 9½ per cent. This testimony of the efficacy of the new treatment, coming from so high an authority, is noteworthy, and should be borne in mind by those who are disposed to question the results which have so far been published in this regard.

THE Metropolitan Asylums Board have decided to open the Gore Farm Small-pox Hospital to convalescent fever patients.

THE life of public officers is not all smiles and harmony. Dr. E. O. Pryce, of Bangor, last week resigned his medical officership of the workhouse, owing to "the worry and petty annoyances he had to put up with, which he had neither time nor patience to endure." It is a pity that our *confrère* did not postpone his resignation till after the soothing influence of Christmastide had been tried.

The New Factory Bill.

TO-DAY, January 1st, 1896, the new Factory and Workshops Act will come into operation. The introduction of this measure, it will be remembered, was one of the last introduced by the late Government under the auspices of Mr. Asquith, the then Home Secretary. The new Act is far more stringent and far-reaching than any that have yet been in operation in this or in any other country. The important principle of a cubic space allowance for workmen has been adopted for the first time. The main points of this fresh and important departure in modern factory legislation will be discussed at length in an early issue.

The Case of Surgeon-Major Clarence Smith.

THE Commission that has been sitting to deal with the case of Surgeon-Major Clarence Smith has concluded its inquiry, and the verdict will now be awaited with much interest. Although the hearing was *in camera*, it is possible that a report of the proceedings may eventually be published.

A COMMITTEE will assemble in Calcutta this month to revise the present Army cholera rules. The Committee will be composed of the Quartermaster-General in India, the Principal Medical Officer with Her Majesty's Forces in India, and the Sanitary Commissioner with the Government of India, associated with Mr. Hankin, the bacteriologist.

THE Local Government Board has assented to the proposal of the Chelsea Board of Guardians to appoint a second assistant medical officer at a salary of £70 a year and the usual emoluments, and that females be eligible as well as males for the post.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

1895 IN EDINBURGH.

THE past year has been marked in Edinburgh by great variations both in the death-rate and the weather. A severe epidemic of influenza in the Spring, commencing during a period of intense cold, caused the mortality, especially in the month of March, to rise to a very unusual height, while the amount of sickness in the city was enormous. In the latter months of the year, notwithstanding a widespread epidemic of scarlet fever of a mild type, the mortality was very low and the health of the inhabitants excellent. For several weeks the death-rate varied between 14 and 16 per thousand, and in the last week of the year was as low as 14 per thousand, a very low rate for the time of year. Little of importance occurred in connection with the hospitals of the city except the opening of the new buildings for the Royal Hospital for Sick Children. The Infirmary managers decided in the course of the year to proceed with the extension of the present buildings, thanks to some munificent legacies received by them, and in doing so determined that the special departments, at present much cramped for want of space, should be first attended to. The Town Council purchased ground for a new fever hospital in the southern suburbs of the city, and

propose to build a large hospital on it. In connection with the Medical School of Edinburgh, the various extramural lecturers combined to form under the aegis of the Royal Colleges a single corporation. It has not been a very successful year in the matter of students; the numbers, perhaps, have not fallen from those of the year before, but are much below high-water mark. The profession has lost several well-known members, among whom may be mentioned Dr. Brakenridge, Dr. T. A. G. Balfour, and Dr. Bruce Bremner.

DESTRUCTION OF THE EDINBURGH SMALL-POX HOSPITAL.—The temporary building—a wooden structure—in the Queen's Park, which for a long time past has been used as an isolation hospital for small-pox patients, was destroyed by the fire brigade on Thursday last by order of the Public Health Committee. The woodwork was saturated with paraffin oil, and a large quantity of shavings was laid down beneath the flooring at the east end of the two pavilions. Shortly after midnight, when the neighbourhood was quiet, a match was applied to the shavings, and in a few minutes the buildings were ablaze. The flames, in incredibly short time, travelled along the buildings, the wind being from the east; a lurid glare was cast upon the sky, and the general impression was that a disastrous fire had occurred. Many set out in the direction from which the blaze proceeded; and to them it was somewhat of a disappointment when the precise state of matters was explained.

Correspondence.

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

PROPOSED MEDICAL TITLES BILL.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Your correspondent "H. S.," in the last number of your valuable journal, makes a statement which is certainly not borne out by facts. He asserts that "at present there is nothing whatever to prevent an unqualified quack from assuming the title of doctor and adding M.D. to his name." I can only state that many successful prosecutions for this offence under the Medical Act have been conducted by the Medical Defence Union each year for many years, and that, in fact, we have never lost a single case. With reference to the appeal now pending, he also, with singular want of judgment, refers to, as it is, however, at present "sub judice," I will not follow his example, but await the result with equanimity. The Medical Act properly used is a valuable weapon, and our success with it up to the present time certainly does not cause us to regard it in the same light as your correspondent.

I am, Sir, yours, &c.,

A. G. BATEMAN, M.B.,
Gen. Sec. Medical Defence Union.

Dec. 24, 1895.

THE GENERAL MEDICAL COUNCIL.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—On reading in your columns the remarks of Sir Richard Quain, as to the disabilities of the legal profession, I could not see that there was any reason for our being content with the present constitution of our Council. Some of us from Lancashire and Cheshire, who were present at its session in May last, certainly were not favourably impressed with what we witnessed. Had we been shareholders in an undertaking having in its employment or government 32,000 hands, we should not have felt satisfied in leaving it in the hands and under the control of such a body of men, neither should we have felt content that even the affairs of a city would be effectually managed with a similar body of men in its Council. We certainly

do hope that those members of our profession who can visit the Council Chamber during the session will avail themselves of the opportunity, *for the public have free access*, as they will then see how and by whom the business of the government of our profession in these realms is conducted. Surely there ought to be some limit as to age when elected. At our Manchester Royal Infirmary the limit for holding appointments is sixty. Is there any reason why some such restriction should not be adopted in our governing body? Surely hundreds of capable and reliable men can be found in the country under that age who have the necessary energy and ability which would command the respect and confidence of every man.

As to Sir Richard's remarks about the direct representatives many of us in this part of the country are of opinion that, if we had had more, we should have had a far more practical outcome of the investigation in reference to Medical Aid Associations than we can find in their report on that question.

One effectual means of bringing the medical officers of such trading institutions into line would be to have an annual registration, as in the legal profession that the president referred to. If the amount of the fee were five shillings, the Council would have an additional income of about £8,000. This would provide us with ten additional direct representatives, and leave a large balance to be applied to some other useful purpose for the benefit of the profession at large.

It is not necessary to dwell at length on the advantages that would be derived from an annual registration, but this one might be stated, that such men that I have mentioned would at once begin seriously to reflect that it would be absolutely necessary to put their houses in order. For the first year or two, there might have to be a prolonged session of the Council or its executive to inquire into the reasons why certain men should not be again licensed to practice, or whether their licences should be endorsed, both as a record and a warning, as is done by the magistrates in certain other licences. But as time went on and better discipline resulted, the extra sessions would become small matters, for members would always feel that they were under the direct control and supervision of the General Medical Council.

Yours faithfully,

G. H. BROADBENT.

Manchester, December 17th, 1895.

[Our correspondent appends to his letter, the names and approximate ages of the various members of the Council, varying from 35 to 76 years, but as this must necessarily be guess work, we have deleted this portion.—ED.]

THE NOTIFICATION OF DISEASES ACT— MASON v. HADDEN.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The particulars of this action at law, in which a medical man was sued for damages in consequence of his having notified a case, under the Infectious Diseases (Notification) Act, which he had reasonable grounds for regarding as one of small-pox, will be within your recollection, also that a jury awarded damages to the plaintiff, but that on appeal, the verdict was reversed by the full court.

We were previously advised that any public discussion of the matter by the medical profession would be undesirable, fearing that doing so might in any way prejudice the case.

The judgment of the full court justifies Dr. Hadden and relieves him from any imputation whatever. In addition to the anxiety and trouble necessarily caused to him while the action was pending, the question of expense has to be considered. Dr. Hadden has already incurred a large pecuniary liability, and as he has fought this case on professional and public, as well as on private grounds, we feel that he should not be allowed to suffer any loss. Therefore, we readily ask our professional brethren to join in a subscription to meet any such expense.

The issues raised have had an interest far beyond an individual one, and have induced Dr. Hadden to contest the case on broad public grounds, for had the contention

of the plaintiff in this matter remained unchallenged, a blow would have been struck at public safety, as well as at the independence of medical men. If a physician is to be proceeded against for the discharge of a duty cast on him by an Act of Parliament passed for the protection of the public at large, it would seriously interfere with the profession in carrying out the law and in protecting the public as they are bound to do.

We feel that both the moral and substantial support of his profession should be accorded to Dr. Hadden in the trying position in which he has been placed. The Act referred to is already unpopular enough with many persons, and if a new terror in the shape of actions for damages against medical men for carrying out the duties cast on them, and for which they are made legally liable, be introduced, it is to be feared that many might be deterred from obeying the law to its full extent.

Subscriptions, limited to one guinea, will be received and acknowledged by James Craig, M.D., 35 York Street, Dublin, who has consented to act as Hon. Treasurer.

Signed,—

THOS. W. GRIMSHAW, President R.C.P.I.
THORNLEY STOKER, Kt., President R.C.S.I.
JAMES LITTLE, President Roy. Acad. of Med. Irel.
ASTIN MELDON, President Irish Med. Assoc.
HENRY R. SWANZY, President Dub. Branch, B.M.A.
E. H. BENNETT, Professor of Surgery, Dub. Univ.
WM. THOMSON, Senator R.U.I.

Obituary.

DR. GEORGE HUGH KIDD.

WITHIN the past week the profession in Ireland has lost one of its most notable men by the death of Dr. George Hugh Kidd, its Direct Representative in the General Medical Council. He was born in Armagh in the year 1824, the descendant of a family of Scotch settlers. He first entered on the medical stage as a student of the College of Surgeons and Trinity College Schools in Dublin, afterwards at Edinburgh University, where he took his M.D., obtaining a gold medal as the reward of his intelligence and exceptional diligence. On his return to Dublin he was at once appointed to be a Demonstrator in the Park Street Schools, where he lectured on Anatomy and Physiology until, in 1849, he was translated to the Peter Street School of Medicine, with which institution he maintained his connection as a lecturer for eight years. During this period of his career as a teacher he was rapidly building up the reputation as a practitioner and operator in obstetrics, which eventually developed into a European celebrity. Having been attached for some time to the Coombe Lying-in Hospital as Obstetric Surgeon, he became its Master in 1876, and held that office until 1883, with such satisfaction to those connected with the Hospital that, if the law had permitted, he would have been re-elected to the Mastership for a further term. The roll of the distinctions which he received at the hands of the profession and of scientific institutions is almost too long for the space at our disposal. He filled the office of President of both the Royal College of Surgeons and the Royal Academy of Medicine, and, in 1883, was "capped" by the University of Dublin with the degree of Master in Obstetric Surgery (*hon. caus.*). His pre-eminent quality as a diagnostician, and his unrivalled experience as an obstetric surgeon, secured for him the position of Consulting Obstetrician to several of the Dublin hospitals, and the appreciation of his attainments by bodies outside Great Britain was manifested by the co-option of him as corresponding Member of the Obstetric Societies of Boston, Washington, Berlin, and Edinburgh. Finally, the rank and file of his working brethren in Ireland testified their respect and confidence in him by electing him their Direct Representative in the General Medical Council in 1886, when that office was first created. Dr. Kidd's contribution to the knowledge of his speciality presents a remarkable record of originality of conception, expert judgment, and earnest work. He may be designated,

with truth, the originator of puerperal antiseptics; he was the most successful operator of his time for vesico-vaginal fistula, having scored a series of 17 successive successful cases with a single operation. He was the pioneer in Ireland of the use of the laminaria digitalis for dilatation of the os uteri, and also of lumbar colotomy, and he also introduced the use of nitric acid for intra-uterine medication. Dr. Kidd was one of a type of Irishmen who make their mark wherever they go. He had many of the characteristics of Sir Dominic Corrigan, being strong-headed and strong-minded, not very regardful of obstacles, but very determined to overcome them. He resided in the house formerly occupied by Dan O'Connell, and might have been a close relative of the Liberator, for he evinced much of the same capacity for governing men. He will be long remembered by his professional brethren and by the public in Dublin, in Ireland, and even throughout Great Britain.

MR. JAMES ROUSE, F.R.C.S.

We regret to announce the death, at the comparatively early age of sixty-six, of this gentleman at his residence in London, 2 Wilton Street, Grosvenor Place. He was senior surgeon of St. George's Hospital, and consulting surgeon to the Royal Westminster Ophthalmic Hospital. He received his medical education at the school of St. George's Hospital, was admitted a member of the Royal College of Surgeons, England, in 1851, and elected a Fellow by examination in 1863. He was a member of the Pathological and Clinical Societies of London. Beside the foregoing hospital appointments, he held the post of ophthalmic surgeon to the Eastern Counties Asylum for Idiots, consulting surgeon to the Hospital of St. Elizabeth and St. John, to the St. Anne's Royal Asylum, and to the School for the Indigent Blind. He was the author of papers on Rheumatic Iritis, and Acute Orchitis in the St. George's Hospital Reports, and of various other contributions to the medical journals. Deceased has not been in robust health for some time past, and much of his time had to be passed at his seaside residence near Worthing.

MR. JOHN CHIPPENDALE, F.R.C.S.

By the death last week of this gentleman one of the oldest, if not the oldest, member in the profession has passed away at the age of ninety. Deceased became a Member of the Royal College of Surgeons of England so far back as 1835, and in 1843, the Honorary Fellowship was bestowed on him. He received his medical education at University College and Paris, and after taking his M.R.C.S. he served for seven years as Surgeon in the Royal West Indian and Brazil Mail Steamship Company, on returning from which he settled down to practise in London. Mr. Chippendale was the first annual President of the Medical Society of University College, London; was for seventeen years surgeon to the Farringdon General Dispensary, and for six years lecturer on Anatomy and Physiology at the Hunterian School of Medicine. During the last few years he had retired from the practice of his profession to Upper Phillimore Place, Kensington, where he did full of years and much respected.

Literature.

SACH'S NERVOUS DISEASES OF CHILDREN. (a)

We have been attracted from the outset by this work. It is a conception on a fairly large scale of what is known and what ought to be taught regarding the nervous diseases of children. The author is evidently well up in his subject, and takes a comprehensive, masterly view of it, so that much of the best that has been contributed by writers at home and abroad is here referred to. Functional and organic diseases are arranged separately. Anatomy without cumbering the book, is made to elucidate the text by graphic diagrams and a not too elaborate text. The author rightly enlarges on the best method of examining children, on the scheme of examination to be adopted, and lays down rules. He wisely treats of diseases rare as well as frequent, merely to keep in view their possibility

(a) "Nervous Diseases of Children," by B. Sachs, M.D. London: Bell, Tindall, and Cox. 1895. Price 12s.

when questions of differential diagnosis arise. Works of this kind are frequently overloaded with anatomical and physiological descriptions, which are mostly transpositions and are not brought into coherent relationship with the rest of the subject. Here we have a chapter on the anatomy, physiology, and pathology of the brain, which is remarkably interesting and more instructive than usual, because of the author's beautiful arrangement of diagrams. Localisation of functions, of strands of nerve fibres, of nerve paths, and vascular supply are rendered comparatively easy. If we might take exception to anything in this portion of the book, it would be the reproduction of Schäfer's illustration of the "Distribution of Blood Supply at Base," which is rather perplexing alongside of Thane and Charcot's illustration on the opposite page. We looked for a larger exposition of the subject of tubercular meningitis, but on further consideration it seems that the author has given the salient points of the subject. The treatment of the nature and varieties of idiocy and imbecility ought certainly to have been more fully entered upon in a work of this kind, for these diseases belong very largely to the group comprised in the author's title. These objections apart, we must acknowledge that this work is one of considerable merit and originality, and one especially adapted to be readable and serviceable in the hands of busy practitioners.

Medical News.

Vital Statistics.

THE deaths registered last week in thirty-three great towns of England and Wales corresponded to an annual rate of 18.6 per 1,000 of their aggregate population, which is estimated at 10,591,530 persons in the middle of this year. The deaths registered in each of the last four weeks in the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000:—

Birkenhead 17, Birmingham 23, Blackburn 16, Bolton 19, Bradford 18, Brighton 11, Bristol 13, Burnley 16, Cardiff 15, Croydon 13, Derby 13, Dublin 20, Edinburgh 16, Glasgow 19, Gateshead 14, Halifax 15, Huddersfield 15, Hull 15, Leeds 18, Leicester 19, Liverpool 27, London 18, Manchester 19, Newcastle-on-Tyne 19, Norwich 21, Nottingham 18, Oldham 21, Plymouth 16, Portsmouth 12, Preston 20, Salford 24, Sheffield 18, Sunderland 20, Swansea 17, West Ham 15, Wolverhampton 23. The highest annual death-rates per 1,000 living, as measured by last week's mortality were:—From measles, 2.4 in Birmingham and in Liverpool, 2.9 in Norwich and in Blackburn, and 5.5 in Salford; from scarlet fever, 1.3 in Salford; from whooping-cough, 1.5 in Birkenhead, and 1.6 in Leeds; and from "fever," 1.0 in Salford 1.5 in Norwich and in Sunderland, and 2.4 in Birkenhead. The death-rate from diarrhoea did not reach 1.0 per 1,000 in any of the large towns. The 105 deaths from diphtheria included 82 in London, 6 in Birmingham, 5 in Edinburgh, 5 in Liverpool, 4 in Manchester and in Newcastle-on-Tyne, and 3 in Sheffield. No death from small-pox was registered in any part of the Kingdom.

PASS LISTS.

Royal College of Surgeons of England.

THE following gentlemen having passed the necessary examinations have been admitted Fellows of the College. The names are arranged in order of seniority as Members of the College:—

- | | |
|--|---|
| Ferrand, Edward (I.M.S.), M.D. Durh. | Randall, Mart'n, M.D., L.R.C.P. Sutcliffe, William G., L.R.C.P. |
| Foulerton, Alex. G. R., L.R.C.P. Lond. | Barnard, Harold L., L.R.C.P.Lond. |
| Tanner, Herbert, L.R.C.P.Lond. | Smith, T. B. H., M.B.Camb. |
| Pisani, Lionel John, L.S.A. | Turner, William, M.B., L.R.C.P. |
| Ridley, Nicholas Charles, M.B. | Elworthy, Henry S., L.R.C.P. Lond. |
| Lace, Frederick, L.R.C.P.Lond. | Arnold, Gilbert J., L.R.C.P.Lond. |
| Leaf, Cecil H., M.B., B.C.Camb. | Dickson, H. A. D., L.R.C.P.Lond. |
| Curtis, Henry J., L.R.C.P.Lond. | Colby, Francis E. A., M.B.Camb. |
| Addison, Christopher, L.R.C.P. | Brown, Ralph C., M.B., Ch.B. Melb. |
| Ballance, Hamilton A., M.D. | Brodie, William Haig M.D.Ed. |
| Hainworth, E. M., M.B., B.S. | |

Notices to Correspondents, Short Letters, &c.

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

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

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

REPRINTS—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

READING CASES—Cloth board cases, gilt-lettered, containing twenty-six strings for holding the numbers 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.

DR. JAS. SHAW is thanked for his cases illustrating "The Localising Value or the Prominent Symptoms of Encephalic Disease," which will appear in an early number.

ANTITOXIN AND DIPHTHERIA.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following extract has been made from the "Monthly Analysis of Sickness and Mortality Statistics in London" with a view to compare the mortality from diphtheria before and after the introduction of antitoxin treatment:—

Months.	1893.		Deaths.	Per cent.
	Notified Cases of Diphtheria.			
Sept. ..	1,528	..	308	.. 20.1
Oct. ..	1,698	..	319	.. 19.9
Nov. ..	1,770	..	455	.. 24.5
1895.				
Sept. ..	1,082	..	185	.. 17.6
Oct. ..	1,572	..	307	.. 19.5
Nov. ..	1,283	..	265	.. 21.4

I am, Sir, yours, &c.,
M. ALTDORFER, M.D.

St. Ann's Hill, Dec. 28th, 1895.

DR. MURRELL.—We hope to have space for your paper on "The Pharmacological Action of Purgatives" in our next.

MR. C. B. S. is thanked for the information which we hope to be in a position to supplement next week.

DR. B. A. L.—The facts appear to us to be unquestionable, but we shall be glad of verification to avoid the possibility of a mistake.

CURIOUS IF TRUE.

AN eminent West End physician at the other evening kindly gave a lecture of a professional though popular character in a poor neighbourhood, where wholesome medical advice might be deemed acceptable. For lack of other accommodation the lecture was given in a chapel. As some of the physician's patients and friends had got word of the lecture, a number of them drove down to hear it. The audience was sprinkled with fashionable people, and there was so much money in the "house" that the cupid of the deacon who had to move a vote of thanks to the lecturer could not be restrained. Here were sheep to be shorn for the good of the cause, and he was the man to do it. Accordingly, the worthy deacon unblushingly announced that he thought, as so many of their friends were present, they would like to help the cause, and to give them an opportunity of doing so a collection would be made. Up rose the physician in a state of fiery indignation to inform the audience that when he consented to deliver the lecture it was on the condition that it was to be free in every respect. Slapping his pocket with his hand, he added he did not intend to give one penny, and he hoped no one else would do so. Of course this outburst was received with cheers, and another deacon was put up to apologise to the lecturer and to withdraw the obnoxious proposal of his brother.—*The Birmingham Gazette*.

Meetings of the Societies

FRIDAY, JAN. 3RD.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY, West London Hospital, W.—8.30 p.m. Dr. McCann: Diagnosis of Gonorrhoeal Inflammations (with lime-light demonstration). Dr. Cremon: the Treatment of Enterocolitis in Infants.

vacancies.

City of Dublin Hospital.—Housekeeper. Applications before January 15th, 1896, to the Secretary at the Hospital. (See advert.)

City of London Union Infirmary.—Dispenser. Salary £100 per annum and dinner daily. Application forms and further particulars of the duties of F. W. Craze, Clerk to the Guardians, 61 Bartholomew Close, London, E.C.

Cootehill Union, Drumm Dispensary.—Medical Officer. Salary £100 per annum, and £30 per annum as Sanitary Officer, with fees. Election January 6th, 1896. (See advert.)

County Asylum, Prestwich, near Manchester.—Assistant Medical Officer (unmarried). Salary commencing at £100 a year, increasing to £200, with board, attendance, and washing. Applications to the Superintendent.

County Asylum, Rainhill, near Liverpool.—Assistant Medical Officer. Salary commences at £100, with an annual rise of £25 up to £200, with board, attendance, and washing. Full particulars of the Medical Superintendent.

Hospital for Women, Soho Square, London.—Registrar. Honorarium 35 guineas. Full particulars of David Cannon, Secretary.

King's College, London.—Demonstratorship in the Bacteriological Laboratory. For conditions of appointment apply to Walter Smith, Secretary.

North London Hospital for Consumption, Hampstead.—Resident Medical Officer. Honorarium £40 per annum, with board, lodging, &c., in the hospital. Applications to the Secretary before Jan. 6th at 41 Fitzroy Square.

Owens College, Manchester.—Junior Demonstratorship in Physiology and Histology. Salary £100. Applications before January 4th to the Registrar, who will furnish further information.

Poplar Hospital for Accidents, Blackwall.—Resident Assistant House Surgeon. Salary £80 per annum, with board and lodging. Applications to the Secretary before Jan 8th.

University of London.—The Registrarship.—Candidates for the appointment must send in their applications not later than Jan. 25th. Salary commences at £300, and rises by annual increments to £1,000 per annum. Further information may be obtained of Arthur Milman, M.A., LL.D., Registrar, University of London, Burlington Gardens, W.

Victoria Hospital for Sick Children, Chelsea.—House Surgeon. Salary £50 per annum, with board and lodging. There is also a vacancy for House Physician on same terms. Applications before Jan. 11th to the Secretary at the hospital.

Appointments

CAMERON, R. D., L.R.C.P., L.R.C.S., Edin., Medical Officer for the Walsington Sanitary District of the Howden Union.

CHESTWOOD-AIKIN, K.C., M.B. Aberd., House Surgeon to the Central London Ophthalmic Hospital.

CHRISTON, H., M.B., B.S., Durh., Resident House Surgeon to the Ingham Infirmary, South Shields.

COOK, W. H., M.D. Brux., M.R.C.S., L.R.C.P., L.S.A., Resident Medical Officer to the Royal United Hospital, Bath.

CROSS, E. J., L.R.C.P., Lond., M.R.C.S., D.P.H., Camb. Medical Officer for the Second Sanitary District of the St. Neots Union.

DAWAR, T. F., M.D., Aberd., C.M., B.Sc. (Pub. Health), Medical Officer for the Burgh of Monifieth, N.B.

ELLIOTT, THOS., M.D. Dub., L.M., L.R.C.S., Medical Officer for the No. 1 Sanitary District of the Tonbridge Union.

HAWORTH, J. J., L.R.C.P. Edin., L.R.C.S., L.F.P.S. Glasg. Medical Officer for the Filey Sanitary District of the Scarborough Union.

HUNTON, Fred., M.D., B.S. Durh., Medical Officer of Health for the Stockton Sanitary District and the Workhouse of the Stockton Union.

JONES, JAS. H., M.B., M.S. Edin., Medical Officer of Health for the Newport (Mon.) Port Sanitary Authority.

MILLER, WALTER, F., M.B., Durh., L.R.C.P., M.R.C.S., Medical Officer for the Alwinton Sanitary District of the Rothbury Union.

OLIVER, WILLIAM, M.B., M.S. Edin., District Medical Officer for the Saddleworth Union.

PEPPER, H. M., M.R.C.S., L.R.C.P., Lond., Resident Assistant Medical Officer to the Royal Berkshire Hospital, Reading.

SMITH, RAGINALD, M.R.C.S., L.S.O.P., House Surgeon to the West Norfolk and Lynn Hospital, King's Lynn.

Births.

JOLLY—Dec. 25th, at Godstone House, Sydenham, the wife of S. Blake Jolly, M.B. Cantab., M.R.C.S., of a daughter.

Marriages.

BORRETT—STEWART.—On Dec. 19th, at All Saint's Baywater, George G. Borrett, Surgeon, Royal Navy, eldest son of the late Rev. George K. Borrett, of Hastings, to Grace Gwendoline Haldane, only child of the late James Stewart Powis Square, Baywater.

PILLING—TOPHAM.—Dec. 28th, at the Parish Church, Matlock, Charles Ernest Pilling, of Norwich, solicitor, son of the late Rev. J. R. Pilling, Rector of Wells, Norfolk, to Emma, daughter of Herbert Topham, M.R.C.S. Lond., of Tor House, Matlock B. & A.

Deaths.

CHIPPENDALE.—Dec. 23rd, John Chippendale, F.R.C.S., of Upper Phillimore Place, Kensington, aged 91.

FREHSEN.—Nov. 23, at Sea Point, Cape Colony, O. G. de Wet Fehrsen, M.D., only surviving son of Captain A. Fehrsen, H.M. 21st Light Dragoons, aged 80.

GROVE.—Christmas Eve, at St. Ives, Huntingdonshire, William Richard Grove, M.D., aged 57.

HARRIS.—Dec. 21st, at his residence, Trengweth, Redruth, Cornwall, Henry Harris, F.R.C.S., in the 86th year of his age.

KIDD.—Dec. 26th, at 38 Merrion Square, Dublin, George Hugh Kidd, M.D., Past President Royal College of Surgeons, Ireland, and Royal Irish Academy of Medicine, aged 71.

WILMOT.—Dec. 19th, at 8 Richmond Hill, Bath, Philip Mann Wilmot, M.D., aged 90.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXII.

WEDNESDAY, JANUARY 8, 1896.

No. 2.

Original Communications.

THE PHARMACOLOGICAL ACTION OF PURGATIVES.

By WILLIAM MURRELL, M.D., F.R.C.P.,

Lecturer on Pharmacology and Therapeutics at Westminster Hospital.

THERE is much difference of opinion respecting the mode of action of purgatives, and especially of the group—the latest addition to our list—which includes the natural aperient mineral waters.

One thing is perfectly clear, and that is that the majority of purgatives derived from the vegetable kingdom belong to the class of cutaneous irritants. The irritative effects of such drugs as croton oil, gamboge, and elaterium when applied to the skin is well known. Croton oil irritates the skin, not only when applied topically, but even when taken internally. Elaterium is such a powerful cutaneous irritant that people engaged in handling the drug suffer severely from ulceration of the nails and adjacent tissues. Colocynth, although less distinctly an irritant, produces persistent sneezing when inhaled, accompanied in the case of many people by attacks of dyspnoea resembling those of asthma. A similar condition results from inhaling powdered ipecacuanha, which is a common constituent of most of the ordinary aperient pills. This irritative effect leads, when the drug is taken internally, to increased peristaltic movement and to a rapid evacuation of the intestinal contents. The stimulation may be exerted on the mucous membrane itself or on the motor ganglia which preside over the contractions of the intestines. If it is irregular or intermittent it is apt to cause the patient much discomfort.

From a purely pharmacological point of view, any cutaneous irritants, with the exception of those which, by their general action produce symptoms of poisoning, might be employed as purgatives, provided only that they were not absorbed by the stomach and reached the intestines in safety.

Saline purgatives have an enormous advantage over purgatives of vegetable origin in not being irritants. It is probable that most of them act simply in virtue of their bitterness. The intensely bitter taste, both of sulphate of magnesium and of sulphate of sodium is well known, and is readily appreciated even in very dilute solutions. Bitters excite the secretions both of the stomach and of the intestines. Familiar examples are afforded by the action of such drugs as gentian, quassia, calumba, and angustura administered immediately before meals in improving the appetite and stimulating the powers of digestion. These drugs fail to act as purgatives for two reasons: first, because many of them contain astringent principles, and, secondly, because they are commonly taken in small doses mixed with sherry or gin, or some other form of alcohol which, by dilating the blood-vessels of the mucous membrane of the stomach, facilitates absorption.

Bucheim and other observers, both in France and in Germany, at one time maintained that the action of

saline purgatives was due solely to increased peristalsis, and even went so far as to suggest that the watery evacuation was the result, not of increased secretion from the intestinal mucous membrane, but was simply the fluid in which the salt was administered or with which it came in contact in the alimentary canal. This theory is now exploded. It is true that purgative salts do not produce catharsis when given in a concentrated form to animals fed for some days previously on absolutely dry food, but this is due not to the absence of water in the alimentary canal but to its deficiency in the blood.

Every clinical observer is aware of the fact that the natural purgative waters fail to exert their characteristic action when the patient is confined to bed, and from his recumbent position is less favourably placed for the passage of the fluid into the intestines than when he is following his ordinary avocations. It is also a common experience that in these cases the action of the aperient is materially assisted by massage of the abdomen, which facilitates the passage of the fluid through the pyloric orifice. At Carlsbad and other places, where aperient waters are drunk, the patient is instructed to walk so many hundred yards after each cup of the beverage, and this undoubtedly greatly assists the progress of the fluid down the intestinal tract.

There is no doubt that the effect exerted by bitter waters on the stomach is beneficial quite apart from the purgative action, and it is a common experience that patients whose breakfast ordinarily consists of a cup of tea and a piece of dry toast find that they can eat a good meal and digest it after a glass of Hunyadi Janos water sipped slowly whilst dressing.

With regard to the purgative effect the bitterness of the water is responsible for its excito-secretory action, whilst its low diffusibility impedes the re-absorption of the fluid. As a joint result of the stimulated secretion and the diminished absorption there is a largely increased accumulation of fluid in the intestinal tract, which partly from the effects of gravity and partly from a gentle stimulation of the peristaltic movement excited by distension reaches the rectum and produces a copious and comfortable evacuation.

Some saline purgatives affect the peristaltic movements so slightly that they are powerless to give the secreted fluid the necessary impetus downwards, the result being that there is a risk of re-absorption with the attendant dangers of griping and discomfort. It is rarely expedient to employ a single member of this group, it being found by experience that much better results are obtained by judicious combinations, such as occur in the natural purgative waters.

The mode of employment of an aperient water materially influences its action. In the case of Hunyadi Janos water, the member of this group which I most commonly prescribe, I direct the patient to dilute half a tumblerful with an equal quantity of boiling water, and to sip it slowly whilst dressing in the morning. The result is that there is one copious and easy evacuation immediately after breakfast, and no further trouble during the day. The dose can be regulated to a nicety, and it can be taken day after day and month after month without the slightest risk of exciting a catarrhal condition of the intestines.

Lectures

ON

THE DIAGNOSIS OF INSANITY.

By THEO. B. HYSLOP, M.D.,

Lecturer on Mental Diseases to St. Mary's Hospital Medical School,
Assistant Physician to Bethlem Royal Hospital.

LECTURE II.

In my first lecture I mentioned several sources of fallacy in our estimation of the influence of heredity. I now propose to treat somewhat more in detail those factors which are regarded as giving rise to morbid mental states in the life history of a family. The mental tendency or disposition to think, feel, or act in some particular way, is usually the result of a transmitted tendency gained by ancestral experience. This tendency is termed an "inherited disposition." A complete account of all the factors which form the data for a theory of development and heredity would include the facts of embryology, and this would also necessitate an account of the relationship between the more or less isolated germinal cells and the development of new individuals. It is not part of our object, however, to conjecture as to how the potentia activities of the germinal cells are derived. It must suffice to state that it appears highly probable that the germinal substance does contain certain specific characters which manifest themselves in the offspring.

Evolutionists assert that the psychical development of the individual is mainly conditioned by that of the race—i.e., owing to the principle of hereditary transmission, the nerve centres and the corresponding psychical activities tend to unfold in the individual in the order in which they have been developed in the history of the race. They also maintain that in the evolution or progressive development of the race any improvement of faculty or capability tends to transmit itself as a fundamental capacity or inherited disposition. In studying every case of mental disease it is essential that we take account of all the internal and external factors which tend to give rise to or favour the development of abnormal mentation. These factors may be grouped as follows:—

(1) *Internal.*

- (a) The variations or inequalities of the individual's original capacities.
- (b) The influence of heredity.

(2) *External.*

- (a) Variations in the social environment.
- (b) Variations in the physical environment.

Original capacities are not to be explained entirely as mere results of growth and adaptation to external surroundings. The physical organism does appear to possess certain fundamental capacities which predetermine its adaptability to external conditions, and as I have stated elsewhere, (a) mental development must start from some inherent state differing in character from any bodily state, and the operation of the mental causes and influences of the development is often only to be estimated by observing those mental laws, facilities, or prohibitions, which do not directly depend upon what we know of the physical successions. Mental development is undoubtedly dependent upon physical development in its ultimate aspects, and, arrest or interference with the latter will arrest or modify the former. Other things being equal, however, the mind possesses within itself certain fundamental attributes, which, so far as we know, cannot be explained in physiological terms, and which manifest themselves throughout the process of development apart from adaptive reactions of the physical organism to any environment. That

the mind itself really possesses fundamental intellectual functions of discrimination and assimilation, also primary capacities of feeling and willing, which manifest themselves out of all proportion to any apparent physical development, is evidenced over and over again in the moulding of genius. A full inquiry into the life histories of geniuses, and of some forms of abnormal mentation would apparently lead to the conclusions that ancestral experiences or acquisitions made in the life history of the race do not necessarily always enter into consideration as factors; nor do the conditionings of such mental developments invariably follow what we imagine to be the proper laws of organic and nervous development. It is also important to remember that these capabilities need not necessarily manifest themselves at the early periods of an individual's life; nor are they entirely dependent upon the environment which acts upon the mind through the nervous structures. An investigation of the original capacities of an insane patient not infrequently gives a clue to the whole nature of the case. Thus, for example, it is not uncommon to meet with an individual who at the period of puberty or of adolescence has broken down mentally, overwork being assigned as the cause. The friends inform you that, as a child, the patient was precocious and possessed a marvellous memory. This excessive physiological retentiveness has in reality been the leading factor in causing the breakdown. The parents, in their emulation at the possession of such an apparently intelligent child, have not only sanctioned, but even applauded, an undue amount of mental cramming, with the unfortunate result that the whole brain and mind have suddenly become a wreck. In the educational question there is no point of more importance than that of distinguishing between mental growth and development. Mind is said to grow when it increases its stock of materials; when it assimilates its materials, it develops. With abnormal growth, true development is apt to be impeded—e.g., in preparing for examinations the excessive growth of the bulk of retentions may, for a time, impede true mental development, just as an excessive amount of nutrition may produce fatness, while, at the same time, rendering the physiological activities more sluggish, i.e., with physical corpulence we have lessened bodily activity, and with mental agglomeration we have diminished power of thought. The possession of abnormal retentiveness of memory may serve to explain the early victories (as students) and later failures (as men) of numerous individuals. Many a so-called genius may be likened unto a well-ballasted barge, whose bulk of retention necessitates slowness of movement. In true genius there ought to be a just proportion between growth and development, otherwise the genius is apt to end in degeneration.

(b) *Inherited Dispositions.*—Much stress is laid upon the hereditary factors in insanity, but an imperfect conception as to what constitutes an hereditary predisposition gives rise to much inaccuracy and confusion. These causes of confusion I have already stated to be due either to a too narrow notion as to the neurotic factors in the ancestry, or, on the other hand, to a too wide notion which includes hereditary factors which, in reality are of little practical significance. The transmission of abnormal or diseased modes of thought is a subject which, in its theoretical aspects, is too wide for our consideration; we have merely to do with the data as we find them. In speaking of hereditary influences, we limit the influences to those which primarily affect the nervous system and are termed neuroses, and to such diseases as are intimately associated with neuroses or which affect the life history by developing a tendency to the production of neuroses.

During the five years 1889 to 1894, inclusive, the yearly average number of insane patients admitted to asylums in England and Wales was 8,058 males and 8,557 females. Hereditary influence was ascertained

to be present in 1,699 males and 2,171 females, or in the proportion of 21.1 and 25.4 per cent. respectively. Congenital defect was found in 470 males and 351 females, or in the proportion of 5.8 per cent. males and of 4.1 per cent. females (a). Of the 1,167 males and 281 female general paralytics, 186 males and 54 females (15.9 per cent. and 19.2 per cent. respectively) were found to have some hereditary influence. Of patients with suicidal propensity the yearly average was 1,818 and 2,433 females, and of these, 481 males (26.5 per cent.) and 734 females (30.2 per cent.) had a neurotic family history. These figures appear to demonstrate that heredity enters as a possible factor of causation in more than 20 per cent. of all cases of insanity, and, inasmuch as the hereditary factor sometimes considerably modifies the nature and course of the morbid mental state it is essential that this factor should be fully investigated and duly appreciated, otherwise our diagnosis is apt to be astray.

Speaking generally, the offspring tends to inherit the characteristics of both parents. In some instances, however, there may be a preponderance of the characteristics of one or other parent, or there may be a combination of some of the parents' qualities, which manifest themselves coincidentally or alternately during the lifetime of the offspring. Defect in the germ or sperm may result in abnormality of structure or energy, or both. As yet we know little of the conditions which render the germ and sperm suitable to each other. There are several practical points to be noted in the consideration of heredity. (1) An individual may develop or acquire a neurosis which affects his own life or the life history of his family. (2) The neurosis may increase or diminish in strength from generation to generation, or it may skip a generation. (3) The neurosis may appear at a later period of life in the offspring than in the ancestors. (4) The forms of the neurosis may alternate in the life history of the individual or in that of the family. (5) The type of neurosis may be determined by one or other parent with or without transmission of identical tendencies. (6) The inheritance of a slight neurosis connotes a ready breakdown but rapid recovery. (7) A strong neurotic tendency connotes either early and complete breakdown or perpetual instability. (8) An inherited neurosis often manifests itself as epilepsy, comparatively infrequently in general paralysis.

Some observers believe that general paralysis of the insane is not commonly attributable to a neurotic inheritance. This opinion is not confirmed by the statistics of England and Wales, although the proportion is somewhat less in general paralysis than in insanity generally. Revington believes that some cases point strongly to the theory that, while both hereditary and acquired neuroses, if strong, tend to the development of general paralysis at an early age, the tendency of the former is to protract, and that of the latter to shorten the duration of the disease. One fact is certain, namely, that the offspring of general paralytics are liable to suffer from all sorts of neuroses, and more especially epilepsy.

The other factors which tend to determine neuroses in the offspring are, phthisis, scrofula, gout, rheumatism, syphilis, alcohol, paralysis, spasmodic asthma, and diabetes. Undoubtedly, insanity, epilepsy, and other nervous disorders do occur in the offspring of phthisical persons, but whether it is comparatively more common for an insane inheritance to lead to phthisis, I am unable to say. The strumous diathesis is a most important factor in the production of idiocy and imbecility; gout and rheumatism are regarded as liable to start a neurotic diathesis. Syphilis is apt to predispose the offspring to the occurrence of minor nervous disorders, convulsions, epilepsy, and even insanity during childhood. Such children may be de-

fective intellectually and morally. Sometimes only these mental features are noticeable. In other cases, however, early blindness or deafness may lead to complete idiocy by deprivation of the senses. Epilepsy may lead to complete fatuity, or definite paralysis may result from local lesions in the brain structures. Some cases resemble general paralysis in their main symptoms inasmuch as there is progressive mental degeneration associated with the steady development of generalised paralysis with emaciation.

The consequences of alcoholism are not only impairment of the parents' own mental faculties but also in the offspring a tendency to drink, epilepsy, insanity, neuroses, idiocy or imbecility, and in a word, extinction of the race. From the social point of view, mortality is increased, births diminished, moral energies decreased, and development of intelligence retarded; in fact, weakness of the vital and intellectual energies of the race. A predisposition to alcoholism may be suspected under the following circumstances:— (a) When alcoholic symptoms appear too readily; (b) when there is a tendency to drink at an early age; (c) when the mental condition during drunkenness reveals the inheritance of ideas or tendencies which normally were kept in subjection; (d) when the mental symptoms are characterised by impulsiveness and the tendency to commit rash acts; (e) when delirium tremens, transitory mania, and even epileptiform convulsions manifest themselves with extreme readiness; (f) when, in addition to susceptibility to alcohol, mental perversions are caused suddenly by exciting agents other than alcohol; (g) when alcohol determines an inherited psychosis; (h) when the salient features of the case are misinterpretations of sensory impressions; (i) when the mental states or ideas are changeable and constantly interrupted by lucid intervals.

Some observers attach much importance to the existence of suicidal tendencies. Legrain gives four varieties of the special predisposition to suicide in these cases, viz., (1) Instead of having the form of genuine alcoholic suicide (an accidental act, or caused by fright in consequence of special hallucinations), the tendency is logically connected with the melancholic idea as expressed by the patient; (2) sometimes those who relapse in delirium tremens attempt suicide at each attack; (3) in the course of one and the same attack of delirium tremens, several attempts may be made; (4) in the ancestors of drinkers who become melancholiacs and commit suicide during an act of delirium tremens, a special predisposition to melancholia exists. It is of importance to remember that in a predisposed individual it is not uncommon to meet with maniacal conditions of an ambitious or an exalted kind. Delirium tremens occurring in such a predisposed person lasts longer and is more apt to be followed by another psychosis than in the case of one who has not the predisposition.

There are other functional and organic diseases of the nervous system which appear to be the result of ancestral taint, and which alternate or interchange in the life history of the individual or of the race. Briefly enumerated these are:—

1. Eccentricities, longings, cravings, morbid impulsive tendencies.
2. Suicide, crime, moral depravities.
3. Hysteria, trance, somnambulism.
4. Neuralgia, angina, megrim, tic douloureux.
5. Occupation spasms, stuttering, chorea, epilepsy.
6. Premature baldness, greyness, and senility.
7. Asthma, diabetes, goitre, deaf-mutism, paralyses.
8. Excitability, want of control, intemperance in love and religion.

Some inherited neurotic tendencies do not manifest themselves unless the individual is subjected to exciting causes. Such individuals are excitable, eccentric, very susceptible to shock, passionate, and easily affected by alcohol or by injury to the head. Others are readily

(a) Forty-ninth Report of the Commissioners in Lunacy.

affected by migraine, neuralgia, headache, sensory epilepsy, spasmodic asthma, neurasthenia, phrenasthenia, and other neurotic manifestations. Most of the cases with a family history of diabetes are of the melancholic or hypochondriacal type, and this is especially apt to develop at the periods of adolescence or at the climacterium.

These preliminary data are essential to the just estimation of every case of insanity, and failure to appreciate the family relationships may result in complete failure in diagnosis. Moreover, it must not be forgotten that, although an insane person may suffer from a diseased brain which requires medical treatment, the diseased brain is not the only object for study. Insanity is a disorder of the individual; and, in order to grasp the full significance of the disorder, the individual must be studied not only physically but mentally, and this involves a far reaching estimate of all the sociological and environmental relations which tend to modify the development and experience of the individual.

Vienna Clinical Lecture.

MORBUS MÉNIÈREI.

By PROF. J. GRUBER,

Otological Clinic, Vienna University.

[FROM OUR AUSTRIAN CORRESPONDENT.]

GENTLEMEN,—From the recent interest excited by Frankl-Hochwart in this disease of Ménière it appears to me opportune to review the latest opinions expressed on the subject. A large number of specialists have devoted much time and attention to the differentiation of the disease with a view to more correctly diagnosing and forming a better prognosis of different cases coming under treatment. Since the time that Charcot propounded his test drug quinine for the disease, we have become clearly convinced that there is a Ménière disease pure and simple; but we have also a symptomatic disease with Ménière's phenomena possessing all the trias—vertigo, subjective hyper-sensation, and deafness, any one of which were considered to be the true symbol of Ménière's disease. We are now satisfied that these symptoms are associated with other morbid conditions of the ear. Aurists have therefore an important duty to perform in distinguishing between the diseases of Ménière's phenomena and genuine morbus Ménièrei, which is now acknowledged by all practical aurists. My own opinion is that a clear notion should be formed and the terms properly defined "Ménière's Phenomena" and "Morbus Ménièrei." This I conceive would better express the opinion of Ménière himself in locating the site of the disease. It is well known that his attention was directed towards this subject by the laboratory experiments of Flourens who discovered the symptoms after cutting the semi-circular canals in rabbits. The origin of the vertigo long lay in obscurity after this time from the doubts expressed in the phenomena. Ménière, at a later period, obtained the same phenomena when the middle ear was affected, which probably in a secondary manner affects the labyrinth. At a later period still it was proved that the same phenomena could be produced by disease in the external ear which even now cannot be impugned. From recent physiological examinations it has now been conclusively shown that any pressure on the ampullæ or semi-circular canals will produce this feeling of vertigo, which may be easily conducted from any morbid changes in the middle or outer ear. Our duty therefore in diagnosis seems clear. We must determine exactly in every case with such symptoms whether the morbid change is located in the ear itself; whether it is a labyrinth affection pure and

simple, or a disease following another; whether it is a morbid condition of the middle ear or complicated with a primary labyrinth affection. The latter portion of the diagnosis is now an easy matter for aurists, as the objective examination with our improved methods of diagnosis will soon determine with precision the possibility of the origin and the probable changes that have occurred. By careful examination of every case where the so-called Ménière's phenomena are present we are more able to locate the morbid changes in the auditory organ and designate the disease by the changes or complications to the primary disease.

Having now diagnosed a case of Ménière's disease, we have next to inquire in to the nature of the primary morbid change in the labyrinth; whether it has originated from hæmorrhage or, what I consider more common, a secretory exudative process. I am of opinion that hæmorrhage of the labyrinth is a very rare lesion in the production of Ménière's disease. I admit that we do meet with slight hæmic extravasations in the labyrinth after death, as everyone at the post-mortem table can convince himself. We also find in ampullæ, the cochlea, or the semi-circular canals, a sufficient amount of pigment to attract attention, which has been extravasated from the blood in the first place, but the most convincing fact that this foreign body is an innocent factor is the fact, that every individual so examined will have been found during life to have been perfectly free from vertigo, hyper-sensation, or deafness. Large extravasations, however, occur after severe accidents, such as fracture of the skull, or in cases where men are engaged in spaces under high atmospheric pressure, such as divers. A case of the latter came under my observation in the person of a worker who had been confined in a "caisson" for a short time and was suddenly attacked with Ménière's affection. Although he was confined to hospital for several months, and in spite of all our efforts, he was dismissed unrelieved.

I have next to dispose of the secretory and exudative processes which I consider the more common cause. It has been already noticed that the principal point of diagnosis turns on the different parts of the labyrinth, viz., the ampullæ, semi-circular canals, and the cochlea. Along with these different portions of the internal ear the adnexa of the labyrinth may be noted, such as communicating ducts which have recently been shown in anatomy to be of physiological interest. The recessus cotugni of the dura mater is a cistern or reservoir which is connected with the aqueductus vestibuli. I have taken the trouble on my own account to examine more than one hundred temporal bones to satisfy myself of the importance of this saccus cotugni, which has convinced me that it is a connection of the highest importance in this disease. In different subjects, according to nutrition and age, we find this saccus cotugni of different sizes and conditions. In some adults, when carefully examined, a small hole that might admit a hemp seed will be found in every case; in other bones the same recess will admit an ordinary-sized bean. Here is a preparation where the saccus cotugni is obliterated and the aqueductus connecting therewith is filled with a solid column of dura mater. In another preparation you will find the coverings of the sac soldered together as if some morbid change had taken place. In the aqueductus vestibuli we have great variations and anomalies. I have met with bones when macerated where no opening at the end of the canal could be found, and no reduction of the endolymph could take place.

From what has been said with respect to the adnexa of the labyrinth, we might easily picture to ourselves with out much strain of the imagination how the morbid changes could be brought about in the ampullæ and the semi-circular canals with the foregoing phenomena. If the flow of endolymph by the closure of the aqueductus vestibuli, is affected by the adhesions in the saccus

cotagni or the obliteration of Rüdinger's discharge canals of the saccus cotagni, an accumulation of endo-lymph will take place, causing a great amount of pressure and probably tearing of the finer structures with extravasations of blood which would produce all the phenomena necessary for morbus Ménière; this condition usually takes place after injury to the organ. Another form of considerable importance in the production of the disease may arise from a too liberal use of alcoholic drinks, giving rise to congestion and increased endo-lymph which may be denied easy discharge owing to the closure of the canals, and thus produce the same symptoms. We cannot, therefore, dispose of the subject without faithfully considering many of these contingencies that are probably active in Ménière's disease.

There is another condition in the form of inflammatory exudations which is now placed beyond doubt by the recent investigations of Voltolini that may be very fruitful in the production of the disease and which he has termed labyrinthitis. From the various hypotheses advanced, it may be easily understood that Ménière's phenomena will accompany different morbid changes in the auditory organ, but in the future we must recognise morbus Ménièrei as a primary labyrinthine morbid process having all the trias-vertigo, with fainting and vomiting, the subjective hyper-sensory hearing and difficulty of hearing or even deafness. The labyrinthitis may easily be distinguished from the other morbid processes producing Ménière's disease by the preceding or associating febrile condition. The apoplectic form may be further separated as the secretory category, while a remaining number of the cases will still be unable to be diagnosed during life and retain the name though the lesion may be hypothetical.

Transactions of Societies.

THE OBSTETRICAL SOCIETY OF LONDON.

MEETING HELD WEDNESDAY, JANUARY 1ST, 1896.

The President, Dr. CHAMPNEYS, F.R.C.P., in the Chair.

ON THE INFLUENCE OF THE REMOVAL OF THE OVARIES ON METABOLISM IN ITS BEARING ON OSTEO-MALACIA.

PROFESSOR CURATULA (Rome), represented by Dr. Griffiths, contributed a paper embodying the result of his researches in connection with the treatment of osteo-malacia by the removal of the ovaries. Proceeding on what he described as "the now ascertained fact," that patients suffering from osteo-malacia may be cured by castration, he had studied the changes which take place in the metabolism the healthy animal after castration, with the object of ascertaining the ultimate changes in the metabolic activity of respiration and the composition of the urine after castration. In the communication made by him, through Dr. Barbour, to the Edinburgh Obstetrical Society, it was stated that after removal of the ovaries the quantity of phosphoric anhydride excreted in the urine was greatly diminished, and this for a considerable time, while the quantity of nitrogen remained unaltered. The diminution of phosphates began about the seventh day and continued for three or four months. This he had attributed to a diminished oxidation of phosphorus existing as an organic compound in the tissues presumably combined with calcium and magnesium and stored in the bones. He supposed that the ovaries, like other glands of the animal economy according to the general doctrine of Brown-Séquard had some internal secretion thus pouring constantly into the blood a product of which the chemical composition was still unknown, capable of facilitating the oxidation of the phosphorylated organic substances which supply the material for forming the salts of the bones. On this assumption the removal of the ovaries would entail a larger retention of organic phosphorus, and consequently a greater accumulation of earthy salts in the form of phosphates until the skeleton finally resumed

its normal solidity. Experiments performed since that date had proved this hypothesis to be correct. In bitches in which after castration the excretion of phosphorus in the urine had considerably diminished, the subcutaneous injection of from 10 to 40 c.c. of ovarian-glycerine juice immediately increased the elimination of phosphorus. The injection of larger quantities of the ovarian juice was followed by an even more remarkable augmentation of phosphates. The same results were obtained in experiments on dogs. In support of the view that the sexual glands had a moderating influence on the development of the skeleton, he mentioned the fact that all giants reported on by anatomists had been found to have atrophied testicles, and, on the other hand, the eunuch-shorters at the Sixtine Chapel all possessed a remarkably well-developed skeleton. The experiments in respect of the metabolic activity of respiration were carried out on mice, using an ingenious apparatus invented by Prof. Luciani. He had found that the quantity of carbonic anhydride eliminated after the removal of the ovaries was diminished and this diminution might, he suggested assist them in explaining the abnormal accumulation of fat in the system, which always follows castration. It was probable, indeed, that a similar influence was exerted by the ovaries in respect of the oxidation of adipose substances. The question arose whether this diminution in the elimination of carbonic anhydride was due to the non-introduction into the blood of a secretive product capable of promoting the oxidation of fat, or whether it was due to the fact that after castration animals became comparatively quiet and calm. According to Petrone's theory osteo-malacia was due to a modification of the system caused by the *fermentum nitricum*. He had injected into dogs pure cultures of one of the micro-organisms proved by Winogradsky to bring about the nitrification of the soil, but, so far, with negative results.

Mr. BLAND SUTTON regretted that the details of the experiments alluded to by the author had not been given in greater detail, the more so, seeing that such investigations notoriously involved great technical difficulty. Judging from his own experience osteo-malacia was a very rare disease in this country. He pointed out that patients with osteo-malacia usually suffered excruciating pains, which he formerly believed to be due to pressure on the nerve roots brought about by changes in the vertebrae, but if, as was stated, these pains disappeared within a few hours of the injections, it was evident that this pressure could not be the cause of the pain. It had been stated that in castrated domestic animals the skeleton was bigger than usual, but he would point out that such animals had been attened for a special purpose, which might explain the extreme development of the bones. He had, moreover, noted that in animals kept in confinement, as in the Zoological Gardens, there was often very marked development of the skeleton, in fact, he had, on inspecting the skeletons of lions and tigers, been enabled to say at once that they had been kept in captivity simply from the size of the bones, yet, he remarked, one did not venture to castrate lions.

Dr. A. ROUTH suggested, in view of the relationship between hypertrophy or removal of the thyroid gland and special symptoms; between the supra-renals and Addison's disease; between the hypertrophied spleen and leucocythæmia; the pituitary gland and acromegaly, and so on, it was not at all improbable on the face of it that some similar influence might be exerted by the sexual glands.

Dr. GRIFFITH said there was one marked difference between osteo-malacia as observed in this country and the disease described by that name on the Continent, viz.: that while over here it was exclusively a disease of advanced life, on the Continent it occurred at a comparatively early age. He pointed out that examples of various degrees of osteo-malacia might be met with in the bones of the aged women who died in the infirmaries. He did not think that the ovaries could be credited with any share in the production of the disease in advanced life at any rate. He mentioned that in the museum of St. George's Hospital there was the skeleton of a young person of which the bones presented the characteristic changes of osteo-malacia, and there was a similar specimen at Cambridge. The disease, moreover, was one which occurred in man. He thought they ought to take a some-

what wider view of the question and not ascribe it simply to the influence of atrophy of the ovaries.

Mr. BLAND SUTTON explained that the changes in the bones of old people to which the last speaker had referred were purely senile. They were totally different from those of osteo-malacia, which was an acute affection occurring principally, if not exclusively, during the child-bearing period of women's life. He was, however, not prepared to deny that it might occur in man.

Dr. DUNCAN was inclined to think that the cases described as occurring in the young were really instances of pseudo osteo-malacia occurring in subjects whose bones had been deformed by rickets in early life.

THE EFFECTS OF LACTATION ON MENSTRUATION AND IMPREGNATION.

Dr. LEONARD RENFRY, referring to what he said was one of the most popular beliefs among married women, viz., that suckling prevents conception, explained that in order to ascertain the truth, or otherwise, of this belief, he had taken notes of several hundred cases, with the result of eliciting many interesting facts. The intimate connection between the function of the breast and that of the uterus was well-known. When the breasts were actively secreting, menstruation was commonly absent. As soon as the mother ceased to suckle, menstruation usually returned as before pregnancy. The breast function, moreover, had an admitted relation with the process of involution, sub-involution being frequently met with in mothers who did not suckle their children. Again, after miscarriage sub-involution was more frequently met with than after full-time labour, in the production of which non-lactation doubtless took a share. Suckling often gave rise to pain in the region of the uterus, due to uterine contraction, and, according to Galabin, suckling a child after pregnancy might lead to abortion. With regard to the condition of the uterine mucous membrane during suckling, amenorrhoea under the circumstances must, he urged, be due to anæmia, presumably associated with little or no growth. On the other hand, when menstruation was complete and regular during lactation the mucous membrane had probably undergone the changes associated with the catamenia under ordinary conditions. He had questioned a large number of women on the following points:—(1) Number of pregnancies, (2) number of children nursed, and for how long, (3) whether amenorrhoea during suckling, and how soon catamenia returned, (4) whether pregnancy commenced during suckling, (5) whether, when present, menstruation was regular or otherwise. He had collected the histories of about 900 lactations, from which he had drawn the following results:—Of the 900 lactations 502 were attended by amenorrhoea, while in 388 the menses returned in a more or less marked degree. It followed that 57 per cent. of the lactations were associated with complete amenorrhoea, and 43 per cent. with menstruation at some time during the period. Of the 388 menstrual cases 226 became pregnant during suckling (equal to three-fifths). In 245 of the 388 cases menstruation began within three months *post partum*, and continued regular, until, in the majority of instances, conception occurred, or, in others, until the weaning of the child. In the remaining 143 the menstruation was irregular. He suggested that the 245 should be called cases of "absolute regularity," and the 143 cases of "relative regularity," and "relative amenorrhoea." In 57 per cent. of the cases there was absolute amenorrhoea, and in 26 per cent. absolute regularity, that is to say, nearly twice as many women had amenorrhoea as had regular menstruation while suckling. Dealing with the figures in another way, he pointed out that in 503 lactation periods associated with absolute amenorrhoea, only 29 impregnations took place, while of 388 associated with more or less menstruation there occurred 226 menstruations, in percentages the proportion being as 6 to 60. The explanation of these facts would seem to be that in the menstruation cases the mucous membrane had grown to such an extent as to be a suitable nidus for the impregnated ovum and *vice versa*. As bearing on the association of amenorrhoea and non-impregnation, he mentioned that a woman often became pregnant on weaning her baby without having any catamenia at all. From the foregoing, he deduced the following conclusions:—(1) that of suckling women only 57

per cent. had absolute amenorrhoea; (2) that 43 per cent. menstruated more or less, including 26 per cent. who had "absolute regularity"; (3) that impregnation did not take place as readily during lactation as at other times, though this was not true to the extent generally supposed; (4) the chances of impregnation with absolute amenorrhoea during lactation was only 6 per cent.; (5) with menstruation during lactation the chances were 60 per cent.; (6) the more regular a woman during lactation the more likely was she to become pregnant; (7) in the woman who did not suckle at all the menses usually appeared some time during the first six weeks after delivery.

Dr. EDEN did not think the author had established the existence of a functional association between the mammary gland and the uterus. In any case the activity of the mammary gland did not seem to have had any marked effect on the menstruation, for the cases were pretty equally divided. Moreover, menstruation should not be looked upon as merely a function of the uterus, for it was now regarded as a function of the entire organism. He admitted that it was not easy to say why some women should menstruate during lactation and others not, but the suggestion as to the relative redevelopment of the uterine mucous membrane did not carry them much further seeing that this was always reproduced during the first two or three weeks after the confinement whether the mother suckled or not. He pointed out that menstruation and ovulation were no longer regarded as indispensable concomitants, and one might take place without the other. Nothing was known of the condition of the mucous membrane during amenorrhoea, and it was quite conceivable that the preliminary changes in the mucous membrane which were associated with normal menstruation might take place without the final effusion of blood.

Dr. McCANN said that the author had forestalled him, for he too had been carrying out researches on this subject. His conclusions in the main agreed with those obtained by the author. In respect of the theory that the mucous membrane of the uterus during the amenorrhoea of lactation was not developed, he pointed out that a certain proportion of such women did become pregnant. The majority of pregnancies during lactation occurred after the eighth month even if the mothers continued to suckle. Prolonged lactation, especially when the supply of milk continued to be abundant, favoured hyper-involution, and he had seen cases of lactation continued for upwards of two years, in which the supply of milk had not ceased even when the child was weaned and the menses had not returned. He had notes of three such cases. In one of them the uterus only measured between 1½ and 2 inches. He pointed out that a woman might menstruate regularly during one lactation and have amenorrhoea after the next. He had carefully excluded collateral sources of blood effusion during lactation, such as cervical erosion, &c. He did not believe that sub-involution could be brought about by non-suckling, and he thought that too much had been made of the relation between the mammary gland and the uterus.

Dr. BOXALL asked if there was any table appended to the paper bearing out the conclusion that "the more regular the woman during lactation, the more liable was she to become pregnant." In respect of the tendency to sub-involution after miscarriage it might be that the tendency was due to the same cause as determined the miscarriage.

Dr. LEWES said that in his experience, prolonged lactation not unfrequently gave rise to menorrhagia, even when the uterus was of normal size.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF MEDICINE.

MEETING HELD FRIDAY, DEC. 13TH.

The President Dr. GRIMSHAW, in the Chair.

EXHIBIT.

Dr. M. M'HUGH exhibited a young man with syringomyelia.

UNCOMMON SYMPTOMS IN TWO CASES OF THROAT DISEASE.

Dr. J. J. BURGESS said the first was a case of extremely acute tonsillitis, in which frequent hæmorrhage from the surface affected was the prominent symptom. This

resisted all haemostatic drugs, was independent of an abscess which was opened, and persisted for some days after the acute symptoms had disappeared, until, as he believes, exhaustion finally causes its cessation. The second was a case of spasm of the larynx. The patient was a young gentleman in apparent health, who, after he was suddenly seized with a choking fit, was believed by his parents to be dead. Artificial respiration brought him partly too, but on some brandy being poured down his throat an intense spasm came on and apparent asphyxia; the symptoms were so sudden that death was believed to have taken place. Artificial respiration was preferred by the parents to tracheotomy. After six hours' artificial respiration he came to, the rash of measles followed, and the patient made a rapid recovery.

Dr. JAMES LITTLE said he had seen some cases of which Dr. Burgess' paper reminded him strongly. He thought the fact should always be kept in mind, that very severe and anomalous symptoms sometimes occur when the exanthemata (scarlet fever and measles) are about to appear. He was sure he had seen cases of this nature in which it was impossible to make a diagnosis or to account for the violent symptoms which ushered in the illness until twenty-four hours or more had passed.

Mr. WHEELER believed that Dr. Burgess would find two cases similar to his mentioned in the now defunct *Medical Times and Gazette*. He was not sure of the date of the number containing the reports, but he believed it was one of the numbers of 1859 or 1860. As well as he could remember, one of the reports was by a Mr. Stanley. During the discussion on one of the cases a gentleman made the strange remark, that the plexus of veins external to the tonsils communicated with the internal jugular vein, and that the bleeding was from the lateral sinus. He thought bleeding in Dr. Burgess' case was from the ascending pharyngeal artery.

Dr. J. W. MOORE said they had all every reason to be grateful to Dr. Burgess for having saved a most valuable life by his untiring perseverance. Dr. Burgess had communicated to him the name of the patient, who was now a medical man in England, and an ornament to his profession.

Dr. W. J. SMITH believed that the explanation of the severe hæmorrhage was the division of the vertical arteries that run in the pharyngeal folds. Those vessels cannot contract as well as other arteries, hence the severity of the hæmorrhage. As to ergot for internal hæmorrhage, except that from the uterus, he considered the drug quite useless.

Dr. WOODS wished to ask Dr. Burgess if he were present at the actual time hæmorrhage took place in the first case. He considered that a vessel had been opened by an ulcerative process. He was not sure that it must have been necessarily an artery. Venous bleeding he thought was a much more serious matter than arterial bleeding. The artery can contract properly, and retreat in its sheath; but this was not the case with veins, at least not to the same extent. He could not infer from Dr. Burgess' paper that he applied any local remedy. His experience was that local remedies are the best; but this did not mean that the necessity of the position of the body, so as to calm the circulation, should be neglected. With regard to the second case, he, Dr. Woods, thought that tracheotomy might have been performed with much benefit.

Dr. BURGESS, in replying, thanked the Academy for the way his paper was received. In reply to Dr. Woods he said he was not present at the actual time of the occurrence of the hæmorrhage in the first case. He arrived just after it occurred. He did not see the bleeding points, and his difficulty had he used styptics was, where to apply them. With regard to the second case he admitted that tracheotomy was the proper course to be adopted.

A CASE OF SYRINGOMYELIA.

Dr. M. M'HUGH devoted a few introductory remarks to a brief account of the pathology and symptomatology of the affection. The term syringomyelia was now restricted to cavities produced in the cord by the liquefactive or cystic degeneration of a gliomatous neoplasm. The gliomatosis results from a proliferation of embryonic tissue remaining over in that part of the cord developmentally the weakest, viz., posterior grey commissure and its

vicinity. Schultze first pointed out the symptoms characteristic of the disease, and with an accumulated clinical experience it was now possible to diagnose cavities in the cord from the patient's symptoms with almost the same facility and accuracy as posterior sclerosis, in a case of locomotor ataxy. The patient (exhibited, a male, aged twenty-five years, and a native of County Mayo, presented the following symptoms, viz.: trophic lesions in the hands, consisting in loss of the terminal phalanx of each middle finger, with the cicatricial remains of cutaneous fissures, and transversely corrugated nails, also remarkable thickening of certain phalanges (cheiromegaly of Charcot). Muscular atrophy of the ulnar type was also present, well-marked in scapular muscles and trapezius, which showed fibrillation; Faradic contractility impaired; sensory dissociation, i.e., analgesia and thermo-anæsthesia, together with retention of tactile sensibility and the muscular sense, well-marked, with a wide symmetrical distribution. The patient also exhibited scoliosis, with convexity towards the right, and spastic symptoms in the lower extremities; very slight vaso-motor disturbances and no ataxia nor ocular derangements, nor visceral troubles. The author referred to the trophic lesions in the hands, painless whitlows with cheiromegaly, as similar to those found in Morvan's disease. The latter, however, was now considered to be only a type of syringomyelia, and the case exhibited was a true example of the disease, showing Morvan's symptom—sensory dissociation, the most remarkable feature of the disease, and difficult to explain. A study of the ascending degenerations in cases of syringomyelia continued with careful clinical records, would probably throw considerable light on centripetal conduction in the cord. Having referred to the other symptoms, the author drew attention to the remarkable symmetry in the symptoms. One might infer that there was a single symmetrically-placed cavity with a lateral wing, extending into each posterior cornu, and occupying the cervical and upper dorsal regions.

Dr. CRAIG remarked that the symptoms of the case were most classical from the fact that they occurred in a patient from twenty to twenty-five years of age; that dissociation symptoms were so well marked, that muscular atrophy attacked the upper extremity, causing weakness; that there was spastic paralysis of the lower limbs and curvature of the spine.

Dr. BOYD congratulated Dr. M'Hugh on having presented to the Academy a most typical example of this rare form of spinal disease. Dr. Boyd drew attention to the scoliosis which is so often a marked feature in atrophy of the muscles of the shoulder and back. In Dr. M'Hugh's case the dorso-lumbar curve principally involved the left side, in contradistinction to the usual right-sided scoliosis in the dorsal region of growing youths and children. The pathology of the disease touched on by Dr. M'Hugh would point to the involvement of the posterior commissures of grey matter, principally due to the dilatation of the central canal. Why, under such circumstances, ataxy did not show itself as a more frequent symptom in these cases was not easy to explain. Possibly the ataxic symptoms had often been overlooked in the earlier stages of the disease; and we know that they often disappear when the lateral columns become involved in association with the posterior columns in other affections of the spine.

Mr. SWANZY said Dr. M'Hugh told them that in this case there was no ocular symptoms, and no doubt Dr. M'Hugh had investigated the matter. He would like to know if there was contraction of the field of vision, because that is no uncommon symptom in syringomyelia. But whether the contraction belonged essentially to the disease or whether it was of a hysterical character and only grafted on the disease, was not easy to decide. Some observers had found a peculiar neuritis in this affection, but he (Mr. Swanzy) thought it was not of common occurrence and it was not present in Dr. M'Hugh's case.

Dr. M'HUGH, in reply, said that the fact which Dr. Boyd emphasised—namely, that the scoliosis was to the left and not to the right side, was remarkable. The patient's eyes were examined by Mr. O'Devaine of St. Vincent's Hospital.

The Section then adjourned.

SOCIETY OF ANÆSTHETISTS.

MEETING HELD THURSDAY, DECEMBER 19TH.

[The President, Mr. F. WOODHOUSE BRAINE, F.R.C.S.,
in the Chair.

A PRECISE AND SCIENTIFIC METHOD OF ADMINISTERING
CHLOROFORM AND ETHER.

DR. R. W. CARTER, of Weymouth, demonstrated methods of administering chloroform or ether which he claimed were at once precise and scientific. He said he had no pet fad which he desired to ventilate. He warned anæsthetists never to allow their thoughts to wander from their important undertaking, the administration of an anæsthetic in a light and frivolous spirit amounting to a criminal misdemeanour. He insisted on the claim of the anæsthetist to complete silence on the part of those present at the operation and he urged that the anæsthetist ought never to allow himself to be hurried. He preferred to have the patient in the position in which he was to undergo the operation in order to avoid subsequent changes of position. With the patient supine he preferred the head to be inclined to one side, making forward pressure on the mandible, taking care not to remove him too hastily from the operating table after the operation was over. He classified subjects into three groups: (1) those who took the anæsthetic freely but were a long time getting under, e.g., the stalwart and the free liver; (2) those who took it well, were soon under its influence, and could stand a good deal of it; (3) those who took it badly, and who showed danger signals even before the vapour was administered. This last condition was determined by a multitude of different causes. In administering chloroform he himself always used Krohne's Regulating Inhaler with Duncan and Flockhart's chloroform, and he would object to giving it in any other way unless constrained thereto. For ether he had used two inhalers, viz., Clover's, and the thermo-ether apparatus which bore his own name, using Salamon's ether. His reason for introducing yet another inhaler was that after using Clover's inhaler many hundreds of times he had been struck by certain drawbacks which it presented. His plan was to bring the anæsthesia up to Snow's third degree, and, if carried to the fourth, to relax it and bring it back to between the second and third and to maintain it there, occasionally removing the mouthpiece awhile for the purpose of having a general observation as to breathing, pupils, colour, condition of skin as to perspiration, and pulse. He left it to the operator to tell him when to desist, and he carefully avoided allowing his attention to be distracted from the inhaler. He pointed out that the quantity required to effect complete anæsthesia varied considerably in different subjects, but in a prolonged operation more of the anæsthetic was usually given during the first twenty minutes than afterwards, though this was not quite so apparent with chloroform as with ether. Little more than half the quantity of ether was required with the thermo-apparatus than with a Clover's inhaler. He referred to a series of twenty cases published in the *British Medical Journal* for December 16th, 1893, in which the air breathed never contained more than 1 per cent. of chloroform vapour, and to one case in particular, in which a boy who was under operation for fifty minutes did not consume more than seventy minims of chloroform. In twenty-eight other cases the proportion of chloroform had varied from 1.22 per cent. to 2.76 per cent. He commenced the administration with an infinitesimal dose, gradually increasing the dose up to, but never exceeding, from $\frac{1}{4}$ to 5 per cent. at any stage of the narcosis. He observed that these figures spoke for themselves, and opened out a wide field for reflection as to how far they were justified in giving such heroic doses as many gave. He cautioned them against ever holding the hand over the open end of the inhaler for the purpose of getting the patient more quickly under, adding that nothing was more likely to bring about a fatal result. He protested against the use of the term "open method," as applied to any other method than that involving the use of such an inhaler. He pointed out that an imperfect system might be fairly well conducted for a while in good hands, and, *per contra*, a good method might be badly carried out in bad hands. When anything went wrong with the method he had described, the fault could only be the administra-

tion of an overdose, certainly not of an underdose as had been suggested. He urged that the one method was the giving of an unmeasured quantity of a most potent drug, and the other was supplying what the anæsthetist considered to be sufficient and watching its effects. He asked how it could be possible for any one to give adequate instructions in the administration of anæsthetics by the old methods. It was necessary to calculate the temperature of the air, the density of the vapour, and the patient's face, all being conditions which materially affected the safety of the patient.

DR. DUDLEY BUXTON pointed out that the cases comprised in the tables published by the author all seemed to have been of comparatively short duration, cases, in fact, which did not appear to present any particular difficulty. He himself had used the Junker inhaler for ten years, and had every reason to be satisfied with it. He was quite convinced of its superiority to the rough and ready methods of administering chloroform with the towel or handkerchief. The fact that these methods of giving chloroform had been attended with a fair measure of success did not, however, warrant them in abtaining from using a reliable apparatus such as that described and demonstrated by the author. At the same time no apparatus for giving chloroform afforded absolute protection against accident, in support of which statement he instanced the fact that two deaths had taken place at the Samaritan Hospital with a Junker inhaler. As to the use of the feather as an indicator of the state of the respiration, he said this was a matter of opinion, but the other modifications spoke for themselves. He was glad to see that an old suggestion of his, to put an air-cushion between the facepiece and the patient's face, had at last been adopted. His experience of the apparatus for the administration of ether had been all in its favour, but he said all such apparatus were open to the objection that one could not crowd on the anæsthetic as one could wish under special circumstances. It was sometimes very desirable to give large quantities in order to abridge or avert the stage of excitement under ether. When these apparatus failed to prove satisfactory he said it was due to a want of experience. The fault was not with the apparatus, but with the administrator. He said that as a body, anæsthetists had no petty jealousies in the matter, their only object being to know the best method of administering the anæsthetic to complete narcosis without unpleasant or dangerous symptoms.

DR. CARTER said that there was a tendency for saliva to accumulate in the reservoir of the Clover apparatus, especially with the patient's head turned to one side.

MR. DAVIS wished to protest against the use of the feather in Junker's inhaler, seeing that the faintest breath of an expiring patient would be quite sufficient to lift it up; and, in fact, to protest against any mask whatever covering the face in the administration of chloroform, it being of paramount importance to watch the colour of the *acc* as well as the breathing.

MR. TOM BIRD said that Mr. Clover had used the principle over twenty years ago, and that he himself had used the same apparatus for the last twenty-two years, and preferred it to any other. "Pressing the bulb" at each inspiration of the patient was an old practice of economy. With regard to ether apparatus Mr. Clover always considered the free surface of ether the best for evaporation, and in that he agreed with him. Mr. Clover complained that ether came off too freely at first, but not sufficiently so when wanted, and this seemed to be the time when some "thermo" appliance might be useful. He agreed that sometimes one required a superfluity of the vapour for certain patients, and he doubted the possibility of regulating the supply of heat according to the necessity of the individual case. The temperature of an operating-room ought to be 65 degrees Fah. for ether exhibition. He pointed out that the Junker inhaler before it was used might contain between the ether surface and the exit pipe a pretty strong amount of vapour. He asked whether this amount was accounted for in the calculation of percentages which had been given them; it ought to be blown away or used very slowly, or it would be extremely unpleasant to the patient. Some years ago he had tried the same principle, in which air was blown through ether, using his own body to produce the necessary warmth, but after four successive administrations felt as if he

had swallowed a snowball. He referred to the face piece of Mr. Morgan, by which the expiration of the patient was passed round the ether for its evaporation, but, of course, everyone must be aware that the air breathed by patients was very shortly as cold as the ether itself. He had once collected for lecture purposes at Guy's over 40 inhalers used for these substances, since which time he believed that the number had been added to considerably. He said that a German review of 20 years ago (in one of their year-books) contained a list of over 90 works on chloroform and ether, so that administrators seemed to be moving, even if slowly. With two bottles on this system, one for 18 years, and the other for four and over, he had had no trouble or accident. He was constantly giving it to patients sitting upright in dental chairs, for 20 minutes at a time, and, as a rule, no longer time was required, and this without much subsequent annoyance to the patient. He gave gas before the chloroform because it shortened both the time required and the amount of the vapour. The intimate mixture of the two, gas and vapour, was the secret of the best anaesthesia. He also added that Junker's apparatus was first made by Mr. Krohne (the instrument maker) for bichloride of methylene. With Wolf's bottle chloroform was administered at Guy's many years before; the principle in both is the same.

Dr. LLOYD said his experience did not confirm what the author had said about the saliva getting into the ether reservoir of Clover's inhaler, though it was, he admitted, possible for the ether to get mixed with vapours condensed from the patient's breath.

Dr. STORMONT MURRAY said he always watched the respiration, and not the pulse. He himself often found it necessary to cover in the open end of the inhaler because too much air entered and the patient could not be got under. He said he liked Junker's inhaler, but he had found that if used for several administrations the chloroform was apt to freeze in the pipe and prevent the vapour entering the facepiece. He had remedied this to some extent by substituting a bone tube for the metal one usually employed. Referring to the two deaths with the Junker inhaler that had taken place at the Samaritan Hospital, he explained that the patients, in both instances, were in such a condition that in all probability, however the anaesthetic had been administered, the result would have been the same. One was a deformed woman with advanced kidney disease and a large abdominal malignant tumour, and at the autopsy she proved to have only one coronary artery. The other was the case of a patient suffering from ruptured extra-uterine gestation, who, as the result of several days' bleeding, was in a condition of extreme collapse.

Mr. TYRELL said he had used Junker's inhaler for chloroform for the past fifteen years, and had adopted all the various improvements by Buxton, Hewitt, Carter, Braine, Krohne, and others, and he was a strong advocate of its use, but he thought that teachers should also instruct in the administration of chloroform with the simplest possible apparatus. The country practitioner, who might have no occasion to use chloroform for a month, would find india-rubber apparatus quite hard and unusable when wanted in a hurry. A drop bottle and a flannel mask were always ready and in order; a single layer of flannel he considered far preferable to folds of lint, and he strongly advocated dropping the chloroform slowly on to the centre of the outside of the flannel mask, where the wet mark of the chloroform could always be seen. He did not agree that three minutes was a long time, but considered five or six minutes or even more should be employed in inducing anaesthesia. For ether he almost invariably used Clover's small inhaler, but occasions might arise when pumping air through ether in a Junker's apparatus was of great service. Such an occasion occurred to him recently, when a man who had broken his neck twelve months previously, and had during that time only breathed with his diaphragm, was anaesthetised by a Clover's ether inhaler while lying on his back; he was then turned over on his face for the purpose of performing laminectomy. Precautions were taken to keep off pressure from the thorax and abdomen, but in this position the respiration was shallow, and before the operation had proceeded far breathing suddenly ceased, and artificial respiration had to be resorted to. Breathing was soon re-established, the patient placed again on his face, and etherisation was continued with a Junker's

apparatus, the operation lasting forty minutes, without further respiratory embarrassment.

Dr. DUDLEY BUXTON recalled that many years ago he had used a foot bellows with the Junker inhaler in order to free one hand, and he added that this gave just as good control as with the hand bellows.

Mr. GARDINER asked how the percentages of vapour were calculated?

Dr. CARTER, in reply, said he did not think there could be any mistake as to the saliva finding its way into the reservoir of Clover's inhaler, for it formed a separate layer beneath the ether. He timed the moment of complete anaesthesia when the corneal reflex disappeared. The percentages were arrived at by comparing the amount of chloroform consumed with the respirations of the patient. That might not be mathematically correct, but it only professed to be an approximation. He added that Mr. Krohne made an inhaler which could be used with one hand only.

Mr. BIRD said the facepiece could be fixed on with a piece of tape, thus setting one hand free.

The meeting concluded with a cordial vote of thanks to the author for his paper, moved by Dr. SILK.

BRITISH ORTHOPÆDIC SOCIETY.

THE first Annual Meeting of this Society was held at the Royal Orthopædic Hospital, Oxford Street, on Wednesday, December 18th, 1895. Present: Mr. B. E. Brodhurst (in the chair), Messrs. Ewens, Moxey, Jackson, Clarke, Openshaw, D'Arcy Power, Reeves, Keetley, Sunderland, Little, and Luke Freer and Tubby (Hon. Secretaries), together with Messrs. Baker, Sayers, and Tomba, and Drs. Moulouguit (Amiens) and Calôt (Berch-sur-Mer) as visitors.

The Hon. Treasurer's and Hon. Secretaries' reports were read and adopted; in the latter, after speaking of the inauguration of the Society and the three successful meetings held, especially that at Liverpool, where the members had been most hospitably entertained by Mr. Robert Jones and the Liverpool members, the Hon. Secretaries expressed a hope that the Society would be enabled to publish its transactions annually in book-form.

Messrs. Keetley, Power, Reeves, and the Hon. Secretaries were elected as a sub-committee to deal with the latter subject.

Mr. Keetley was re-elected Treasurer, and Messrs. Openshaw, Brodhurst, and Rawlton were elected to fill vacancies on the Council. At the invitation of Mr. Luke Freer, the next ordinary meeting was decided to be held in Birmingham in May next.

An ordinary meeting was held immediately after the annual meeting.

Mr. REEVES and Mr. KEETLEY showed cases of congenital hip dislocation, the former demonstrating his instrument for extension.

In the discussion that followed, Messrs. BRODHURST and CALÔT took part, mainly dealing with operative interference in such cases.

MESSRS. BAKER and WALSHAM had on view some interesting cases of congenital absence of fibula.

Mr. BRODHURST showed a cast of a severe case of talipes equino-varus, and Mr. EWENS one of a case of severe talipes-calcaneo-valgus in an infant.

Mr. BAKER demonstrated the action of his wrench for talipes-equinus and varus.

The meeting terminated with a vote of thanks to the Committee of the Royal Orthopædic Hospital for the use of their board-room for the meeting.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Jan. 4, 1896.

INFANTILE VAGINITIS.

DR. MARX recommends the following treatment for vaginitis in children, which has given him the best results:—Practise vaginal injections morning and evening with

a soft catheter, to which is attached an elastic ball of the capacity of ten ounces. The liquid used for the injections is a solution of permanganate of potash (1—1,000). The catheter should be inserted as far as possible into the vagina, and the solution injected with a certain amount of pressure, so as to thoroughly wash out the cavity. About twenty ounces may be employed at each sitting. After the injection the vulva is washed with a warm solution of boric acid and renewed every three hours. A piece of cotton wool is placed between the labii to prevent friction in walking.

In rebellious cases the permanganate of potash can be replaced by a solution of nitrate of silver (1—500).

ACUTE GONORRHEA IN WOMEN.

According to M. Strassman vaginal injections should be forbidden in acute gonorrhœa as favouring the dissemination of gonococci and notably their penetration into the uterine cavity producing complications that might otherwise be avoided. The honourable professor distinguishes in woman two varieties of acute blenorragia. In the first, which is localised essentially in the vulva and the urethra, all injections should be absolutely proscribed. The treatment of these cases comprises rest in bed, a light alimentary régime, the employment of purgatives, and the internal use of balsams. Locally, a warm solution of sulphate of zinc is applied, and after each application a compress of vaseline and ichthylol as ointment (15 per cent.) The second variety commences by the neck of the uterus and manifests itself by a muco-purulent discharge as well as by an erosion of the os. In this case the vagina is gently swabbed out with a sublimate solution of 1-1000 and a plug of gauze steeped in a mixture of glycerine and iodoform (5 per cent.) placed *in situ*. It is only after a few days of the above treatment that injections might be proscribed.

TIC DOULOUREUX.

The treatment of this terrible affection, which Trousseau affirmed never to have seen get well, is so difficult that a description of the method practised by M. Gilles de la Jurette may not be out of place. This treatment is very simple, but none the less efficacious. It consists in giving progressive increasing and progressive decreasing doses of extract of opium, treatment recommended also by the late Dr. Charcot. The first day two pills of half a grain each are given, the following day three pills, and so on progressively until four grains and a half are reached, which is the maximum dose. Little by little the pain diminishes in intensity, the attacks do not last so long, and the intervals between them are of greater duration, and, finally, the attacks cease altogether.

It is a remarkable fact that the patients show an extraordinary tolerance for opium. M. de la Jourette says he never saw a case of poisoning from the maximum doses, not even somnolence. The only drawback is the obstinate constipation that the treatment provokes.

Once the attacks cease, the patient is allowed to rest for a few days, after which the progressive decreasing doses are given.

THE MEDICAL PROFESSION IN FRANCE.

According to the report presented by M. Brouardel to the Paris Academy, the number of students registered at the Paris Faculty, is 6,000.

Of this total, 1,046 are foreigners; 879 men and 167 women.

In the last session there were 8,238 examinations, of which, 1,394 were adjourned.

The number of students in the Provincial Faculties number in the aggregate, 4,000, representing thus a grand total of 10,000 medical students.

The number of fully qualified men in the whole of France is from 13,000 to 14,000. In five years they will be nearly doubled.

A POWERFUL ANTITHERMIC.

B Antipyrine, 3ss ;
Phenacetine, ʒj ;
Acetanilide, x gra.

Divide into four wafers, one every three hours.

Austria

[FROM OUR OWN CORRESPONDENT.]

Vienna, Jan. 3rd, 1896.

EXPERIMENTAL DIABETES.

At the Gesellschaft der Aerzte Biedl gave a short *resumé* of his experiments in connection with diabetes. His first effort was to produce a diuresis by means of grape sugar. In the case of animals he injected grape sugar into the bowel, and after a short time found sugar in the urine taken from the ureters. The same experiment was performed on the human subject, but the results were negative. Three litres of a ten per cent. solution were applied without any success. Needless to say that alimentary glycosuria in man met with the same result. He next injected the solution into the venous system; 200 to 300 cc. m. of a ten per cent. solution were injected into a vein of the arm, but the expected polyuria failed to appear, as the daily amount for three days after was unchanged. Neither could sugar be found in the urine, although Trömmer's test showed a reaction indicating the presence of other substances.

These results lead us to two conclusions. The absence of the polyuria tends to show that the sugar is not an irritant on the human kidney, as the secretion is in no way increased; or we may conclude that the sugar is so rapidly altered that it has lost all specific action in producing any acute hyperæmia of the kidneys. The first supposition is the more probable, as the constant coincidence of glycosuria with polyuria in diabetes makes it likely in the human subject that the elimination of sugar by the kidneys increases the urine. With the object of more closely investigating this hypothesis two patients were selected, into whom sugar solution was injected, and in order to obtain the urinary secretion direct from the kidneys the ureters were catheterised. It was found that the rapidity of the secretion increased within the first ten minutes from 6 or 8 drops to 24 or 40 drops, but both kidneys were not equally affected, sometimes alternating in the flow. In other two cases shortly after the injection a rigor was experienced and the temperature rose to 38.9° or 102° Fahr., but suddenly fell without any apparent cause as it could not be termed a septic fever although some experimenters have applied the term *æseptic*. It is now twenty years ago since Albert and Stricker observed these rigors in animals in the operation of transfusion, they also produced it by taking the blood stream of an artery and directly connecting it with a vein in the same animal. Domenices has more recently demonstrated the same phenomenon in transfusion into dogs.

As observed above there was a peculiar change in the

urine, a positive reaction could be obtained by Trömmér's test after long boiling. With phenyl-hydrazin a peculiar pointed crystal could not be identified with sugar was present. The fermentation test was negative, neither did polarisation show any change in the angle. The assertion that polyuria and glycosuria was absent must be qualified, for we find by these experiments that the urine taken immediately by the catheters were increased, and when examined contained from 0.5 to 2 per cent. of sugar, which would give a different result in twenty-four hours collection. It is generally understood that the polyuria is caused by the elimination of the sugar from the blood while circulating through the kidney. In our experiments it is probable that immediately after the injection the glycosuria existed for a very brief period, during which polyuria appears to have lasted.

Claude Bernard was the first to attempt the experiment of calculating the intensity of glykæmia of diabetes. He concluded that sugar was eliminated in the urine when the sugar in the blood reached 0.25 per cent. These figures were modified by subsequent investigators, although Claude Bernard's were confirmed in the dog, which led to the source of error. When 20 cc. of a 10 per cent. solution of sugar was injected in a dog the sugar rose in the blood to 6.8 per cent., 5.2 per cent., &c. In the human subject, however, it did not rise above 0.12, or 0.3 per cent. as the greatest injections. Frerichs records cases where he was able to raise the percentage in the blood to 0.6 and 0.7 per cent. after extraordinary quantities of sugar had been administered. In twenty-four hours after no sugar in the blood could be detected. Whether the sugar is transformed in the human blood or is rapidly burnt up in the muscles, when it is thus injected, no definite proof is yet forthcoming. This peculiar condition of the urine after injection still awaits explanation. Facts point to the blood being the first point saturated before glycosuria occurs, but what change in the organism prior to this is necessary has yet to be determined.

The Operating Theatres.

ROYAL FREE HOSPITAL.

ABDOMINAL SECTION AFTER RAILWAY INJURY.—RUPTURE OF KIDNEY.—NEPHRECTOMY.—Mr. BATTLE operated on a young man, æt. about 30, who had been brought to the hospital from King's Cross, having been found lying on the line after the passage of a train. He was suffering a good deal from shock, and complained of injury to his right shoulder, also pain in the abdomen. Examination revealed comminuted fracture of the right humerus in its upper third and a rupture of the pectoralis major muscle. The abdomen was tender, and respiration chiefly thoracic. A catheter was passed, and a few ounces of urine drawn off; this was clear at first, but later became deeply tinged with blood. It was noticed that dulness on percussion was present in the lower abdomen. About an hour later, when Mr. Battle arrived, the patient was still suffering from shock, and complained very much of pain in the abdomen, chiefly referred to a point below the umbilicus. He had vomited once or twice. Dulness on percussion was found in the hypogastric region extending into the left flank, the patient being partly turned towards the left side, and this probably accounted for the difference in dulness on the two sides.

It was evident from what the house surgeon said that the fluid which this dulness evidenced was increasing rapidly, and the duration of time which had elapsed since the accident made it certain that it was blood free in the peritoneal cavity. The condition of the man was evidently very bad and unfitted for a prolonged operation, but it was also evident that he would not be improved if the hæmorrhage went on unchecked. The patient was anxious to have something done, and as Mr. Battle thought his symptoms were due to a ruptured kidney, with laceration of the overlying peritoneum, thus permitting the blood to escape into the peritoneal cavity, abdominal section was performed. The abdominal wall was muscular and well developed, and the subperitoneal fat thick. The peritoneum bulged slightly, and was of a blackish tint, due to the presence of blood behind it. When this last was incised the intestine was immediately underneath it, and the quantity of blood appeared small, but when the intestine had been moved upwards the pelvis was found full of blood, which ran out of the wound in a thick stream. The region of the left kidney on the side supposed to be damaged was rapidly explored but no tear in the peritoneum could be felt, neither could the kidney be localised; the splenic region appeared normal, the right kidney appeared to be uninjured. On passing the hand upwards towards the spleen a second time the fingers became entangled with some streddy bands, the exact nature of which could not be immediately ascertained, and entered a cavity in which a body very like the spleen could be grasped; this was clearly the kidney separated from its bed and considerably lacerated; the capsule was still attached to the surrounding structures in the lower part. The wound had to be considerably enlarged before the kidney could be brought within reach; a ligature of strong silk was then tied round the renal vessels and ureter and the kidney removed. It was not possible to do anything towards closing the laceration through which the kidney had been drawn; the peritoneum was rapidly sponged and the wound in the abdomen closed. During the operation saline infusion (3j to the pint) to the extent of seven pints was given into the left internal saphena vein with considerable advantage to the patient, whose pulse became steadier and more full. No attempt was made to measure the quantity of blood in the peritoneal cavity, but there must have been several pints. The case, Mr. Battle said, was very interesting because it was very seldom that such a severe injury to the kidney was seen; as a rule, when the kidney was ruptured the only sign was hæmorrhage in the bladder, and possibly some effusion of blood round the kidney, but behind the peritoneum. Hæmorrhage into the peritoneal cavity from a ruptured kidney could only take place after laceration of the overlying peritoneum. Mr. Battle had never seen such a large amount of blood in the peritoneal cavity, excepting after severe rupture of liver or spleen, but considered the kidney the most likely source for the blood in this patient, because it had undoubtedly been ruptured as evidenced by the blood in the urine, and stress of the injury had been felt below the level of the two organs just mentioned.

REMOVAL OF LARGE MOLLUSCUM FIBROSUM FROM THE THIGH.—The same surgeon operated on a very large plicated tumour of a fibro-cellular character in a young girl, æt. about 21. It consisted of a pigmented brown plicated mass extending from the right buttock down the outer side of the thigh and across the middle of the thigh

to the inner side. The width at its base varied from about three to five or six inches, and when the patient stood up the folds reached almost to the knee-joint. There was a faint band of a brownish pigmentation extending into the healthy skin round the tumour. On the body the patient had many brown spots and one small molluscum fibrosum. She wished to get rid of the tumour which she had had since the age of 4, as it was inconvenient and caused her some pain. The incision required was a long one, probably about 20 inches, but the whole growth was removed down to the deep fascia, and it was found possible to bring the two edges of the skin together by means of interrupted sutures. A curious series of structures was met with in the deeper parts of the tumour, the nature of which will be investigated. Several beaded irregular bodies of whitish appearance, like a chain of beads of very irregular size, were removed, some with and some after the principal mass; they resembled more the condition spoken of by agriculturists as fingers and toes. On section these were solid, but presented no particular structure that was characteristic of new growth.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 8, 1896.

THE ROYAL COLLEGE OF SURGEONS,
ENGLAND.

THE half-yearly meeting of the Fellows of the Royal College of Surgeons, England, which was held on the

2nd instant, was in several respects a most important one. The agenda paper, to begin with, contained notices of motion relative to questions of such a contentious nature that it was only to have been expected that the discussions thereon would be animated and well sustained. In truth a great deal of interest throughout the proceedings was evinced by those present, both on account of the important issues involved, as well as by reason of the diversity of opinions expressed by the various speakers. Again, the meeting was in one respect at least an epoch-making one, inasmuch as it passed a resolution so strongly in favour of the claims of the Members to a share in the government of the College, that it may be safely asserted that nothing of the kind has ever taken place before. This point is especially worthy of note, for it shows in an unmistakably practical form how time has brought about among the Fellows a feeling favourable to the Members and their claims. A few years ago any such resolution as that which was almost unanimously passed by the Fellows last week would have been contemptuously cast aside. We may here point out that the resolution in question was as follows:—"That it is desirable to give to the Members of the College direct representation upon the Council." Practically, this means that the Fellows are now willing to share with the Members the privilege, hitherto enjoyed by the Fellows alone, of electing the governing body of the College. The precise manner in which the privilege should be exercised by the Members, in electing some of their own body to the Council, is merely a question of detail, which can be easily discussed at the proper moment. It was felt that the first step to be taken was to recommend to the Council that Members of the College should be directly represented on that body; this was quite enough as a commencement in this particular measure of reform. To have rendered the resolution more explicit at the present moment was certainly unnecessary and inexpedient. As the matter now stands, the Council have a definite recommendation to consider, which has been narrowed down to one question, and it will be interesting to learn how they will deal with it when, in the ordinary course of things, it comes before them. The next matter of importance which was brought forward for discussion was a resolution to the effect, "That, in the opinion of the Fellows of this College, women should be admitted to the diplomas of the College." After an animated discussion, this was passed by 45 votes to 10, and thus the decision of the annual meeting of the Fellows and Members in November last was reversed. We are glad that the Fellows have arrived at this sensible conclusion. In this respect the Council and the Fellows are in accord, inasmuch as the former have already intimated to the memorialists of the Women's Medical School their willingness to admit women to the College examinations. When the question was discussed at the meeting in November last, many speakers based their objection to the admission of women to the examinations on the grounds that women were not fitted to become

medical practitioners. But this was a mere side issue, which had nothing to do with the case; the suitability or otherwise of women for medical work was not a matter which the meeting was called upon to decide, for the State has already pronounced that women may become medical practitioners if they feel so inclined. Under these circumstances, then, the duty of the College, as of all Corporations, is to undertake the examination of women. The State has expressed its approval of women being admitted to all medical examinations, and the College cannot therefore shirk its responsibility of carrying out the requirements of the State in this regard. Undeniably, the important feature of the case is that if the examinations for medical degrees and diplomas is not provided for women by the Corporation, the State will interfere and compel the latter to make the necessary provision. The curious point, however, is that in the event of the Council agreeing to the above resolution they will be prevented from carrying it out by reason of the adverse vote recently recorded by the Fellows of the Royal College of Physicians. Clearly, therefore, some steps should be taken to remedy this undesirable state of things. In our opinion it now becomes necessary for the Council to approach the College of Physicians and to represent to the latter the expediency of immediately reconsidering their position with regard to the women question. It was only by a majority of nine that the College of Physicians refused the application of the memorialists, and, bearing in mind the fact that this insignificant number is probably the only obstacle in the way of the women being admitted to the examinations of the conjoint board, it is obvious that pressure should be brought to bear upon the College of Physicians with a view to the question being reopened at an early date.

THE NEW FACTORY ACT.

ON the first day of January, 1896, the new Factory and Workshop Act, passed by the late Liberal Government, came into operation. Its general effect is to increase to a great extent, and in many ways, the safety of the workers. So far as sanitary precautions are concerned, Mr. Asquith's measure constitutes a considerable advance upon all previous enactments of a similar nature. First and foremost the great principle of the prevention of overcrowding in workplaces has at length been formally recognised by the legislature of this country. The Act provides that a factory or workshop shall be deemed overcrowded, so as to be injurious to the health of its inmates, if there be less than 250 cubic feet of space to each person during the hours of work, and of 400 cubic feet during overtime. At the same time, there is an important rider to the effect that the Secretary of State may modify this proportion for any period during which other than electric light is used, and may as regards any particular manufacturing process or handicraft substitute any higher cubical figures than those mentioned. The necessity for such a proviso in many trades—such as baking—will be at once evident

to all who are familiar with industrial processes. Then we find that the powers of the administrative authorities are greatly increased. Thus, a court of summary jurisdiction, meaning, in London, a police court, may on complaint by an inspector, and on being satisfied that a factory or workshop is in a dangerous or insanitary condition, prohibit the place from being used until such works as are necessary to remove the danger have been executed. This provision will strengthen the hands of the factory inspector to an almost incalculable extent. Adequate penalties are provided for the employment of persons in places injurious to health, or for allowing wearing apparel to be made up, cleaned or repaired in places where there is scarlet-fever or small-pox. The last clause is so directly practical, so obvious, and so elementary as a common-sense first step in prevention of the spread of infectious disease, that the only wonder is why it was not placed on the Statute Book a generation ago. Further important provisions are made in the case of death from accident in a factory or workshop. Notice of occurrences must be given and a full register of them kept by the owner or occupier. A factory inspector must also attend the subsequent inquest, and the Home Secretary is furnished with powers for additional investigation should he think fit. Another most salutary feature of the new Bill is that laundries carried on by way of trade, or for purpose of gain, are brought under the control of the Factory Act. In steam laundries fans must be provided to regulate the temperature of ironing rooms and to carry off the steam of wash-houses; stoves are to be separated from workrooms; the use of gas-irons emitting noxious fumes is forbidden; and floors are to be kept in good condition and properly drained. These improved conditions cannot fail to confer an immense boon upon a hitherto neglected and oppressed class of workwomen. At the same time it is not a little curious that women engaged in this laborious and unhealthy trade are allowed to be employed for excessive hours of labour. The Act provides "that no woman shall work more than fourteen hours in any day, that the overtime shall not exceed two hours in any day, and that it shall not be worked more than three days in any week, or more than thirty days in any year." Another important point about the laundry clauses is the exception of "any such place where the only persons employed are inmates of any prison, reformatory, or industrial school; inmates of any institution conducted in good faith for religious or charitable purposes; or where the only persons employed are members of the same family, dwelling at the laundry; or in which not more than two persons dwelling elsewhere are employed." A number of provisions are made with a view to enforcing the duties of employers in the observance of sanitation, of the fencing of machinery, of the affixing of notices, and of the general carrying out of his responsibilities under the Act. In the case of tenement factories we note the practical point that the owner is made responsible in place of the occupier, who is often a man of straw. This Act is worthy of careful study by all who are

interested in the progress of preventive sanitary legislation. It must infallibly constitute a notable landmark in the history of the subject as a strenuous effort to solve a complicated and highly important social problem.

LACTATION AND PREGNANCY.

It is a matter of common belief that women are less liable to become pregnant *de novo* when suckling than under ordinary circumstances, but, curiously enough, no methodical investigation of the truth or otherwise of this tradition seems to have been made until recently, and last week Dr. Renfry brought the results of his inquiries before the Obstetrical Society, and reported by us in another column. The subject, however, is one of peculiar and practical interest to married people generally, and it is satisfactory to find that the belief is founded on fact to a much larger degree than is, perhaps, the case with sundry other old-wives' traditions. We are accustomed to look upon menstruation during lactation as a comparatively rare, or at any rate quite an exceptional, occurrence, but the author's figures show clearly enough that, as a matter of fact, nearly one half of suckling women menstruate more or less regularly during the lactation period, and in no less than 245 out of 900 the menses returned during the first three months after the confinement and continued regularly, unless, indeed, re-impregnation once more determined a temporary suspension. More to the point is the fact that of the 388 women in whom more or less menstruation took place during lactation, 226 became pregnant while still suckling. This special liability of menstruating lactifers to re-impregnation is brought out even more distinctly in the case of the women who menstruated with regularity during the lactation period. Looking at the figures in another aspect, we find that 57 per cent. of the women had absolute amenorrhœa during lactation, and only 26 per cent. regular menstruation, so that the amenorrhœic women were twice as numerous as those who menstruated with regularity; yet the proportion of pregnancies during lactation were ten times as numerous among the latter category as compared with the former. These figures place the comparative exemption of what we must consider as the normal suckling mother beyond question, though it considerably detracts from the accuracy of the popular belief if we consider suckling women as a class without regard to menstrual peculiarities. No plausible explanation seems to be forthcoming of the reason why some women menstruate during lactation and others not, and the obscurity which envelops this question is enhanced by the fact that a woman may menstruate more or less regularly during one lactation period and be amenorrhœic during the next. It is generally supposed that the mucous membrane lining the uterus is regenerated during the first two or three weeks following labour, but reliable observations are altogether wanting in respect of the condition of the mucous membrane in amenorrhœic as contrasted with menstruating suckling mothers. This considerably diminishes the value of the hypothesis

which seeks to explain the greater liability of the menstruating suckling mother to re-impregnation on the assumption of the more perfect regeneration of the uterine mucous membrane. Whether menstruation during lactation corresponds to a more advanced degree of reintegration of the membrane, such as would fit it to become the nidus for the fertilised ovum, is a matter of conjecture. We know that women may fall pregnant again without having had any return of menstruation, and it is quite conceivable that the uterine mucosa in such cases may have undergone the changes associated with normal menstruation short of the final effusion of blood. There is no doubt a somewhat intimate relationship between the mammary and uterine functions, but it is easy to exaggerate this influence. We have seen that it is certainly not absolute. Unduly prolonged lactation, on the other hand, has been known to produce hyper-involution of the uterus, with consequent arrest of the menstrual function, but in other cases it has appeared to determine menorrhagia, even with a uterus of normal size. It is stated that the tendency to subinvolution is greater in non-suckling mothers, and after miscarriages, than in suckling mothers after full-time labour, but this is an ingenious suggestion which does not appear to have any solid substratum of fact to support it. The subject is an interesting one, and some credit is due to the author for having, at considerable pains, placed the matter on a scientific basis.

Notes on Current Topics.

Newspapers as the Medium for Obscenity.

We have much satisfaction in announcing to our readers that the person calling himself "F. D'Aubey," who was committed for trial to the Gloucester Quarter Sessions for issuing grossly indecent circulars, was convicted on the 1st instant, and sentenced to six months' imprisonment, the chairman at the time remarking that "he considered the circular upon which the indictment rested one of the filthiest he had ever seen." In drawing the attention of the police authorities to this case, we felt that we were only discharging a public duty which the circumstances of the case imperatively demanded. It is certainly worthy of note, that within three weeks of the circular in question being placed in our hands the author of it should have been convicted and sentenced to six months' imprisonment. Great praise is due to the Medical Defence Association and the police authorities for having acted so promptly upon the information conveyed to them by THE MEDICAL PRESS AND CIRCULAR, and we trust that the summary punishment inflicted upon this man will go far towards deterring similar offenders from carrying on their disgusting business. Meanwhile we would again give expression to the regret which all must feel, that certain of the newspaper Press, especially the religious section, seem to be unable to resist the temptation of a few shillingsworth of advertisements, and, yielding to that temptation, are found willing to place the announcements of

traders in obscenity before their readers from day to day. As regards this particular case we can present a case in point. Some few years ago his nasty circulars were brought to our notice, and it was pointed out to us that they were advertised in two of the leading dailies. We at once communicated with the editors of those papers, stating, in plain language, the nature of the abominable traffic for which their columns were made the medium. Neither of the editors even acknowledged our communication, but one of them discontinued the advertisement, and the other serenely continued the announcement, and, for aught we know, continues it to this day. We venture to submit that there is a point at which a censorship of advertisements by the publisher of a newspaper becomes necessary, and that no such officer ought to be allowed to plead ignorance when accused of inserting an advertisement which on the face of it is suspicious. We really fail to see any material difference in culpability between the obscene quack who concocts and circulates dirty but profitable circulars and the publisher who aids him by knowingly publishing attractive invitations to purchase the said abominations.

What is the Dose of Sulphonal?

AN inquest was held last week in Kilburn which in several respects was remarkable. But perhaps the most noteworthy feature in the whole case was the number of medical men concerned in it. The wife of a medical practitioner became seriously ill from emphysema and cardiac failure. A medical friend was accordingly summoned to attend her; for the sleeplessness which was present he prescribed for the patient two powders of twenty-five grains each of sulphonal. Two days afterwards death occurred, and the two medical men in attendance, namely, the husband of the deceased and his friend, drew up a report of the facts of the case and submitted them to a third medical man, requesting him to decide what the precise form of the death certificate should be. The latter gave his decision that death "from anæmia and influenza" ought to be certified. This was accordingly done. But, meanwhile, the medical friend who had attended the case began to have some suspicions that the patient had died of some narcotic poison, and upon the strength of this conviction he communicated with the coroner, also a medical man. So an inquest was ordered and a post-mortem examination made. The result of the latter was definite enough; much organic disease was shown to be present in the various organs, and in view of the suspicions aroused, the contents of the stomach were saved, of which, however, it may here be remarked that nothing more has been heard. The evidence at the inquest was entirely confined to medical witnesses, and the *point de résistance* thereat was the question of the proper dose of sulphonal under the circumstances of the case. The husband admitted that he considered the doses, 25 grains, large ones. The report, however, before us does not state any details as to their administration. The opinion, moreover, of the medical man who made the *post-mortem* was apparently to the effect that these

doses were sufficient to cause death, whereupon the jury returned a verdict of death from failure of the heart's action, and requested the coroner to censure the attending practitioner. The medical coroner immediately acted upon the instructions of the jury, and "severely censured" his *confrère* for prescribing so large a dose of sulphonal without first making a proper examination. Clearly, so far as the latter practitioner is concerned, it would have been better for himself if he had said nothing about having an inquiry. Moreover, as the inquiry has been closed without anything having been heard of the contents of the stomach, which were saved and forwarded to the police with a view to an analysis being made, it is conceivable that the object for which the inquest was ordered was not attained. Lastly, we cannot agree with the remark of the coroner that the doses of sulphonal were "large." The limits of the doses of this drug are 15 to 40 grains, but perhaps the coroner, as a medical man, meant that before any sulphonal was administered the attending practitioner should have made a close and careful examination of the patient's condition, which, according to the evidence, does not appear to have been done.

Who is to Blame?

THE disclosures made after the sanitary inspection of the St. Peter's Home, Woking, of the disgraceful condition of the drainage of the Institution, calls for something more than a passing notice. Here was a building designed by a modern architect on modern lines, with presumably every modern contrivance and advantage which it was possible to make use of for the perfect carrying out of the undertaking. Within ten years' time—that is to say last year—there was an outbreak of typhoid fever, and after the elimination of all other causes the source of the outbreak was directly traced to the drainage, which was found to be grossly defective. Imagine for one moment a modern institution, built at great expense, having the following defects in its sanitation:—"Defective valves in the water-closets; the drain ventilating pipes, running up the outside walls of the building, having serious leakages at the junction of the wrought-iron with the lead pipes; the lead soil pipes being received into the sockets of the earthenware drain pipes without any attempt at cementing, the former being four inches in size and the latter six inches; the drains not being laid in concrete, so that the ground and adjoining walls of the building were saturated with sewage; only one fresh air inlet to some three hundred yards of drain, the contrivance being merely an open grating, twelve feet and a half above the invert of the drain, and serving, as the stench from it proved, more as a vent for foul air than an inlet for fresh." What a hideous record of defects is this, as testified to by the experts who examined the building! The Medical Officer of Health of the district reports as follows:—"I desire to emphasise the lesson to be derived from this outbreak. Here we have a comparatively new and most expensively built Convalescent Home proving itself to be a veritable fever trap. It is quite obvious

that this serious epidemic arose from the very careless way in which modern principles of sanitation were carried out; and the result goes far to prove that neglect in carrying out such a modern system of drainage renders it as dangerous as the most ancient methods." Such are the facts, and it may well be asked, is there to be no sequel? How was it that the architect of the building permitted all these defects to be perpetrated? Who is responsible for the scandalous condition of things which has been revealed? The answer to these questions should be sought for by the authorities of the Home, who now find that in order to place the institution upon a proper sanitary basis, an expenditure of £2,000 will have to be incurred.

Bad Meat Traffic in Dublin.

ON December 18th a Dublin correspondent, writing under the signature "One Who Knows," made some extraordinary and startling statements as to the disposal of diseased meat in Dublin. He asserted that the carcasses of animals condemned by the veterinary inspector, and paid for by the Union, were systematically sold to two butchers, who re-sold them to middlemen, so that the meat ultimately reached the public in the form of "finest Irish beef." This abominable traffic, so our correspondent stated, has been carried on for years with the full knowledge of the boards of guardians, of the Public Health Committee of the Corporation, of the Veterinary Department at Dublin Castle, and of the Local Government Board. The matter advanced by our correspondent is of vital importance, and it seems hardly possible that one or other of the high official bodies named will fail to answer so serious a charge. The *Meat Trades Journal* quotes the letter in question, but appears to think it is little or no good to expect inquiry or explanation from official bodies, for it merely advises the Dublin victuallers to bear in mind the possibilities of the case. It is to be hoped that the subject will be thoroughly threshed out, and that a question will be asked in the House as soon as Parliament meets.

Professor Ray Lankester.

THE Lankester-Fraser fight referred to in our issue of the 18th ult., nearly ended in a fizzle. Much to the surprise of the backers of the Oxford Professor he exhibited a decided disinclination to come up to the scratch and put in a tardy appearance for the second round. The display of science and hard hitting of his northern opponent seem to have disconcerted him, and his letter of the 22nd ult., from the Athenæum Club—which seems destined to achieve notoriety—was a mere repetition of his former communication, and was certainly lacking in force. Possibly he may have relied on the support of Professor Calmette, but if so, his confidence was misplaced. Professor Lankester is nothing if he is not pugnacious, but to attack a man like Professor Fraser on a purely pharmacological question was the height of folly, and could lead to nothing but disaster. Professor Lankester has done some good work in the past, and we should be sorry if he were to disappear from the arena of practical politics, but

he should be cautious, and should not attempt to "bluff" people who are but little inclined to submit to the process. His latest escapade has done him no good and has not increased the confidence of his friends in his judgment. He has not done well in 1895, but with the onset of the new year, we trust that he will be more fortunate, and by sound scientific work, will do something worthy of his position as Linacre Professor of Comparative Anatomy in the University of Oxford.

Dr. Jameson.

FOR the second time within twelve months a medical man is attracting the attention of the whole civilised world by his military exploits. There is a considerable difference, however, between the defence of Chitral and the invasion of the Transvaal. In the one case the central figure has won the name of "hero," and in the other he has been freely stigmatised in the public press as "rebel" and "filibuster." It is to be sincerely hoped that Dr. Jameson will not be called upon to pay the extreme penalty which is affixed by civilised countries to the offence of leading an armed force into a peaceful territory. Dr. Jameson is a Scotchman by birth, and was educated at University College, London. He became a Member of the Royal College of Surgeons in 1875, Bachelor of Medicine and Surgery of London University in the same year, and graduated as doctor in 1877. Shortly afterwards he went out to Kimberley, where for many years he was the leading physician. He then formed the friendship of Mr. Cecil Rhodes, who came to him as a patient. He has been created a Companion of the Bath, and is the administrator for the British South Africa Company.

The Danger of Artificial Emaciation.

SOME people are born to be fat, just as others are born to be great, and it is not always desirable or even safe to fly in the face of Providence by seeking to diminish a single cubit of one's sectional dimensions. The principle to bear in mind is that everyone has his normal weight, though circumstances may determine a more or less temporary increase or diminution thereof. A departure from the normal in either direction is, *pro tanto*, incompatible with perfect health. This, of course, leaves in suspense the question as to what is one's normal weight, and those who are afflicted with what appears to the dispassionate observer to be a superfluity of adipose tissue usually resent the imputation that their obesity is other than an accidental and unavoidable circumstance. This point is easily settled by trying the effects of a carefully regulated but not over-strict regimen associated with daily exercise in the open air. All really superfluous tissue will disappear, although actual weight may not be palpably diminished, firm muscle taking the place of useless and burdensome fat. Obesity, however, is essentially a condition to be dealt with on an exclusively physiological basis. It is, of course, more or less amenable to medication, but the influence of drugs involves a brutal disturbance of the processes of nutrition, which cannot but be prejudicial to health.

This is particularly the case in respect of the employment of thyroid gland in extract, which, in effectual doses, often entails symptoms of a very disquieting and even serious nature. A sufficient number of cases have already been recorded to justify a note of warning, and it cannot be too strongly impressed upon practitioners that the thyroid treatment of obesity is one attended by a tangible amount of risk. In a German contemporary the case is recorded of a certain well-known dramatic artist, who sought to combat the opulence of form with which Nature had endowed him, and died in consequence. On ceasing to be obese—for the treatment was so far successful—he lost the placid temperament which previously characterised him, and became the prey of an unhappy irritability, consequent on an acute sensation of *malaise*; in short, he became nervous, impressible, and as unrecognisable from a moral as from a physical point of view. This story has a moral: Nature creates the fat and the lean, and wisdom lies in a voluntary adaptation to altered circumstances. For a fat man to “fly in the face of Providence” is a fact which ought to be discouraged, the more so as evidence is still wanting of the æsthetic superiority of the thin over the fat.

The Death of a Lion Tamer.

ANOTHER victim has been sacrificed on the vicious altar of sensationalism. On Christmas Eve a lion tamer was going through a performance at the Agricultural Hall, Islington, when one of the beasts in the cage tore a piece out of his arm and injured his spine. The unfortunate man was carried off to St. Bartholomew's Hospital, where he died six days later with symptoms reported as resembling hydrophobia. From evidence given at the inquest it appeared that deceased had been three years in the employ of the owners of the menagerie. The three lions in the cage at the time of the attack had been performing together for eighteen months, and not one of them had shown the slightest trace of temper. The simple report of this dreadful affair points its own moral. The repetition from time to time of these tragic deaths is nothing less than a scandal and a disgrace to our boasted nineteenth century civilisation. Why does not some humane member of Parliament take up the subject and introduce a short bill throwing the whole responsibility on the employers of the unfortunate “tamers”? It would be interesting to learn the exact nature of the fatal illness, and whether any bacteriological investigation was made at St. Bartholomew's.

The “Commission” of a Hospital Secretary.

A LARGELY attended meeting of the Governors and the Committee of the Great Northern Central Hospital was held in London last week. Its object was “to consider the question of secret commission and other emoluments paid to the late secretary, and the improper dealing with the same in the balance sheets of ten annual reports from 1885 to 1894.” An official statement showed that the salary and emoluments of the late secretary were in 1886, £499; in 1887, £899; in 1888, £593; in 1889, £980; in 1890, £805; in 1891,

£551; in 1892, £583; in 1893, £1,011; in 1894, £521; equal to an average of £750 per annum. The chairman, Mr. Murdoch, M.P., explained that at the time of the late secretary's election, at a salary of £300, the hospital contained only thirty-two beds. An able man was required for the development of the institution. The first arrangement was that the secretary should be paid 7½ per cent. on such legacies and donations as he influenced. This was afterwards reduced to 2½ per cent. The meeting finally expressed its confidence in the committee, and its satisfaction that steps had been taken to prevent a recurrence of such a state of affairs in the future. Many who are conversant with hospital matters altogether doubt whether a secretary should be paid any commission on receipts, and certainly very few persons would attempt to defend the practice in the case of legacies. It is desirable that the charitable public should be placed in the full possession of facts regarding the salaries of other secretaries. At the meeting Mr. Murdoch stated that the average amount paid to their late secretary was exceeded by that paid to similar officials by other London hospitals.

Vivisection.

THE question of the prohibition of vivisection which, we know, excites certain people in our own country, has been submitted to the test of popular opinion in a country which governs itself upon communistic principles, and, which, therefore, might be expected to give expression to the popular feeling on the subject. A measure for the total prohibition of vivisection was submitted *ad referendum* to the population of the Canton of Schwyz in Switzerland with the result that 40,000 votes were given against such prohibition, and only 17,000 for it, while a proposal to allow the procedure for scientific purposes was carried by an equally conclusive majority. *Apropos* of this decision it may be noted that a company has recently been formed in Paris for the purpose of popularising the Pasteur inoculations. It proposes to erect a hospital in which the inoculation treatment will be made a speciality, and the capital necessary has been subscribed on the moment. It thus appears that all the braying of the anti-vivisection organisations in this country and elsewhere has been attended with no more substantial result than noise if, indeed, it has not had the effect of disgusting the public with such a melancholy exhibition.

The Registrarship of the General Medical Council in Ireland.

WE understand that Dr. Robert Lynn Heard, Registrar of the Irish Branch of the General Medical Council, has resigned that position, which he has held with great satisfaction to the Branch Council and to the profession since the death of Dr. Steele many years ago. Dr. Heard has taken this step, which he has contemplated for some time, in order that the Branch Council might be free to select a new man to undertake the labour and responsibility of the coming election of Direct Representative for Ireland. In our columns

to-day will be found the announcement that the election of his successor will take place on the 16th of this month, the choice being in the hands of the Irish members of the Council, Dr. William Moore, Sir John Banks, Dr. Haughton, Dr. Atthill, Sir Philip Smyly, and Dr. Charles Moore. The salary, we believe, is £200 a year. Dr. Heard has acquired universal esteem by the courteous and efficient discharge of his duties during the long period of his service.

The Operative Treatment of Traumatic Insanity.

THE question of the operative treatment of insanity of traumatic origin is an interesting one, although mental alienation due to injuries of the head is of somewhat infrequent occurrence. In 2,200 cases of insanity treated by Kiernan, 45 were of traumatic origin, while Hay records 61 as due to the same cause out of 2,500 cases, thus showing practically almost the same proportion. In an interesting discussion which recently took place at a meeting of the Mississippi Valley Medical Association, several speakers referred to cases under their care of traumatic insanity which had been operated on successfully. Dr. George Cale, of St. Louis, reported two cases, both of which made good recoveries after operation; one was that of a patient suffering from acute mania, the result of an injury. Dr. Frank, of Chicago, also mentioned an interesting case in which he trephined, removing a large piece of bone. The patient, after having been in a lunatic asylum for five years, made an excellent recovery and took up the thread of her life where it had been suddenly interrupted at the time of the receipt of the injury. A relapse, however, took place some time afterwards.

Modern Medicine on the Stage.

A FRENCH dramatic author, M. de Curel, has distinguished himself by writing a play with a plot turning on a most advanced modern method of surgical treatment. His hero is the discoverer of a new vaccine for cancer, and with this precious remedy he inoculates a young girl, who incontinently dies. How any sane mortal could choose such a repellant subject for dramatic treatment is beyond comprehension. Yet M. de Curel is a shining light of the Theatre Libre, and is regarded by many competent critics as one of the most promising of the younger French playwrights. It is to be hoped that in future he will seek for sensations in realism from other than medical sources. We are glad to learn that, although the play has been published, the author has not ventured to put it on the stage.

An Antidote for Erysipelas and Puerperal Fever.

DR MARMORECK, a young Austrian *savant*, working in the Pasteur Institute, claims to have discovered a serum which extinguishes the *streptococcus* and all diseases produced by that bacillus. Professor Chantemasse has given a full trial to the remedy, after it had been fully tested on animals, in the hospitals,

and states his belief that, by its means, the mortality from erysipelas will be reduced by three-fourths. He made, last week, a formal report to that effect to the Paris Municipal Council.

The New Year's Honours.

THE medical profession are represented in the list of New Year's Honours by Sir Joseph Fayrer, Dr. Willoughby Wade, Mr. Robert Martin Craven, and Dr. T. A. MacCullagh. Sir Joseph Fayrer receives a Baronetcy, a reward which very aptly follows his retirement from official life. Dr. Wade is the well known physician of Birmingham, and he has obtained the honour of knighthood. The same honour has been conferred upon Mr. Craven, a general practitioner in Hull, whose active work in connection with the Conservative party there has probably been the means of his gaining his distinction. Dr. James Acheson MacCullagh, who has also been made a knight, is an alumnus of Trinity College, Dublin, and has thrice been elected Mayor of Derry. He is Medical Officer of the City of Derry Dispensary District. We beg to offer to each of our *confères*, here named, our congratulations in respect to the honours to which severally they have attained.

Electrical Photography in Surgery.

THE news of a remarkable discovery in photography is reported from Vienna. Briefly, it consists in the discovery of a new conductor of light. Professor Routgen, the well-known professor of the Würzburg University, has succeeded in photographing metal weights shut up in a wooden box, without showing anything of the casing on his negative. He is also said to have photographed the bones of the hand, all the soft parts being invisible. He photographs by means of light of an exhausted Crooke's pipe, through which an inductive current is passed. The discovery appears to be so far that the rays in question penetrate wood and flesh, but not bone or metal. It is surmised that photographs of the kind mentioned may have a valuable practical application in the discovery and location both of fractures and of bullets. If this discovery be sustained it will certainly take a first place among the many marvels of this scientific age. Those of our readers who are versed in electrical research may have already heard of Professor Routgen's interesting researches.

London Death from Hydrophobia.

AN inquest was held last week on the body of a child at Bow. Deceased was bitten by a dog, and seven weeks later developed symptoms from which she died in a day or two at the Poplar Hospital. Before the coroner the private practitioner who had been in attendance on deceased, and the house physician at the hospital, swore that the child died from hydrophobia. Yet the police brought forward the evidence of a veterinary surgeon, named Shaw, stated to be an inspector of the Board of Agriculture, to the effect that the dog was not suffering from rabies. At the *post-mortem* a piece of rag was found in the stomach of the dog, a fact which affords strong corroborative

proof of madness. Mr. Shaw must indeed be a bold man if, in face of the medical evidence and his own post-mortem examination, he can maintain that the animal was not affected with hydrophobia. There could be only one positive test, namely, the bacteriological. Without such a trial, Mr. Shaw's testimony is without value. One is at a loss to know why the police should bring forward unscientific and worthless evidence of the kind. Again, what has the Board of Agriculture to do with the matter? If the police and Mr. Ritchie are relying on loose and unscientific assertions of this nature, they are likely to land the public into a pretty quandary of epidemic hydrophobia. The injection of an infusion of the animal's brain into a guinea pig or two, would have speedily settled the question as to the alleged madness of the dog beyond the possibility of doubt. Surely, the Local Government Board has laboratories and bacteriologists enough at command to settle a point of this kind off-hand. Can it be that the police wish to avoid the enforcing of the muzzling order? It is always open to the authorities if they cannot trust English scientific men to send the brain of the animal to be tested over to Paris for a report.

Carbolic Acid Poisoning.

SCARCELY a day passes but someone takes carbolic acid by mistake for a more innocuous beverage. In Scotland it is generally instead of the national drink, whiskey. A few weeks ago the death of a nurse in the Glasgow Royal Infirmary took place, where the victim had wished to take a dose of castor oil, but took carbolic acid instead, a strange commentary on her powers of taste and smell, to say nothing of the want of care displayed by the responsible official. On Friday last a seaman died from the same cause in Leith. A steamer came into Leith from Grangemouth where one of the sailors had bought a gill of whiskey, and put it in his locker. Not far from Leith he gave the victim a drink from a similar bottle to that in which the whiskey had been put, but which contained carbolic acid. The man died as he was being removed to Leith Hospital. It seems an extraordinary piece of carelessness to have carbolic acid in a similar bottle to that in which whiskey is generally sold in Scotland, and, in addition to keep them both in the same locker. Somehow or other, notwithstanding the number of accidents which are due to the careless usage of carbolic acid, the public do not seem to be able to grasp its dangerous qualities, or that a very small quantity may lead to fatal results. Unfortunately, such cases as that of the seaman can hardly be reached by the law, but in the first case if the castor oil and the acid were kept in similar bottles one of the elementary rules with regard to the dispensing of poisons must have been disregarded. Of that we have no knowledge.

The Development of the Compulsory Notification System.

A FURTHER extension of the pains and penalties attaching to the notification system was sneaked through the House of Commons last session, and the

law has become operative on the 1st of January. By the Factory and Workshop Act of 1895 every medical practitioner is bound, under a penalty of forty shillings fine, to notify to the Chief Factory Inspector at the Home Office, London, every case of lead, phosphorous, or arsenical poisoning which he "is called in to visit," and for that function he is to receive the customary half-a-crown fee. There is no department, as yet charged with the detection of syphilis and gonorrhœa, but we are awaiting the inevitable Bill, promoted by the sanitarian faddists, which will compel the unhappy practitioner to publish these diseases also or else go to gaol.

Hospital Accommodation in Leeds.

THE Leeds Corporation have been compelled to recognise the need of providing further hospital accommodation within their jurisdiction. The Local Government Board have just sanctioned the borrowing by the Corporation of sums of £51,500 and £11,000 for hospital purposes.

AMONG the successful candidates who recently passed the Intermediate Medical Examination, at the Medical Faculty in Lisbon, was the Queen of Portugal. The Queen has now been studying medicine for two years, has passed all the preliminary examinations, and intends to complete her course and fully qualify herself for the diploma of the Faculty.

THE Annual General Meeting of Subscribers to the British Medical Benevolent Fund will be held at the residence of the Treasurer, 84 Brook Street, London, on Tuesday, the 14th inst., at 4 p.m., the President, Sir James Paget, Bart., in the chair.

TYPHOID fever is again prevalent in the different barracks in Dublin. The bulk of the cases have occurred at Island Bridge Barracks. Boards of officers are inquiring into the causes of the outbreak.

THE will of Sir George Martin Holloway, co-proprietor of the celebrated pill business, was proved last week, the personalty being something over £66,000.

DR. SCANES SPICER has been appointed an Honorary Physician to the Royal Society of Musicians of Great Britain.

THE French Government have voted a sum of £400 towards the fund for erecting a statue in Paris to the memory of Pasteur.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

NURSE ACCIDENTALLY POISONED AT THE GLASGOW ROYAL INFIRMARY.—An occurrence of a most distressing nature, casting a gloom over the inmates of the Royal Infirmary, took place on Tuesday night, 31st December. Miss Shaw, a nurse in Dr. Clark's ward, feeling unwell, went to the medicine press and took what she thought

to be a dose of castor oil, instead of which, she swallowed carbolic acid in mistake. Shortly after, Nurse Shaw was noticed to stagger and inclined to fall. Assistance was at hand, and immediate remedies used, but unfortunately, the nurse expired within fifteen minutes after taking the fatal dose. Miss Shaw, who was a daughter of an English Bishop, had been connected with the infirmary for several years, was about 23 years of age, and a great and general favourite with all the officials of the institution. Her untimely death is made particularly sad by the fact that she was about to be married to a clergyman. This sad event suggests the following queries:—How is it, that a nurse, familiar with the odour of carbolic acid, which is used daily in a surgical ward, could possibly mistake it for castor oil? How is it she did not in the act of swallowing discover her mistake? Was it due to the fact of her suspending her inspiration at the time of swallowing? These are points which should be inquired into, and means adopted whereby such lamentable accidents may be effectually avoided in the future.

VICTORIA INFIRMARY, GLASGOW.—DEATH WHILE UNDER CHLOROFORM.—A girl, named Helen Watson, a domestic servant, died in the Victoria Infirmary on the 28th ult., where she had been admitted for the purpose of being operated on. The four resident surgeons were present at the operation, one of whom administered chloroform, while the others proceeded with the operation, but before its completion the patient died while under the anæsthetic. The police authorities in their report state that "the doctors are unanimous in the opinion that death would have ensued *within two hours*, whether the patient had been operated on or not."

CHEMISTRY IN SCHOOLS.—The Conjoint Examination Board of the Scottish Triple Qualification have resolved on a new and important departure. The Board has decided to recognise Blairlodge School, a public school after the English models, for the teaching of chemistry and physics. The school has well-equipped laboratories and competent teachers, and is the first Scottish school to be so recognised. It is a sign that schools are moving with the times, for not very long ago the teaching of these subjects in the best schools was simply a farce, and was almost entirely subordinated to the cramming of foreign languages.

THE ROYAL INFIRMARY BOARD, EDINBURGH.—Miss Stevenson's name was the only one put forward last week at the close of the time for nominations for the vacancy on the Board of the Infirmary, and although the actual election does not take place until this week, there is no doubt that she will be the first lady on the Board.

Correspondence.

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

LUXATIO PENIS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—The recent publication of a case of "Luxatio Penis" has drawn a good deal of attention to this rare accident, and thinking the subject might interest your readers I take the liberty of summarising some of the recorded cases.

In THE MEDICAL PRESS for Nov. 5th, 1879, we have the testimony of Mr. David Wilson that "the penis (of the Tichborne Claimant) retracts in a most unusual degree, so that on one occasion when he passed water, which had been retained for some hours at my expressed wish, the penis was absolutely out of view, and nothing whatever of it could be seen but the orifice from which the stream issued. Yesterday I found the membrane more turgid, but I endeavoured to push it back towards the neck of the bladder with which it is continuous, and found it perfectly easy to push the whole member out of sight."

Ivanoff, whose name tells his nationality, in 1885 reported the case of the total disappearance of the penis of a patient, aged twenty-three years, who was a married man and father of a family. After prolonged manipulation the part was restored to its normal position; and as a

precautionary measure the patient attached a string to the member.

Lenior, in 1849, placed on record a case of congenital luxation; and in 1886 Dr. Raven reported the following remarkable case of spontaneous luxation: "A healthy, steady, single man, aged twenty-seven years, shortly after he had gone to bed one night felt a sensation of cold in the region of the penis. He was agitated to find that the organ, a fairly developed one, was rapidly shrinking, and was, he thought, finally disappearing." On the arrival of Dr. Raven he found that "the penis had almost disappeared, the glans being just perceptible under the pubic arch. The skin of the penis alone was visible, and looking as it does when the organ is buried in a hydrocele."

Baumgarten, of Buda-Pest, reported a case as following on the site of circumcision in which reduction of the luxation was effected until the child was eight years old. This case in many respects resembles Lenior's.

Malinowski reports a case of Professor Levshin's, of Kazan. The trousers of the patient were drawn between a horizontal and a vertical cog-wheel of a mill; the skin of the scrotum and penis got torn, and the penis was dislocated under the pubic arch.

Cases have been recorded by Moldenhaur, Nélaton, Petersen, and Wagner, and Dr. Richard Neale in the third edition of his invaluable "Digest" gives references to three cases of luxation, and includes the cases of Ivanoff and Raven under the title of "vanishing," a name which is applied to a similar condition in the "Arabian Nights Entertainments," Burton's edition.

I am, Sir, yours, &c,

GEORGE FOY.

January 6th, 1896.

PROPOSED MEDICAL TITLES BILL.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The aim of my too brief previous letter was to help check what would surely prove a great waste of force, namely, an attempt to carry through Parliament a Bill with the sole object of preventing legally-qualified medical men not in possession of an M.D. degree from styling themselves doctor. Amendment and consolidation of medical laws are urgently called for in the interest alike of public and profession. If these are to be attained the united forces of the whole profession must be brought to bear, and I hold it would be a misfortune if, instead of joining with the main body, men of influence like Dr. Glynne Whittle should fritter away their strength in efforts foredoomed to failure. Can anyone with a rudimentary knowledge of the history of medical legislation in recent years believe that any Cabinet or any statesmen of ministerial rank will take up a project of law such as Dr. Whittle suggests? And can anyone believe that such a Bill could have the least chance in the hands of any ordinary member of Parliament?

The abuse for which a remedy is sought is surely a matter of internal professional discipline. Colleges and diploma-giving bodies can frame by-laws, and the General Medical Council can declare "disgraceful" the offence of assuming a qualification without valid claim.

It cannot be said that the interests of the public are materially affected by commission of the offence in question, and the difficulties of getting new laws merely for the advantage or protection of any profession are almost insurmountable. Can it be alleged that practitioners holding say, for example, qualifications like L.R.C.P., M.R.C.S., are one whit inferior to holders of M.D. Durham, Aberdeen, or Brussels? Now every medical practitioner is, and always will be, to the public a "doctor," and on all these grounds it is, I hold, out of the question that Parliament will go out of its way to frame and discuss a prohibitive law of the kind suggested by Dr. Whittle.

If the Medical Act were sufficient to prevent unqualified pretenders from assuming medical titles, the question at issue would not be affected. I am certainly astonished to learn from Dr. Bateman that the Medical Defence Union has been in existence many years, and has conducted successfully many prosecutions every year. It

would be interesting, and would attract many new members to the Union, if he would publish a summary of these cases. The proceedings may have appeared in provincial papers, but I do not think they have been published in medical or leading journals. At any rate, there are scores of quacks practising under false pretences in London; and up to within the last few weeks (and for all I know up to to-day) an infamous unregistered venereal quack who has often been exposed in police-courts has displayed his name with the title doctor in letters many inches high on a shop window in one of the principal thoroughfares of the metropolis.

I am, Sir, yours, &c.,
H. S.

Jan. 2nd, 1896.

LUNATIC ASYLUMS.—THE RELIGIOUS QUESTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having read, as a general practitioner, Dr. THEO. B. Hyslop's instructive lecture in the last number of THE MEDICAL PRESS on "The Diagnosis of Insanity," in which he touches with considerable tact and refinement upon the religious element so often associated with these sad cases, I trust you will allow me to broach a question which is certainly one of extreme delicacy, but which nevertheless the medical profession, as guardians of the public health—mentally and physically—are bound to take cognisance. I refer to the religious question as a factor in insanity. We cannot shut our eyes to the fact that many cases of insanity are evolved from or caused by religious enthusiasm outside our asylums; the question then arises as to how far it can be conducive to the welfare of these institutions to allow the clerical influence, which is by no means calculated to strengthen the enfeebled mind, to have its sway? Some years ago I happened, as a student amongst others, to have the privilege of attending one of our large asylums, and a story was related by one of the attendant physicians in which the chaplain was reported to have made some reference on a religious topic in his discourse in the chapel, and which touched the weak point of one of the inmates; whereupon the patient stood up and commenced a violent harangue, whereby it became obvious that religion was no part of his cure. However this may illustrate my meaning, there can be no question but that we live in a restless and excitable age, when the "struggle for existence" becomes daily more intense, and when it behoves all to keep their wits about them. No doubt the efforts of religious enthusiasts, whether in a salvation army or a church brigade or any other sectarian denomination, to cope with public immorality are commendable enough, but we cannot shut our eyes to the fact that a good deal of insanity and its twin-sister hysteria must necessarily arise from any violent disturbance of the public mental equilibrium owing to religious excitement, and it therefore behoves experts in lunacy to be on the alert and use their influence, lest the good intentions of these enthusiasts should defeat their ends.

I am, Sir, yours, &c.,
CLEMENT H. SERS.

Queen's Road, Peckham, Jan. 3rd, 1896.

Literary Notes and Gossip.

Dr. MURRELL has a new work in the press entitled "Pharmacology and Therapeutics," specially written to meet the requirements of the Conjoint Board of the Royal Colleges of Physicians and Surgeons.

Mr. ALLINGHAM is now engaged on a sixth edition of his well known work on "Diseases of the Rectum." In this edition the author will be associated with his son Mr. Herbert Allingham, the author of "Colotomy."

Dr. J. COWAN WOODBURN, Lecturer on Dental Surgery at the Glasgow Royal Infirmary, will shortly issue a handbook specially designed for medical students, on

"Tooth Extraction," with notes on the Physiology and Anatomy of the Teeth."

We understand that the first edition of Mr. LENOX BROWN'S "Diphtheria and its Associates," is already exhausted, and that a second is in the press. The sale having been so rapid, very few alterations will be necessary in the text, but the value of the plates will be enhanced by two additional colour printings.

THE Government of India has ordered that copies of Mr. HANKIN'S pamphlet, entitled, "The Cause and Prevention of Cholera," shall be issued to all medical officers with instructions to record the result of any experiments made by them, and to communicate the results direct to Mr. Hankin at Agra.

THE season has been more marked than any previous one in the variety and number of diaries, visiting-lists, &c.; besides those previously noticed in these columns, a neat little vest-pocket diary, bound in leather, with gilt edges, has been sent us by Messrs. LEVER BROTHERS, of Sunlight and Lifebuoy Soap celebrity. This miniature volume will be found very useful to carry about for ready reference and short memoranda.

OF European libraries, only four have over 1,000,000 volumes, namely, Bibliotheque National, Paris, 2,280,000 books and 80,000 MSS.; British Museum, 1,500,000 books and 100,000 MSS.; Public Library, Munich, 1,000,000 books, and 26,000 MSS.; Imperial Public Library, St. Petersburg, 1,000,000 books and 26,000 MSS.

THE great Biennial Prize of £800, granted by the Academy of Sciences of Paris, has been awarded to Professor RAVULT, of Grenoble, in respect of his researches in physics and chemistry. His methods of investigation of the constitution of molecular bodies have been adopted by scientists throughout the world.

THE January number of the *Edinburgh Medical Journal* contains a goodly array of interesting original communications. Dr. BALLANTYNE writes on "Teratogenesis: an inquiry into the Causes of Monstrosities"; Surgeon-Major MACDONALD on "A Case of 'Bore' of the Abdomen by an Elephant's Tusk"; and Dr. ROBERTSON continues his paper on the "Pathology of the Nervous System in Relation to Mental Diseases." Altogether the number is a good one.

THE importation of two American books—one on anatomy, the other on surgery—has been stopped in this country under the Copyright Act, whole chapters having been taken from English works without acknowledgment. We had hoped our American friends were getting beyond literary piracy, and were intent on original work on their own account.

"SPLANCHNOLOGY," being the fourth part, Vol. III., of "Quain's Elements of Anatomy," has just made its appearance under the editorship of Professor SCHÄFER and Symington. This now classical work was first published in the early part of the present century. In 1845 Dr. Quain died, and the fifth edition was undertaken by Mr. Richard Quain and Dr. Sharpey. Subsequently Dr. Allen Thomson and Dr. Cleland became editors, all of whom, with the exception of the latter, have gone over to the majority. With the issue of the present part the work is completed in three volumes of eight parts, the publishers being Messrs. Longmans, Green & Co.

"HEALTH Notes for the Sea-side" is a little brochure by Dr. A. C. DUTT, late Senior House Surgeon at the Scarborough Hospital. It contains short chapters on various subjects relating to the preservation of the health. In the chapter "on smoking" he defines what he considers to be the maximum amount of smoking in which a man above twenty-five may indulge daily as follows:—"Six pipes of good tobacco or six good cigars, or twelve to fifteen cigarettes made of good tobacco." The statement about the cigars is interesting. Most people who are not millionaires have probably few opportunities of judging

what a good cigar is. The author writes in a chatty popular style, and we can commend his contribution to the subject of personal health.

UNDER the title of "The Students' Practical Materia Medica" Mr. Giffen has published a short compendium of useful notes. For some mysterious reason, best known to themselves, the originators of our official materia medica have adopted a most haphazard system of dosage. In order to overcome this stumbling-block the author has introduced a method of grouping together various preparations according to the dose. Thus, he divides the tinctures into four groups, namely, those that can be taken in doses of (1) $\frac{1}{2}$ —1 dr.; (2) 10—30 min.; (3) 5—10 min.; and (4) those not taken internally. This little book is issued by Messrs. Livingstone, at the modest sum of 2s. It contains much useful information for those wishing to arrange and revise their knowledge for examination purposes.

UNDER the title of "The Home of the Jackdaws" the well-known and popular Registrar of the General Medical Council has issued a reprint of one of his chatty and interesting little articles on bird life. The jackdaw, as pointed out by Mr. Miller, has been patronised by writers of every kind, ancient and modern. The particular "Home" which is spoken of in the pamphlet is not mentioned by name, but simply alluded to as a "perfectly ideal bay on our South Coast." The jackdaw is among our most characteristic British birds, and one can well understand the interest and admiration which it has evidently excited in the mind of the author. From time to time it has been our pleasant duty to welcome similar essays from the same pen. Mr. Miller has been a life-long student of birds and of bird-lore. The present article is reprinted from *Nature Notes*.

A NEW quarterly journal has recently made its appearance in London under the title of *The West London Medical Journal*. It is edited by Mr. Percy Dunn, and is published under the auspices of the West London Medico-Chirurgical Society, of which well-known body it is the official organ. There is certainly room for such a publication, which will preserve in book-form many valuable clinical observations, the waste of which in the smaller societies throughout the country has long been a commonplace subject for recurrent editorial regret. The main part of the initial number of the *West London* is taken up by the Presidential address and by papers and a discussion on the eminently practical subject of gastric ulcer, most of which has already appeared in our columns. The "Mirror" of clinical reports is a useful feature of the journal. The editor may be heartily congratulated on the excellence of his first issue, and the Society on its enterprise in undertaking a somewhat arduous task.

A VERY amusing discussion is at present in progress between the editor of the *New York Medical Record* and the editor of the *Philadelphia Medical News* upon the subject of spelling. In a very modest way we have ventured ourselves on many occasions to animadvert upon the method of spelling adopted by our latter esteemed contemporary, and the following is what the *New York Medical Record* has to say on the subject: "Our contemporary, the *Medical News*, has a reprehensible habit of misspelling a good many words and an obstinacy in holding out, even when convicted of error by every other authority, as well as by incontrovertible facts." The discussion has turned in this instance upon the words "uranalysis" and "symphyseotomy." The editor of the *Medical News* objects to each, while the editor of the *Record*, in an interesting leading article, justifies their existence etymologically, and points to the fact that the "e" in symphyseotomy is correct, inasmuch as the stem of the word is *φυσ*. It is refreshing to see that at least one of our contemporaries on the other side of the Atlantic has made a stand against the policy of "clipping and changing" which at present disfigures the words in many American medical journals.

"OUIDA" is nothing if she is not up-to-date. In her last novel, euphemistically called "Toxin," she takes full advantage of the anti-toxin treatment of diphtheria,

and evolves out of it all sorts of "horror" by the aid of her imagination. The novel receives its title from the fact that the toxin of diphtheria is employed by the villain to rid himself of his rival. Characteristically of "Ouida," the villain is no puppet or insignificant person of low birth and intelligence, but a man of science, concerning whom she says "the infliction of death was nothing to him. He was used to kill as he was used to torture, with profound indifference—with no more hesitation than he ate or drank or fulfilled any natural function of his body. To obtain knowledge, even the approach of knowledge, he would inflict the most agonising and most endless suffering without a moment's doubt or regret." After this it is easy to understand how "Ouida" makes the scientist inject into the veins of his sleeping friend, who was recovering from diphtheria, the toxin of the disease instead of the antitoxin. Poor "Ouida"! What can be the matter with her? Has she been reading Max Nordau on "Degeneration," and imbibed some of his ideas of "going" for everybody?

UNDER the specious title of "Our Treasures and How to Keep Them" we are favoured with a synopsis of the principles of nutrition and diet, in which special emphasis is laid upon the importance of an adequate proportion of fat. It is a matter of common experience that the very persons who stand most in need of fat are precisely those in whom this alimentary substance excites positive loathing, and the problem arises how best to coax them into absorbing a sufficient quantity of a necessary but, to them, repulsive article of diet. The writer of this pamphlet claims to have solved the problem by showing that Virol is a very palatable and digestible form of nutritive fat. Without endorsing the writer's thesis in all its details, we may concede that he eloquently pleads the advantages of a dietary comprising bone-marrow duly prepared for consumption in the form of "Virol." Virol, we are told, contains a large proportion of the red marrow which, while it adds to the cost, materially enhances the value of the preparation. Marrow, on the other hand, is a combination, in physiological proportions, of the yellow marrow of ox-bones, with extract of malt. This is not the place to discuss the value of food preparations, but the *brochure* (a copy of which can be had on application to the Liquor Carnis Co.) contains a number of useful recipes which will prove serviceable in arranging the dietary of invalids requiring substantial and easily assimilable nourishment.

WE have received from Messrs. Burroughs, Wellcome and Co., an "Anti-diphtheritic Treatment Chart," for the purpose of recording the progress of cases treated by serum injections. The chart will doubtless prove useful, and for the most part the points to be observed are pertinent and well selected. In any future issue, however, we would suggest—First, that the term "Diphtherial" should be substituted for "Diphtheritic," the latter word tending to perpetuate the assumption of a grade of inflammation which, as Trousseau pointed out nearly forty years ago, does not exist. Secondly, it is not the "maxillary glands" which are primarily or ordinarily enlarged in diphtheria, but the cervical, and under this heading it would be well to ask which set of glands were enlarged, as clinical distinction is thereby given to the nature and severity of an attack. There is also another omission in that no provision is made for the recording of concomitant general or local treatment, nor of alcoholic stimulants. Lastly, while approving of "the adoption of physiological rather than a mechanical means of dosage," we would point out that we are not thereby further helped than formerly, with information as to what proportion of "a therapeutic adult dose" should be adopted for an infant. As a matter of fact, larger doses are being used for children than for the adult, and the only standard of dosage seems to be that of the malignancy of the attack, the intensity of which is usually in an inverse proportion to the age of the patient.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last monthly list:—Quain's Elements of Anatomy, Edited by E. A. Schäfer, F.R.S., and Geo. D. Thane, Vol. iii., Part IV. The Year-Book of Treatment for 1896. History of the Cholera Controversy, by Sir George Johnson,

M.D. Hygiene, by J. Lane Nottor, M.D. Dub., and R. H. Firth, F.R.C.S. **A History of the Chronic Degenerative Diseases of the Central Nervous System**, by Thos. K. Monro, M.A., M.D. **The Physiology of the Carbohydrates; An Epicriticism**, by F. W. Pavy, M.D., F.R.S. **Appendix to the Medical Digest from 1891 to 1895**, by Richard Neale, M.D. **Skiascopy and its Practical Application to the Study of Refraction**, by Edward Jackson, A.M., M.D. **Lectures on Appendicitis**, by Robert T. Morris, A.M., M.D., New York. **Modern Medicine and Homoeopathy**, by John B. Roberts, A.M., M.D., New York. **The Thyroid Treatment of Myxoedema**, by Byrom Bramwell, M.D. **Local Government Board Reports and Papers of the Port and Riparian Sanatory Survey of England and Wales. The Middlesex Hospital Reports for 1894. The Inebriety of Insanity from a Medico-Legal Point of View**, By T. D. Croshers, M.D.

Obituary.

MR. ARTHUR JACKSON, M.R.C.S., OF SHEFFIELD.

We have with much regret to announce the death of Mr. Arthur Jackson, the well-known and popular surgeon of Sheffield, which took place, on the 29th ult., after a short illness. Up to the 10th of last month he appeared to be in his usual health. On the evening of the 8th he presided over an important meeting of the Sheffield Medical School having relation to the amalgamation of the School with Firth College and the Technical School for the purposes of the Victoria University scheme. The day following, among other meetings, he attended a meeting of the Council at Firth College, when the arrangement for amalgamation was concluded. On the morning of the 10th, however, he complained of feeling unwell, and suffered from severe abdominal pain. This continued throughout the day, but despite this Mr. Jackson continued to attend to his professional duties. Subsequently the pain increased, and his condition became serious. The symptoms at first yielded to treatment, but a relapse followed, complications ensued, and death took place as recorded above. His age was 51.

Mr. Arthur Jackson was born on February 21st, 1844. He was the second son of the late Mr. Henry Jackson, M.R.C.S., of Sheffield. Mr. Henry Jackson, it may be stated, was the only son of the eminent surgeon of that name. The subject of our memoir received his early education at the Collegiate School, and afterwards studied at Cheltenham College. His medical knowledge was gained at the Sheffield School of Medicine, at the General Infirmary, where he was pupil under his father, and at St. Bartholomew's Hospital, London. In the year 1866 he had gained his surgical qualification (M.R.C.S. Eng.), and no doubt would have won further degrees, but in that year his father died, and it became necessary for him to take up the practice.

Like his father, Mr. Arthur Jackson was a great collector of rare and curious books, and possessed an extensive knowledge of local antiquities. Early in life he turned his attention to the history of his native city, of which he was intensely proud, and he frequently gave lectures upon this subject. His exertions on behalf of the medical charities of Sheffield were such as to endear him to all those who were obliged to use those institutions. For several years he was surgeon at the Sheffield Royal Hospital, and continued to occupy that post until he became surgeon at the General Infirmary. At the time of his death he was senior surgeon at the latter institution, and also consulting surgeon at the Hospital. He succeeded the late Mr. Bernard Wake as treasurer to the Royal Hospital in 1891.

His contributions to the medical journals were not numerous; the last that appeared from his pen was published by the MEDICAL PRESS AND CIRCULAR in 1884, the paper being entitled "A Quarter of a Century's Surgery." He took a large share in the public duties of his town, and he held many appointments in connection therewith. Moreover, he was the lecturer on Surgery at the Sheffield Medical School. He lived an active, busy life, and enjoyed a large measure of popularity among those with whom he came into contact. His untimely decease has led to widely spread expressions of regret in Sheffield, where among all classes he was held in high esteem.

Medical News.

The Jenner Memorial Fund.

We are asked to announce that the collection of "Jenner Relics" got together by Mr. Frederick Mockler, of Wotton-under-Edge, has been accepted by the Dean and Faculty of Medicine, University College, Bristol, to be located there, provided that the necessary amount to purchase it from the owner can be raised by public or other subscription. The fact that Dr. Edward Jenner, who was born (1749), lived, made his famous discovery of vaccination, practised, and died (1823) at Berkeley, in Gloucestershire, has suggested the idea that this unique collection of memorials of the life and career of one of the three greatest names in English medical science should be secured for the county and located in its capital city, Bristol. A large number of gentlemen have already promised to subscribe to the Fund—Earl Fitz-Harding contributed £10 10s.—and further subscriptions are solicited. We think it a mistake, however, that no sum is mentioned in the appeal, because if the purchase of the relics have for its object the putting of a profit into the pockets of a collector of antiquities, the profession will not so readily subscribe. The centenary of Jenner's experiment, which gave the incalculable benefits of vaccination to the world, will be May 14th, 1896. In Russia preparations are being made on an extensive scale to commemorate this event, and it is to be hoped by the committee of this fund that the collection may be placed in the College in anticipation of that period, so as to worthily celebrate the event here. Cheques should be made payable to "The Jenner Memorial Fund," and crossed "Messrs. Prescott, Dimsdale, Cave, Tugwell & Co., Ltd., Bankers, Bristol."

Formation of a Medical Society at Bedford.

A MEETING of the medical men of Bedford and district was held at the Infirmary on Thursday, January 2nd. Mr. Hughes Hearnings, of Kimbolton, occupied the chair. It was decided to form a medical society in Bedford "for the promotion of professional intercourse, for the reading of papers, for the exhibition of cases, patients, pathological specimens, &c., and for the discussion of all questions affecting the welfare of the profession." Meetings will be held at the Infirmary quarterly at 3.30 p.m. The following officers were elected for the ensuing year:—President, Dr. G. P. Goldsmith; Treasurer, Mr. A. Chillingworth; Secretary, Mr. W. Gifford Nash.

The Laryngological Society of London.

THE Laryngological Society of London, under the presidency of Dr. Felix Semon, has made great progress, and at its annual meeting, which will be held to-day (Wednesday), a very satisfactory report will be read of its work during the past year. The following is the list of officers for the year 1896, nominated by the Council:—President, Dr. Felix Semon; Vice-Presidents, Dr. Cresswell Baker, Mr. Charters Symonds, Dr. Hodgkinson; Treasurer, Mr. W. T. Walaham; Librarian, Dr. Clifford Beale; Honorary Secretaries, Mr. W. R. Stewart and Dr. St. Clair Thompson; Council, Dr. J. B. Ball, Dr. F. W. Bennett, Dr. T. W. Bond, Dr. Scanes Spicer, and Dr. Watson Williams. The meeting will be followed by a dinner in the Café Royal, the President in the chair.

PASS LISTS.

University of London, 1895, B.S. Examination.

THE following is an Official List of Candidates who passed the recent Examination for Honours in Surgery, arranged in the order of merit.

FIRST CLASS.

- Turner, William, (Scholarship and Gold Medal) King's College.
 Russell, Alfred Ernest, (Gold Medal) St. Thomas's Hospital.
 (a) Shaw, Harold Batty, University College.
 Hull, Charlotte Elizabeth, Royal Free Hospital.
 Hunt, George Bertram, University College.
 Sloane, John Stretton, B.Sc., St. Bartholomew's Hospital.
 Pugh, William Thomas Gordon, Middlesex Hospital.
 Bernard, Harold Leslie, London Hospital.

SECOND CLASS

- Thomas, Thomas Morrel, Guy's Hospital.
 Berry, Frances May D., M.D., London School of Medicine for Women and Royal Free Hospital.
 Channing-Pearce, David Arnold, Guy's Hospital.
 (a) Obtained the Number of Marks qualifying for a Gold Medal

Notices to Correspondents, Short Letters, &c.

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

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

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

REPRINTS—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

READING CASES—Cloth board cases, gilt-lettered, containing twenty-six strings for holding the numbers 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.

M.D. LOND.—We have heard of the suggestion before; it is, therefore, not new, as our correspondent supposes. A practitioner in Birmingham, we believe, was the first to draw attention to the matter.

G. L. T.—Our correspondent is thanked for his communication, which will be duly considered.

CRUSHED AGAIN.—"Isn't it awful?" said Mrs. Jenks to her husband. "Isn't what awful?" queried Jenks. "Houston's boy was run over and received infernal injuries." "Infernal, you mean." "No. I mean infernal. I know what I am talking about." After a quarrel of five minutes, Jenks produced a dictionary, and with considerable trouble managed to find "infernal." "There!" he exclaimed, "I told you so. Infernal means, 'relating to the lower regions.'" "Well," replied Mrs. Jenks, and there was a ring of triumph in her voice, "ain't that where he was injured?"

DR. S.—We have referred to the matter in another column. Our correspondent is thanked for his communication.

STUDENT.—Dr. Swanzy's book on the Eye will answer every purpose. It is published by Mr. Lewis, Gower Street, London, W.C.

DR. BLAIR (Torquay) is thanked for his note.

MR. E. S. C. will find the subject referred to in our "Literary Notes" column.

DR. JACKSON.—The matter is likely to occupy the attention of the General Medical Council at its next meeting.

MR. WILSON is thanked for his contribution, but it is scarcely suited for the columns of a medical journal.

F.R.C.S.L.—No information upon the subject has reached us so far.

M.D. (Leicester).—Before taking any action in the matter we should recommend our correspondent to make further inquiries.

THE CLIMATE OF ENGLAND.

THOSE of our readers who are specially interested in this subject will be glad to be informed that Dr. E. Symes Thompson, Gresham Professor of Medicine, will deliver a *free* course of Lectures on the subject at Gresham College, London, on Jan. 21st, 22nd, 23rd, and 24th, at 6 p.m. each evening.

PENSATOR (London).—We do not believe that any action at law could be commenced with such an object.

GENERAL PRACTITIONER (Exeter).—Our correspondent's letter has been handed to our publishers, who will attend to his request.

Meetings of the Societies.

WEDNESDAY, JAN. 8TH.

HUNTERIAN SOCIETY.—8.30 p.m. Dr. J. H. Sequerra: Chronic Pyaragel Affections and their Relation to Diphtheria. Dr. Fortescue Fox: Localised Rheumatoid Arthritis.—Mr. Percy Warner: Some Notes of a case of Typhlitis.

LARYNGOLOGICAL SOCIETY OF LONDON (30 Hanover Square, W.).—4.30 p.m. Annual General Meeting. Cases, Specimens, &c., by the President, Dr. Barclay Barron, Dr. J. W. Bond, Dr. Bronnor, Dr. Cooper Cripps, Dr. William Hill, Dr. David Newman, Mr. C. A. Parker, Dr. Soames Spleer, Dr. St. Clair Thomson, and Dr. Herbert Tilley. 8 p.m. Annual Dinner (O-Jé Royal).

SOUTH-WEST LONDON MEDICAL SOCIETY (Windmill House, Clapham Common). 8.30 p.m. Mr. W. G. Dickinson: Professional Unionism. A Discussion will follow.

THURSDAY, JAN. 9TH.

BRITISH GYNECOLOGICAL SOCIETY (30 Hanover Square, W.).—8.30 p.m. Mr. Fredk Edge (Wolverhampton): Notes on a case of a Paratero Vaginal Fibroid Tumour treated by Removal of the Appendages and Dissection out of the Growth. Mr. Bowreman Jessett: The Difficulties of Diagnosing Early Carcinoma of the Body of the Uterus (with specimen).

HARVEIAN SOCIETY.—Mr. Edmund Owen: Children's Spines—Healthy, Unhealthy and Otherwise.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY (Great Northern Central Hospital, Holloway).—8.30 p.m. Specimens and Clinical Cases. Dr. Arthur Wilson: Case of Perforating Ulcer of the Stomach. Dr. C. E. Beevor: Case of Arsenical Neuritis. And other cases.

SOCIETY FOR THE STUDY OF INEBRIETY.—4 p.m. A Quarterly General Meeting, the President, Norman Kerr, M.D., F.R.S., in the Chair. Paper:—W. H. Kesteven, M.R.C.S., Member: The Proper Method of Dealing with Habitual Drunkards.

FRIDAY, JAN. 10TH.

CLINICAL SOCIETY OF LONDON.—Dr. David Newman: Intermittent Hydro-nephrosis and Transient Albuminuria in cases of Movable Kidney.—Dr. Lee Dickinson: Cases of Spontaneous Thrombosis of the Cerebral Veins and Sinuses in Chlorosis.—Dr. Ringer and Dr. A. G. Fear: A case of Addison's Disease, treated with Supra-Renal Extract (with an abstract of previously recorded cases).—Dr. Hale White: Two cases of Pneumo-Thorax in the course of Typhoid Fever, and both due to straining at stool.

MONDAY, JAN. 13TH.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 p.m. Dr. Dudley W. Burton will read a paper entitled "An Appended Note on Anæsthesia." Usual Communication:—Mr. J. F. Colyer: "Some Cases of Open Bite."

Vacancies.

Carrick-on-Suir Union.—Night Nurse. Salary £25 per annum, with rations and apartments. Election 11th January (see advt.).

Medical Registrar.—Branch Medical Council, Ireland. Election 16th January (see advt.).

Metropolitan Asylums Board.—Assistant Medical Officer for the Small-pox Hospital Ships on the Thames. Salary commencing at £180, with board, lodging, and attendance. Applications to the Clerk of the Board (see advt.).

Appointments.

BREIDING, D. T., L.R.C.P.Lond., M.R.C.S., Medical Officer by the East Dereham Urban District Council.

GABRIANG, T. W. H., M.R.C.S., Medical Officer of Health by the Bucklow Rural District Council.

HALE, G. E., M.B., B.C.Camb., L.R.C.P.Lond., M.R.C.S., Medical Officer by the Eton Board of Guardians.

FERRIS, C. I., L.R.C.P., L.R.C.S.Irel., Medical Officer of Health by the Kingswood Urban District Council.

FRIER, R. S., L.R.C.P., L.R.C.S. Edin., L.F.P.S.Glasg., Assistant Medical Officer of the St. Andrew's District, and Medical Officer of the Ovenstone Hospital.

ROBERTS, A. H., L.R.C.P.Lond., M.R.C.S., Medical Officer of Health for the Malling Rural Sanitary District.

ROB, A. J. S., L.R.C.P., L.R.C.S.Irel., Resident Surgeon to the Hull and Sulcoates Dispensary.

ROB, A. L., L.R.C.P., L.R.C.S.I., Honorary Ophthalmic Surgeon to the Hull and Sulcoates Dispensary.

SADLER, F. J., M.B., B.Ch., Oxon., Assistant Medical Officer of Health by the Barnsley Town Council.

SNOWBALL, W., M.B., Ch.B. Weib., L.R.C.S. Edin., a Member of the Medical Board of Victoria, Australia.

SPOER, S., M.D. Lond., M.R.C.S., an Honorary Physician to the Royal Society of Musicians of Great Britain.

STEWART, G. E., M.B., C.M. Edin., Assistant House Surgeon to the Scarborough Hospital and Dispensary.

THOMPSON, H. C., M.D. Lond., M.R.C.P., Medical Registrar to the Middlesex Hospital.

Births.

ALEXANDER.—Jan. 5th, at Teonmash House, Southsea, the wife of S. P. Alexander, M.D., M.R.C.S., of a son.

ALLPORT.—Dec. 24th, at Wilham, Casewick Road, Norwood, the wife of Alfred Allport, M.R.C.S., of a daughter.

KENT.—Dec. 23rd, at 3 Minard Terrace, Partick Hill, Glasgow, the wife of B. T. Kent, M.A., Oxon., F.R.C.S., of a son.

WILKINSON.—Dec. 26th, at Kiron, Boston, Lincolnshire, the wife of John Wilkinson, M.B., C.M. Edin., of a daughter.

Marriages.

GROSS-HARKER.—Dec. 28th, at the Parish Church, Blarhall, Suffolk, Charles Frederick Gross, M.R.C.S., L.R.C.P., son of Arthur Spurling Gross, of Woodbridge, to Dorothy Lucy, younger daughter of the late James Cumming Harker, of Liverpool.

Deaths.

FRENCH-MULLEN.—Dec. 26th, at his residence, at 16 Warrington Place, Dublin, Fleet-Surgeon St. Lawrence French-Mullen, R.N., M.D. (retired).

FROGE.—Jan. 2nd, 1896, at Westville, St. Mary Church, Torquay, Thos. Finch, M.D., M.R.C.S.

HILLES.—Dec. 31st, at his residence, Elm View, Highfield Road Bathgar, Malcom William Hilles, L.R.C.S.I., in the 89th year of his age.

HUNT.—Dec. 27th, suddenly, at Christchurch, Hants, Bertram Hunt, M.B. Oxon., M.R.C.S., aged 89.

JACKSON.—Dec. 29th, at 53 Wilkinson Street, Sheffield, Arthur Jackson, M.R.C.S. Eng., in his 52nd year.

JACKSON.—Dec. 22nd, at Shepherd's Bush, London, Richard Jackson, M.R.C.S. (Eng.), L.R.C.P. (Lond.), L.S.A. (Lond.), fourth son of the late Richard Jackson, Beechwood House, Fulford Road, York.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXII.

WEDNESDAY, JANUARY 15, 1896.

No. 3.

Lectures

ON

THE DIAGNOSIS OF INSANITY.

By THEO. B. HYSLOP, M.D.,

Lecturer on Mental Diseases to St. Mary's Hospital Medical School,
Assistant Physician to Bethlem Royal Hospital.

LECTURE III.

OUR social environment may influence us morally and intellectually, and it is undoubtedly owing to our conformity to the relative duties of social life that we adopt our prevailing tone of thought and conduct. As we advance in life these social influences gradually increase in complexity. How moral law influences social life, organisation, and government is too complex a question to consider; here we have but to note that members of a society may combine to predispose the generation of a morbid psychosis. Epidemics of feverish excitement, excessive religious enthusiasm, and even insanity, at times affect vast numbers of people. These neurotic storms have been described elsewhere (a) as having been characterised as purely mental or moral perversions, or as physical aberrations secondary to physical contagion.

The insane are apt to derive their delusions from whatever excites much public attention. The revolting crimes as recorded in our daily papers are apt to influence the direction of the morbid thoughts of the insane. Thus, for instance, during the period of the Whitechapel murders innumerable patients accused themselves or others of being Jack the Ripper. Insanity may be endemic, or it may extend and become epidemic. The perversions may manifest themselves in the form of illusions or pure hallucinations which affect many persons at the same moment; morbid psychoses in which there may be melancholia; excessive religious zeal, political or pseudo-scientific intemperance; sensory perversions with ecstasy, impulses and morbid activities; actual convulsive attacks as in the various epidemics of hysteria, epilepsy, and chorea. In dealing with insane people, therefore, we have to remember that what we accept as evidence of insanity may be but an endemic or epidemic psychopathy which exists throughout a large number of individuals. Some religious delusions are confined to the members of particular religious bodies, but, however widely they differ from our standard of truth it is well to estimate them as possibly fallacious beliefs and not as insane delusions. Later we shall have to speak more particularly about insane delusions, so now we have merely to note that religious delusions may arise in connection with various evolutionary epochs and in association with various physical states. Thus, they accompany the mental development of over-stimulated and injudiciously educated children (fear, remorse, &c.), they characterise the insanity of pubescence (fear, depression, and wish to do penance); they are caused by self-abuse (self-conscious, unpardonable sinners, weak-minded, auditory hallucinations, trances, ecstasies, suicides); in association with so-called paronia

(a) "Mental Physiology."

(delusions of superior spirituality, fanaticism); with epilepsy, dementia, and general paralysis (rarely fear, usually unworthiness, or exalted ideas); in melancholia and climacteric insanity (unworthiness, fear of endless life); in chronic mania or toxic insanity (usually exalted).

Having now ascertained as far as possible whether there has existed any hereditary or social factors which would tend to influence the nature of the case under consideration, we next proceed to the study of other factors which tend to modify the life-history of the individual. These factors, briefly enumerated, are:—

1. Causes acting on the parents at time of pregnancy:—
 - (a) Maternal impressions.
 - (b) Moral causes, shock, gynagogues, &c.
 - (c) Disease of parent during pregnancy. (Fever, &c.)
 - (d) Accidental causes at birth, such as, premature, difficult, or instrumental delivery, asphyxia neonatorum, primogeniture.
2. The temperament, constitution, or diathesis of the patient.
3. The influence of general surroundings:—
 - (a) Seasons and climate, moon, &c.
 - (b) Occupations.
 - (c) Town and country life.
4. Accidental factors, such as:—
 - (a) Domestic troubles and grief.
 - (b) Religious anxiety and excitement.
 - (c) Disappointed affections.
 - (d) Fear and fright.
 - (e) Intense study.
 - (f) Political and other excitement.
 - (g) Wounded feelings.

Considered in detail, it will be noted that most of these factors give some clue to the nature of the case before you, and, therefore, their consideration cannot be dispensed with.

Maternal impressions are regarded as giving rise to morbid, mental, and bodily defects. In a paper read before the Obstetrical Society of London, May 7th, 1884, Dr., now Sir, Arthur Mitchell, Commissioner in Lunacy for Scotland, stated that in 6 cases out of 443 in which an effort was made to establish a cause for idiocy, the influence of maternal impressions was clearly traceable. Any prolonged distress is more apt to produce bad effects than a sudden shock or fright, and this more readily during the later months of pregnancy. Undoubtedly bodily defects attributable to maternal impressions are far more common than mental. Whether the mental or bodily defects are accidental, and whether there is direct relation between the brain structures of the parent and child, are questions which we are unable to answer. With regard to the defect in the child simulating the object causing the impression upon the mother it has been pointed out by Dabney that out of 90 cases there was quite a close correspondence in 69. Another point urged by the same observer is, that it is not necessary for a mother to expect a defect in the child for such a defect to occur, whether this defect be mental or bodily. The various conditions that unfavourably influence the foetus in utero may be:—(a) Nervous disturbance in the mother. Hirst records a case in which a woman,

while carrying her child in utero, took delight in watching her husband, a butcher, ply his trade, the child subsequently developing an irresistible inclination to torture and slay. (b) Malnutrition in the mother is sometimes accountable for defective children. (c) Diseases of the endometrium, the womb and its adnexa. (d) Alterations in the maternal blood pressure, and (e) Poisons in the maternal blood may bring about morbid results in the child. Various diseases are said to occur to the foetus in utero. Variola, rubeola, scarlatina, erysipelas, malaria, tuberculosis, septicaemia, syphilis, cholera, typhoid, articular rheumatism, recurrent fever, yellow fever, pneumonia, rachitis, anasarca, spontaneous fractures, luxations and ankylosis, intra-uterine amputations, perforations of intestines, are described as affecting the growth and development of the foetus. Intracranial injuries are liable to occur in difficult deliveries whether the labours are spontaneous or instrumental. Meningeal hæmorrhage, rupture of the longitudinal sinus, with extravasation of blood over the convolutions may give rise to convulsions, asphyxia, and in some cases spastic hemiplegia. Prolonged labour and forceps delivery is the assigned cause of many cases of idiocy. Shuttleworth found that prolonged labour without instrumental interference was the cause of idiocy in 29 per cent. of the cases admitted to the Royal Albert Asylum. He believes that judicious instrumental interference will sometimes prevent such evils. Langdon Down traced in twenty per cent. of 2,000 idiots suspended animation at birth. Griesinger lays some stress upon great anæmia of the mother as a casual element of idiocy. Primogeniture is regarded by some as a predisposing element.

Those psycho-physical differences between men which are designated as temperaments are of interest. When we consider the four *temperaments* described by the ancients, we find that pathological conditions of the mind can be assigned to them with a certain amount of appropriateness. In general, the ancients found either a predominant spontaneity or a predominant receptivity. The former gave the active, the latter the passive temperament, whilst from the greater or less permanency of actions or impressions, they devised a fourfold subdivision. These four temperaments were: The sanguine with receptivity easily but not deeply affected; the melancholic with receptivity capable of being deeply affected; the choleric with quick, vigorous but not durable activity, and the phlegmatic with slow but enduring activity. *Vive la bagatelle*, as the motto of the sanguine type, carries its own consequences. The general paralytic, who believes that he is the happy possessor of fabulous wealth, and seeks to benefit mankind in general, is frequently an individual of the sanguine type, who formerly built castles in the air, but who now realises them pathologically. The feeling of well-being, and the desire to benefit others, are but part of the individual. His perverted and exalted notions have their root in that sympathetic feeling and inclination for sociability so prevalent in this temperament. General paralysis occurring in a person of the melancholic temperament is rarely of the expansive and benevolent type. The delusions are of a melancholic complexion, or, if they are exalted, the exaltation is of a selfish and egotistical kind.

The influence of *seasons and climate* in the production of mental disease is a subject of considerable interest and one to which a good deal of attention has been given. Parchappe, Esquirol, Guislain, Aubanel, Thore, and others, observe as the result of their investigations that attacks of insanity are more frequent during the summer months. Guislain believes there is a relation between the warmth of the atmosphere and mental disturbance. A lengthy consideration of the atmospheric influences, with the relative

value of heat, humidity, and the influence of the various winds as a cause of cerebral injury, would be out of place here, so I propose merely to mention a few points of interest. Although high temperature and rarefaction of the air, with its direct sedative effects—quick evaporation from and inspissation of the blood, results in venalisation and diminished supply of oxygen at each inspiration, yet fatigue, bodily excesses, alcoholic, dietetic, or sexual, and the existence of other constitutional maladies, constitute by far the most important factors in the production of mental disorders. Wallther's experiments show that the heat from the streaming rays of the sun can be actually absorbed by the skin. It would appear more probable, however, that it is by the combination of the sun's rays, a heated atmosphere, and a relative amount of humidity, acting together, that heat is retained in the body. As a true exciting cause, heat, direct and indirect, may be an effective cause, but hygrometric and barometric states of the atmosphere have a special influence upon the general vigour of the constitution, and render a person more or less susceptible to heat, and in this way predispose him to suffer from it. When sunstroke is being considered I shall devote more attention to its factors of causation.

The influence of *occupation* in the production of insanity is a subject of interest, but one to which we must devote very scant attention. The ratio (per 10,000) of the yearly average of the number of lunatics in each profession or occupation, admitted to asylums during the five years 1889 to 1893 inclusive) to the whole population in each profession, or occupation, at the time of the Census of 1891 (Commissioners' Report) was as follows:—Hucksters, costermongers, hawkers, pedlars, 20.1 males, 36.9 females. Physicians, surgeons, and general practitioners, 15.8 males. Woolstaplers, cloth, worsted, stuff, flannel, blanket, silk merchants and dealers, cotton and calico warehousemen and dealers, linen, lace, fustian, tape, thread dealers, Manchester warehousemen, 18.2 males, 24.4 females. Chimney sweeps and soot merchants, 14.2 males. Chemists and druggists, 14.1 males. The other occupations all range below 12.6. The reason why hawkers head the list is uncertain. The medical profession stands midway between warehouse work and chimney-sweeping. One point to be noted is, that although general paralysis is scarcely known in some localities, when the people from these localities go to towns and large centres of civilisation they are just as liable to suffer as others.

Of the accidental factors which cause insanity the most common are:—Domestic trouble (including loss of relatives and friends); adverse circumstances (including business anxieties and pecuniary difficulties). About 5 per cent. of all cases of insanity are due to such causes. Overwork is not infrequently the assigned cause, and undoubtedly too long hours, or too close occupation, with neglect of the ordinary rules for health, will result in mental breakdown. The friends of patients are very apt to assign this as a cause; but it is more common to find that worry or anxiety has been the more important factor. One patient was admitted to Bethlem suffering from acute mania, supposed to be due to overwork; an amended certificate, however, assigned as the cause "over-religious conscientiousness and pediculosis." Careful investigation will generally result in the discovery of a combination of causes which together act as factors in the production of stress or strain.

Religious excitement is also not infrequently an assigned cause. I have stated elsewhere my belief that the philosophy of the infinite, far from being a source of aberrations of thought, is the ultimate point of our evolution. A true and philosophical religion raises the mind above a mere incidental emotionalism, and gives stability. With no religion, and no moral obligation

the organism is apt to become a prey to the lusts of the flesh and their consequences. Gasquet observes, that religion may either produce or tend to hinder unsoundness of mind ; that it may cause certain symptoms of insanity or modify them ; and lastly, that it may be employed as a means of moral prevention and treatment. He believes that every form of religion, however widely it may differ from our standard of the truth, if it enforces the precepts of morality, is a source of strength to the sound mind that sincerely accepts it. Clouston has justly observed that far more depends upon the brain that goes to church than upon what it may obtain in the church. That is to say, there must be the predisposition to break down, the religious influence being often merely an accident. It must also be remembered that religious over-enthusiasm may be merely a symptom and not a cause.

Love affairs do sometimes act as exciting causes of insanity. Disappointment at being jilted has been the main factor of causation in several cases recently admitted to Bethlem. Some youths break down when they become engaged to be married, owing to nervousness and fear lest they should not be able to perform their sexual functions satisfactorily. I have seen not a few of these cases, and possibly some of the suicides which occur just before marriage was to have taken place may be explained in this way.

Widowhood, with its unsatisfied cravings ; too lonely and isolated a life ; the worries and wounded feelings in the trying life of a governess, all may be assigned as potent factors in the production of morbid psychoses.

(To be continued.)

DIMINISHED RESPIRATORY FUNCTION AND FATTY DEGENERATION IN TROPICAL CLIMATES.

By SURGEON-GENERAL CHAS. R. FRANCIS, M.B.,
M.R.C.P. Lond.,

Formerly of H.M. Indian Army, and Officiating Professor of Medicine in the Medical College, Calcutta.

In his paper on "The Effects of Change of Climate on the Human Economy," published in the "Proceedings of the Royal Society" (1869-72), Surgeon A. Rattray, R.N., states that there is a diminution of the respiratory function in persons going from a cold to a hot climate, causing thereby a reduced elimination of carbon by the lungs. It had already been shown by Vierordt and Ludwig (quoted by Professor Parkes) that heat lessens the number of respirations in animals.

When attached to the Medical College, Calcutta, in 1865-66, I observed (and recorded the observation in the *Indian Medical Gazette*) that the lungs of Europeans who had lived and died in the plains of India were lighter than the average weight of these organs in England. Noticing this statement in his "Practical Hygiene," Parkes, who some years previously, when in India, had remarked the same condition in the lungs of persons dying from cholera, expressed his opinion that, if these observations could be verified by further inquiry—so far, they were too few—Rattray's experiences would be confirmed. Acting upon this hint, I applied to Sir A. D. Home, at that time Director-General of the Army Medical Department, Bengal ; to Dr. Coates, Principal of the Medical College, Calcutta ; to Dr. S. C. Mackenzie, Superintendent of the Presidency jail there ; and to Surgeon-Major W. R. Cornish, Sanitary Commissioner for Madras ; all of whom not only furnished me with the information that I sought, but procured for me, also, the assistance of other medical officers—of Dr. J. F. P. McConnell, Professor of Pathology in the Medical College, Calcutta ; of Drs.

Hugh Johnstone and Saffney attached to the College Hospital ; and of Surgeon-Major A. Porter, Surgeon 4th District, Madras, who had contributed some notes on the pathology of famine disease, including the weights of various organs. Sir Anthony Home furnished a table showing the weights of the lungs, liver, spleen, kidneys, as also the heights, of 147 European soldiers, who had resided, on an average, from 5 to 6 years—the maximum being 24 years and the minimum 1 month—in the plains of India. It is perhaps to be regretted that the weight of the entire body, with the proportionate weight of the lungs, was not given in each case, I applied for information on the subject to Netley, where the body weight, as well as that of organs, is always taken ; but, unfortunately, it was not available.

The average weight of the lungs in a temperate climate is, according to Gray, 43 ounces in males, that in females being something less. According to Dr. Home's table, the average weight in India is 38 ounces. All the phthisical cases—12 in number—in which the average weight was 76 ounces, (in one case the weight was 114 ounces, in another 100 ounces, in three above 80 ounces, the others also being very high)—were, of course, excluded in striking the average, together with those in which there was *much* engorgement—slight hypostatic congestion was not considered—from pneumonia, from interference with the circulation, or from other causes. There may have been some few cases due to feebleness of the heart's action shortly before death. It is probable that, if the lungs had been carefully drained in each case, the weight would have been even less. In the tables furnished by Drs. Coates and McConnell the average weight, excluding a case of gangrene (77 ounces), and the phthisical cases, with those of extensive engorgement, was 38½ ounces. Whilst in those prepared by Drs. Hugh Johnstone and Saffney it was 30 and 27 ounces respectively. Among these last most of the men had resided several years in the plains of India. The European soldier's is, normally, a healthy life ; the Europeans, who resort in sickness to the Medical College Hospital, vary in constitution. A few may be hale and hearty sailors who, living for the most part at sea, are struck down on arrival in a tropical port by some fell disease—cholera it may be—and present lungs which, from the sailor's mode of life, kept inflated to the full, are above the average weight. But the larger number are degenerated Europeans who, for many years, have lived a life of dissipation in the back slums of Calcutta—a life calculated, in such a climate, to considerably *diminish* the weight of the lungs. Eurasians, being for the most part born in the country and approximating to the natives in habits and physique, and whose lungs would, therefore, be lighter than those of Europeans, have not been included. The lungs of natives living in the plains, except in cases of phthisis, or engorgement, or solidification from pneumonia, &c., are always lighter. In the table of 82 natives (excluding Chinese, Portuguese, and natives of other countries)—there were none from the Indian hills, unfortunately, for comparison—furnished from the college hospital, the average was under 30 ounces ; and, in one of 99 males from the presidency jail, it was 29 ounces. The average weight of the lungs in 220 males, examined by Surgeon-Major Porter, was 14·9 ounces and 12·69 ounces in those of 152 females. But, being *famine* cases, they were not, of course, included.

The diminished weight of European lungs in a tropical climate is thus—the size and weight of an organ being in proportion to its activity—in harmony with Rattray's observation of the diminished respiratory function there. (Another inquiry, however, is desirable, as well in temperate and cold as in tropical regions.) Rattray found that the inspirations were, in the last, gentler and less deep—more superficial in fact—causing a difference of 38·65 cubic feet of car-

bonic dioxide eliminated in 24 hours, or 8.157 ounces of carbon in a tropical, against 10 ounces in a temperate, climate; giving 18.43 per cent. in favour of the latter. It is remarkable that, whilst the respirations were fewer, the spirometric measurements were greater, due, Rattray believed, to there being more air but less blood in the lungs.

The question naturally arises, What becomes of the non-eliminated carbon? Unhappily, Europeans with means, so far from reducing the quantity of food and apportioning the quality to the requirements of the system in a hot climate, are too apt to increase the former and altogether ignore the latter. Consequently, unless the excess of carbon be eliminated through some emunctory, it must remain in the body, causing fatty deposits or fatty degeneration of tissue. The liver is usually regarded as an organ that, in a tropical climate, acts vicariously for the lungs. But there is no decided evidence of this. It does not appear that there is a daily compensative flow of bile, though Lawson (quotes Parkes) maintains that there is an increased discharge of colouring matter through the intestinal canal. Undoubtedly, in imprudent individuals there is a tendency to hepatic derangements, accompanied by an increased biliary flow. But they do not occur as a matter of course. We cannot affirm that liver disorder is *invariably* due to climate which, rather, as a rule, tells more upon the nervous system in the form of initiatory, and—so-called—enteric, fever. One occasionally meets with Anglo-Indians who, ailing perhaps from other causes, or, it may be, not at all, have gone through a lengthened career in India without experiencing any form of hepatic disorder. Increased perspiration, especially in those whose skin acts *very freely*, may, indeed, carry off some of the excessive carbon; but, after all, its capacity for doing so is limited, for, as compared with the lungs, its proportion is only 1 to 38. The fact of the average weight of the liver being slightly higher than in the 147 Europeans (it was a fraction over 4 pounds) proves nothing; as, in a large number there had been irregularity of life, from which, especially as regards alcoholic beverages, the liver would primarily suffer. There were ten cases of abscess, the weight in one being 10 pounds, of which 2 pounds 8 ounces were due to pus. Several had been the victims of malarious attacks, in which there would be congestion of this organ as well as of the spleen—all tending to increase the average weight; as such cases, except where the congestion was not excessive, were not excluded.

The kidneys act less freely than in a temperate climate; but as they serve as a channel for the removal of waste *nitrogenous* products, their action in this connection need not be considered. There is, in fact, no sufficient outlet for the extra carbon which accumulates, not only from diminished respiration, but from reduced ingress of oxygen—the result of the air becoming more rarefied in the hot season, especially in sandy districts.

Sudden death in India has been frequently found to be due to fatty degeneration of the heart—more so than in a temperate climate—the consequence, doubtless, of reduced combustion. These facts point to the disadvantage of a prolonged continuous residence in the *plains* of India, and the great benefit to be derived from occasional changes to cooler climates. All cannot enjoy these climates, but all can enjoy free exercise in the open air in the cold weather, thus partially neutralising by freer expansion of the lungs the diminution in the hot months. It is necessary for the lady who, soon after sunrise at this season, has the house darkened (all doors being closed), and thus goes through a process of bleaching for six months or more; for the merchant in his office, and for the civilian in *kutcherry* (law court) who spend their days in a foul and unventilated atmosphere. Herein the indigo and tea-planters (provided the localities where they live are not malarious)

who are much in the open air all the year round—even the racquet player if an abstainer from pegs in the hot season—have a great advantage. They, of course, who can get away to the hills or home from time to time (as in the case of military officers and civilians)—happy they who hold appointments in the former, are much better off; but, from the European soldier—except in the case of deserving non-commissioned officers who are sometimes granted temporary leave of absence, these facilities are withheld. During the last half century the Himalayas and other hills have been explored for the location of European troops—in dépôts for convalescents, as also in cantonments for wings of, or for full, regiments. The last is a most important point and cannot be too strongly insisted upon. It would be a great gain to the Army in a sanitary sense if, as has been frequently pointed out, troops, instead of being sent to the hills *after* a few years' residence in the plains—a period when sickness mostly occurs from fevers, amongst the young men especially—were cantoned, as soon as possible after landing, in a hill station, and allowed to remain there for two or three years. In the enjoyment of the fine hill air the men would roam about, collect butterflies (for boxes of which there is an occasional market in India or at home) and other insects, or get a day's shooting; and, by thus giving freer play to their lungs, contribute to further diminish the loss to the Army, which, nearly 7 per cent. by invaliding and death, 50 years ago, has now been reduced to less than a third of that figure. In barracks in the plains the soldier, in the hot weather, spends half the day asleep on his back, and supplements his rations, already rich in carbonaceous ingredients, with fat bacon from the bazaar. Such practices, combined with the diminished ingress of oxygen into the lungs, tend to induce the fatty degeneration, which injures or carries off so many lives, as has been ably demonstrated by Dr. N. C. Macnamara, when in medical charge of a European regiment, in the 10th volume of the "Indian Annals of Medical Science." And experience has shown that, if suddenly summoned from the mountains to duty in the plains, European troops do not suffer in health as might, perhaps, be expected—witness the 101st Regiment, ordered from Subathoo to take part in the Siege of Delhi in the middle of the hot weather of 1857.

Not only does the prolonged exposure to heat year after year, coupled with the monotonous unexciting life in a military cantonment, tend to curtail the healthy action of the lungs, but it weakens the inhibitory function of the nervous system, thus opening the door for the invasion of disease.

A word in refutation of the theory that India, *the hills included*, is unsuited for the colonisation of Europeans. I venture to differ from their view, as I think we have hardly, as yet, had experience sufficient to justify it. Until within the last few years the practice was to send convalescent soldiers to a hill sanatorium for the hot season, and to bring them back to the plains at the commencement of the cold weather. The salutary result of this arrangement was only partial. The convalescent, in his delicate state of health, was, indeed, saved from the probable consequences of the heat below—doubtless in some cases he derived considerable benefit from the cooler air above—but he lost the tonic effect of a continuously bracing cold weather in the hills, so superior to the uncertain winter at home. Officers and others, whose occupations have required residence there all the year round, hesitate, when the time comes for retirement, to leave their mountain homes, where they have enjoyed uninterrupted good health, for the variable climate of the British Isles. But the attraction of family ties usually prevails, and the risk is run. A case in point recently occurred in my own experience. After many years'

residence with unbroken health in the Himalayas, a military officer, when writing to me, expressed his doubt whether he was wise in thus giving up a certainty of health, humanly speaking, for the reverse. He came contracted an illness, and died within the year. Hill climates vary greatly in character. All are not bracing; some, indeed, in the hot season, being relaxing. The climates of Nynoe Tal and Almorah—the two stations are only 30 miles apart by road and considerably less as the crow flies—are illustrations of this,—the former, though damp in the rains, being invigorating; the latter, in the warm months especially, depressing. To a certain extent, the hills have in the past acquired a bad reputation, partly because this variability of climate has not been sufficiently recognised, the sick being sent to an unsuitable station, and partly because cases have been sent to the hills which would have done better at sea, at home, or even, during the cold weather, in the plains. It is very desirable that, amid the numerous ridges and spurs in the Himalayas, more suitable sites, within a reasonable distance of the plains, should be opened up for the location of European troops, and for convalescent depôts. As the characteristics of the various hill stations—the liability to induce hill diarrhoea, for example—become better understood, this location and adapting of sites to individual constitutions need be a matter of no difficulty. The British soldier's, speaking generally, is a picked life, supposed to be capable of going anywhere; but it may be that, when enlisted, latent seeds of disease had not declared themselves, but been developed subsequently as the result of residence in a malarious station—e.g., in the 36th, many of the men in which regiment manifested tuberculous disease of the lungs during the second year of their stay in Fyzabad. For some of these cases a hill climate would probably be beneficial—not, however, a relaxing one. It will sometimes happen—though rarely with soldiers in health—that elevation does not agree with a man, and that he is better below. The acumen of the medical officer will discover this. It is hardly likely, however, that malingering would assume such a shape! I venture to predict that, in the not very distant future, it will be demonstrated that, with certain precautions, many of the hills in India in each presidency—in the Himalayas especially—will be found very suitable for the colonisation of Europeans. The hill-valleys—attractive chiefly to the sportsman or the botanist—which are apt to be very unhealthy, giving rise to the worst types of fever, cholera, even the plague itself (amongst the natives), constitute one of the principal dangers. But cultivation would greatly improve them; and they need not be visited except in the cold season. At all seasons they should be approached with care—never before sunrise or after sundown, nor on an empty stomach.

"Authorities," generally speaking, do not encourage Europeans who are not well known to settle in the hills, especially where the intending settler has the reputation of having a *garm mixaj* (short temper)—a man "irdacunnus, irritabilis, acer." They, not unnaturally, fear that labour may be driven away, the natives in those parts being so readily intimidated. It may, however, reasonably be hoped that, with the decrease of intemperance in the army and the rousing of angry passions thereby induced the European treatment of the native may become more conciliatory, and more worthy of a conquering race.

Wandsworth, Jan. 2nd, 1896.

His Excellency the Lord Lieutenant has appointed Dr. John Eustace, J.P., to be a Governor of the Richmond District Lunatic Asylum.

Paris Clinical Lectures.

PSEUDO-COXALGIA.

By PROFESSOR DUPLAY, M.D. PARIS UNIV.
Hotel Dieu.

[FROM OUR PARIS CORRESPONDENT.]

I PROPOSE to discuss with you a group of maladies which are not habitually considered in their *ensemble* by clinicians. I refer to those affections, so diverse in their nature, which simulate coxalgia, although in reality there does not exist the slightest lesion of coxo-tuberculosis. Let us, to begin with, take the case of the woman, *æt.* 43, whom you have seen in the wards, and who entered the hospital quite recently. Her antecedents offer nothing very striking. The *début* of the affection dates from three or four months ago, when she felt pain in the right hip which made her limp in walking. She applied various remedies without relief, and as her condition grew gradually worse, she consulted a surgeon, who diagnosed coxalgia and sent her here. If we examine this woman in the horizontal position, with the legs parallel, we fail to find what we should have a right to expect in a true case of coxalgia, viz., either abduction or flexion of the thigh on the pelvis. There exists, it is true, a certain amount of rotation outwards, while rotation inwards is impossible. All other movements are more or less suppressed and excite great pain when attempted. Palpation of the joint reveals two very painful spots: one over the great trochanter, the other inside, corresponding to the obturator foramen. The inguino-crural region is the seat of a tumour of the size of an egg, indolent and fluctuating, not increased in volume by effort or coughing, and irreducible.

A first and superficial examination might incline us to believe it was a case of coxalgia, but closer attention shows that such symptoms as pain in the knee, so characteristic of coxo-tuberculous disease, and abduction and flexion of the thigh on the pelvis, are wanting. To make our diagnosis sure we chloroformed the patient, and we found that all the movements of the joint were possible, consequently the integrity of the articulation was preserved. Let us turn now our attention to the tumour. We find that it is liquid, but devoid of pulsation, consequently it is not an aneurysm; further, it does not communicate with the abdominal cavity, eliminating thus the idea of inflammatory abscess or hernia. Might it be a cold abscess of the ganglions? The hypothesis seems to be doubtful, as the origin of the tumour seems to me to be deep; it is either a hygroma of the bursa of the psoas muscle or a hydatid cyst of the neck of the femur. Our doubts on the matter, in any case, will be cleared up when we proceed to operate.

As I told you at the beginning of this lecture, my intention in giving you the cursory history of this woman, is to present to you some pertinent and practical observations on cases of pseudo-coxalgia. We have here a patient who, suffering from a hygroma of the psoas muscle or an hydatid cyst, entered the hospital for a presumed coxalgia. Now, you will certainly meet with such cases in your private practice in which the symptoms of coxalgia will be even more accentuated, and may lead you to believe in the existence of tuberculous disease of the joint. It is necessary consequently that you should recognise these cases of pseudo-coxalgia, which are more frequent than you imagine, and of which I have made a special study.

We may divide pseudo-coxalgias into two great classes, the first where the articulation is healthy, but where there exists, as in the patient before us, a lesion in the

neighbourhood, and the second, still more interesting, in which not only is the joint intact, but no concomitant lesion is apparent. The lesions of the first group depend most frequently on inflammatory affection of the skeleton, and more especially of the pelvis or the great trochanter of the femur. I remember having treated successfully a young man for osteitis of the great trochanter, who had been previously treated for coxalgia by an eminent surgeon. In another case, that of a boy from Melbourne, the doctors of his country diagnosed coxo-tuberculosis. Examined by my former pupil, Dr. Crivelli, the case was pronounced to be one of osteitis of the epiphysis of the superior extremity of the femur. I was called in and confirmed the opinion of Dr. Crivelli; the child got well without the slightest claudication. One or two years afterwards the same symptoms returned during a voyage through Europe, and his parents this time consulted the first surgeons in Lille, who unanimously pronounced the case to be tuberculous disease of the joint, and recommended the treatment usual in such cases. The patient, however, recovered quickly, and when I last saw him I was able to satisfy myself in respect of the integrity of the articulation.

At other times, affections of the serous bursæ of the neighbourhood of the articulation may exist; I met thus with two cases of suppuration of the serous bursæ of the gluteus maximus simulating in every respect the clinical aspect of coxalgia.

How are we to arrive at a correct diagnosis of such affections? Most frequently you will be struck with the fact that there is something wanting to the usual symptoms of coxalgia; it is thus in our patient—you will find neither abduction nor flexion of the thigh on the pelvis, nor the large lumbar excavation. Or you may remark other signs in contradiction with the ordinary symptoms of coxalgia, and it is in the attentive study of all these details that you will arrive at the truth of the case. Where doubt still exists you must examine your patient under chloroform, by which you will be able, if the articulation is healthy, to establish motions in every sense without provoking the slightest grating.

The second group, as I have already pointed out, consists of cases in which the symptoms of coxalgia are present, but without any lesion of the articulation or of the parts. It was Brodie who, in 1837, drew special attention to this form, which he described under the head of spasmodic coxalgia or articular neuralgia. These terms were replaced later on by Verneuil and Charcot, by that of hysterical coxalgia. The affection is met with more frequently in women, and may supervene at any age, but generally at or about puberty. The malady usually declares itself suddenly from some insignificant cause in a person presenting generally signs of hysteria. In certain cases imitation plays a principal rôle, as in the case mentioned by Paget, where a young girl suffered from hysterical coxalgia whose brother was being treated for a true tuberculous coxalgia. The principal symptoms of hysterical coxalgia are: pain, muscular contractions, and abnormal attitude of the limb. The pain resembles frequently that of true coxalgia, being felt in the knee as well as in the hip, but the seat varies greatly, the patient complaining now in front, now behind. Frequently also, there exists extreme sensitiveness of the skin, the slightest touch provoking a typical nervous crisis. Further, the pain is superficial, whereas in true coxalgia it is deep-seated. The muscular contractions in pseudo-coxalgia are resistant, contrarily to what obtains in the true form, where they can be surmounted with a little patience in provoking certain movements of the joint. Locomotion in both affections presents characteristic signs. In coxo-tuberculosis, the patient suffers agony from the slightest attempt at walking, and will refuse to leave the bed, while the hysterical patient will limp

about readily enough and does not complain of pain. This is an important sign and should be borne in mind.

Except in rare cases, and remembering the symptoms I have just mentioned, you will be able to diagnose hysterical coxalgia without difficulty. You will take into account the *début*, generally sudden; the attitude, flexion, adduction and rotation inwards; the inconstancy of the seat of pain and its superficial character. Besides, muscular atrophy, which is one of the most important signs of tuberculous coxalgia, is usually absent, and there is no fever.

The prognosis of hysterical coxalgia is in most cases benign. The affection is always recovered from, often spontaneously, but you must not forget that it is liable to return on the slightest cause.

In what does the treatment consist? Everything has been tried from most rational to most empirical therapeutics, and frequently the patient recovers after all treatment has been abandoned. Charcot insisted on the necessity of renouncing all violent measures from a surgical point of view, and of treating the affection by bromides and general nerve sedatives, and especially by those means which appeal strongly to the imagination, such as magnetism, hypnotism, suggestion.

I quite agree with this advice as long as the limb has not assumed an abnormal position. If the contrary be the case, however, it will be necessary to correct the attitude under chloroform, and maintain the position thus obtained by some suitable apparatus.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, JANUARY 10TH.

The President, Dr. BUZZARD, in the Chair.

FOUR CASES OF MOVABLE KIDNEY.

Dr. DAVID NEWMAN (Glasgow) described four cases of movable kidney, in two of which he performed nephrorrhaphy for the cure of transitory hydronephrosis, and other two cases in which the same operation was resorted to for the relief of torsion of the renal blood-vessels, causing albuminuria and the presence of tube-casts in the urine. *Case 1.*—Transitory hydronephrosis and slight albuminuria during paroxysmal attacks of pain. When first seen patient had developed all the characteristic symptoms and physical signs of movable kidney. Paroxysmal attacks, at first occasional, afterwards frequent and sudden. Such paroxysms sometimes lasted as long as 28 hours, during which time as much as 36 ozs. of urine accumulated in the renal pelvis; when it escaped the pain passed away slowly. *Case 2.*—Right movable kidney, with transitory hydronephrosis from kinking of the ureter, no albuminuria. Operation—cure. The hydronephrosis was seldom absent for more than a few days, and was sometimes distended to contain 40 ounces of urine. *Case 3.*—Right movable kidney, causing torsion of the ureter, and leading to hydronephrosis, albuminuria, and the presence of tube casts in urine. With the onset of the paroxysms of pain sometimes there was present hydronephrosis: sometimes it was absent or not observable, but high specific gravity of the urine, and albuminuria and tube casts always appeared in the urine at the same time as the pain. Since operation no albumen or tube casts have been found. *Case 4.*—Left movable kidney, causing torsion of renal blood-vessels, albuminuria, tube casts, severe pain and suppression of urine. No hydronephrosis. Operation; cure. The kidney was only freely movable, but no increase in size could at any time be made out. In cases of transitory hydronephrosis the usual course of events is a sudden suppression of urine, almost immediately followed by paroxysms of severe pain, which continue and steadily increase in severity until suddenly relieved by the passage of a copious flow of dilute urine. Sometimes the urine is free from albumen, in other instances a trace or even a considerable amount of albumen may be found to

be present. This albuminuria usually disappears within a few hours. During the attack the patient is generally compelled to go to bed, but is seldom able to occupy the recumbent position, preferring rather to sit up with the knees flexed over the abdomen, and the chest thrown well forward. This position is assumed for the purpose of relieving the abdominal pressure. In cases of torsion of the renal blood-vessels the pain is equally severe during the whole period of attack. There is little or no increased swelling in the renal region. In transitory hydronephrosis the relief of pain is coincident with the sudden flow of a large quantity of dilute urine, whereas in torsion of the renal blood-vessels the termination of the paroxysms is accompanied by the escape of a comparatively small quantity of concentrated urine. One of the most difficult points to explain is the presence of tube-casts. The generally accepted opinion is that the presence of tube-casts in the urine indicates the existence of an inflammatory lesion in the kidney, but in the cases shown the tube-casts were caused by a mechanical hyperæmia.

Mr. BRUCE CLARKE said the author had raised two points of considerable interest, one being the frequent presence in the urine of albumen and tube-casts, and the other the method of suture. A certain amount of albumen was usually found in the urine in cases of hydronephrosis. Though transient this was fairly constant. In nephrorrhaphy it had never been his practice to pack the wounds with gauze. Nevertheless, in the cases in which nephrectomy had afterwards been required, he had found great difficulty in removing the kidney, so firmly was it fixed. In performing nephrorrhaphy he cut through the capsule, excoiating the renal substance by several scratches with the knife, and then fixed the organ by two or three sutures passed through the kidney substance. He congratulated the author upon the excellence of his results in the presence of such a great degree of antecedent nephrosis. He himself had not succeeded so well in cases of large hydronephrosis, but he did not fix the kidney as high up.

Dr. NEWMAN, in reply, said his paper dealt rather with cases of occasional hydronephrosis, than with cases in which the hydronephrosis was constantly present, these being only occasionally relieved. In the latter cases the kidney was usually diseased and albumen was consequently present in the urine. In the cases of occasional hydronephrosis, on the other hand, the presence of albumen and tube-casts in the urine was more difficult to explain. He asked why indeed should transient passive hyperæmia lead to the presence of tube-casts, the occurrence of which physicians were in the habit of regarding as of grave import, and as an indication of inflammatory trouble. The principal points in the operation were to fix the kidney as high up as possible, and to fix it firmly, and in doing this to get away as much of the adipose capsule as possible.

Mr. LEE DICKINSON ON

SPONTANEOUS THROMBOSIS OF THE CEREBRAL VEINS AND SINUSES IN CHLOROSIS.

Three fatal cases in chlorotic young women were described and others were referred to. Thrombosis of this kind, as an event of clinical importance, he pointed out, occurs more often in chlorosis than in any other one disease. That chlorotic blood is morbidly prone to coagulate within the vessels is evident from the frequency with which it does so in the veins of the lower extremities. In one of the cases described a pneumonic state of part of one lung was found post-mortem, a thing worth remarking, because in pneumonia the blood is highly fibrinous and coagulation in the right heart a recognised danger. Sinus-thrombosis, however, is very rare in pneumonia, and of 367 cases of pneumonia observed by the author, other forms of venous thrombosis occurred in only seven. Of these seven, four were young women, and two were chlorotic. The distribution of intravascular coagulation brought about in animals by injection of foreign substances into the circulation is largely determined by the amount of carbonic acid in the blood. Chlorotic blood is probably overloaded with carbonic acid. The comparative infrequency of thrombosis in the sinuses, where the mechanical conditions are so favourable, may be explained by the recent observation that the cerebral venous blood is but slightly carbonised. The lesser degrees of sinus-thrombosis are not always

fatal, and are, perhaps, less rare than is supposed. In some recorded cases of optic neuritis as a complication of non-fatal chlorosis the severity of the headache was out of all proportion to the degree of anæmia. Optic neuritis and severe headache are the two most prominent symptoms of sinus-thrombosis. A fourth fatal case is described in a young but not chlorotic woman. The thrombosis was limited to the veins Galeni and their tributaries.

Sir DYCE DUCKWORTH said his attention had been called 25 years since to a typical case of the kind, and since that time he had taken considerable interest in the subject. He related the case of a young woman who presented all the ordinary aspects of chlorosis, with very severe and distressing headache. The case ended fatally, and post-mortem they found it to be an excellent example of thrombosis of the cerebral sinuses. Since then he had looked out in all cases of severe chlorosis in women for the occurrence of severe rebellious headache as possibly indicating the onset of such a condition. He did not, however, meet with another case until some three years ago. The patient was a woman, æt. 35, who came in about three weeks after her confinement, looking very ill, and suffering from white leg, due, no doubt, to thrombosis of the corresponding femoral vein. In like manner she had severe and torturing headache, along with optic neuritis and slight convulsive attacks. He made the diagnosis of thrombosis of the cerebral sinuses, basing his diagnosis on the severe headache, the profound anæmia, and the optic neuritis, together with the convulsive movements.

Dr. SPURBELL recalled a case which came under his notice 12 months ago, the patient being a girl, 13 years of age who was admitted with a diagnosis of scarlet fever which however, proved to be erroneous. She complained of great pain in the head and the temperature rose to 104° and 105° F. There was some rigidity of the neck and retraction. She had been taken ill three or four days previously to admission, and gradually got worse, became comatose, the pupils being equally dilated but not reacting to light. The existence of optic neuritis was doubtful. She died at the end of a week and post-mortem the cerebro-spinal fluid was found to be greatly in excess, the right optic thalamus was much enlarged, the choroid plexus was covered with a thick film of fibrinous exudation and the right vein of Galen and the great vein of Galen behind were occupied by clot projecting 1-10th of an inch into the great sinus. The optic thalamus had undergone white softening throughout. The child was anæmic but not markedly so and there was no heart disease.

The PRESIDENT said the cases so far narrated appeared without exception to have had a fatal termination. It happened, however, that he had in hospital at the present time a girl, æt. 13, who was admitted a month since with symptoms pointing to this affection. She was however, at present on the road to recovery. Her history was that after having had a good deal of pain in both sides of the face for 12 months she was taken two months ago with a series of screaming fits followed by loss of consciousness for several hours. She also complained of intense headache. Three weeks before admission, her right lower extremity swelled up to twice the size of the other. She was markedly chlorotic and could scarcely stand or walk, although there was no definite paralysis. She presented double optic neuritis. On examining the blood, the proportion of hæmoglobin was found to be reduced by 50 per cent. She was put upon iron immediately, and at once began to improve. He suggested that they ought to bear in mind that cases might occur in which the symptoms were less pronounced, and these minor cases were far more likely to come under their notice. He had no doubt that many such cases curring in young women were put down to simple hysteria.

Dr. DICKINSON, in reply, said a somewhat similar case had been reported by Dr. Bristowe, in which the patient was also exceedingly hysterical.

ADDISON'S DISEASE TREATED WITH SUPRA-RENAL EXTRACT.

Dr. SYDNEY RINGEE and Dr. ARTHUR PHEAR contributed an account of a case of Addison's disease treated with supra-renal extract, and also gave a brief résumé of recorded cases for which similar treatment had been adopted. It appeared that of nine cases, five had shown improvement, although in some of these a sufficient time had not elapsed to determine whether or not the benefit

was permanent. In two cases no improvement was noted; in one case the treatment was given only a very limited trial; in one the disease ended fatally in spite of supra-renal treatment. The supra-renal tissue was in some cases administered by the mouth, in other cases hypodermically. Details were then given of a case lately under this treatment in University College Hospital. A woman, *æt.* 28, had been suffering from symptoms of Addison's disease for a period of two years, progressive weakness with some loss of flesh, vomiting without special relation to food, and pigmentation of the skin. Excessive pigment was present on the face, hands, forearms, axilla, about the nipple, over the knee-cap, and in the neighbourhood of the toes and ankles. The discolouration was well marked in the armpits and around the mouth. There were deeply pigmented inky patches on the mucous membrane of the mouth, opposite the teeth. There was no evidence of tubercle in the lungs or elsewhere. Treatment with supra-renal extract was commenced, in doses equivalent to 45 grains of suprarenal body daily; this was gradually increased to a daily dose of 120 grains. There rapidly followed improvement in the general condition, and the pigmentation became notably lessened in degree. Vomiting, however, remained troublesome. No rise of arterial tension was noted. The improvement continued for four weeks, when there was a rapid change for the worse. There was no increase of pigmentation, but the general condition quickly deteriorated, cardiac action became feeble, and death occurred within six weeks of the commencement of the treatment, and just over two years from the earliest symptoms of the disease. The temperature rose to 102 degrees on the day before death. During the last few days arsenic and strychnine were given in the place of the supra-renal extract. The autopsy showed the supra-renal bodies to be shrunken and flattened about a third of their normal size, and exhibiting no trace of the normal structure.

Dr. PARKINSON related a case recently admitted to the Westminster Hospital under Dr. Murrell, in which the treatment by supra-renal gland was tried. The patient was a man, *æt.* 31, who for three months past had been complaining of weakness and bronzing of the skin. He presented no signs of phthisis. The treatment with extract (5 grains) was begun on November 26th. Twelve days later he began to vomit rather frequently. He was then given fresh sheep's gland in doses of one drachm three times a day, after which the vomiting increased in severity. The dose was then reduced to 15 grains thrice daily, and the vomiting diminished. The patient gradually sank and died, and post-mortem they found the usual caseation and enlargement of the supra-renal glands.

Dr. TURNER related the case of a young man who had had an attack of syncope. There was slight pigmentation but it was quite enough to make sure of the diagnosis, being particularly marked on the backs of the hands. He was given a glycerine extract of supra-renal gland, equal to a third of a gland, a day, but he only lived about a fortnight after the treatment had been begun, and no definite result was obtained. Vomiting however, became a prominent symptom. Post-mortem both supra-renal capsules were found to be caseous. The last case of the kind in which the treatment had been tried died two days after admission when he had only received four doses, so that it could not be said to throw any light upon the effects of the treatment.

Dr. HALE WHITE said they had had an experience of the treatment in a patient who was treated for Addison's disease because it was at first thought he had it. They noticed that he invariably got a temperature of about 102 degrees Fahrenheit after the administration of the drug, which subsided when it was discontinued. It was discontinued when it was noticed that he was passing the dark urine, rich in iron, characteristic of pernicious *æmia*, from which he proved to be suffering.

Dr. RINGER in reply, pointed out that Addison's disease notoriously ran a very variable course, so that an experience of one case could not go far in deciding the value of the treatment or otherwise.

Dr. PHAR in reply, said he did not think the vomiting in this case was due to the treatment, because it was equally well marked before it was begun. The patient's temperature was normal throughout, except immediately before death.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF OBSTETRICS.

MEETING HELD FRIDAY, DEC. 20TH.

The President, Dr. LOMBE ATTHILL, in the Chair.

SPECIMENS EXHIBITED.

Dr. ALFRED SMITH showed the following specimens:—

(1) An abscess of the ovary with pyosalpinx, which he removed from a patient who suffered from a severe attack of puerperal fever, twelve months previously; ovarian abscess burst during removal; contents particularly fetid. Peritoneal cavity was protected by thin gauze sponges: pelvis douched out with gallons of saline solution; drainage; rapid recovery. (2) A large multilocular ovarian tumour, with extremely extensive adhesions. The entire cyst-wall was intimately adherent all round, and in the lower zone coils of small intestine were embedded in its walls, and could only be separated by dissection at the expense of the cyst, taking care to remove the cellular layer. There was extensive hæmorrhage after separation of the adhesions from the abdominal wall, easily controlled by the purse-string suture; douched with saline solution; drainage; recovery. (3) A pair of tubes and ovaries removed from a patient, *æt.* 28, who had a multinodular fibro-myomatous uterus, and suffered from severe hæmorrhage. The outlet of the pelvis was very contracted, and not favourable for morcellation.

Dr. MACAN exhibited (1) a case of hysterectomy done for a large fibroid; (2) a vaginal polypus; and (3) uterine fibroid polypus.

Dr. HASTINGS TWEDDY exhibited a dermoid tumour of right ovary, which he removed from a patient, aged forty-five years. The woman only noticed the abdomen enlarging for three months previous to operation, during which time she suffered intense pain. The cyst extended above the umbilicus for two inches. The patient made an afebrile recovery. The tumour is an interesting one, not alone on account of its large size, but also from the fact that it contains much hair and a portion of lower jaw, with many teeth embedded in it. He also showed a cyst of left ovary, which he had removed from a woman, aged twenty-five, who had had two children, the last seven weeks previous to operation. According to the patient's statement, the tumour had increased enormously in size since the birth of her last child, and was accompanied by great pain. Dense adhesions made the operation difficult, necessitating in one spot the leaving behind a piece of the tumour wall attached to the intestine. The patient made a rapid and uneventful recovery. He also showed a very large sub-mucous myoma, which had almost become a polypus, and was in a sloughing condition on its outer surface. The patient had suffered for seven months from great pain and a fetid discharge. The tumour completely occluded the vagina, and weighed over 2 lbs. In consequence of its great bulk, it was quite impossible to reach its base. He removed the tumour piecemeal by means of Dr. W. Smyly's spoon forceps and stout scissors, without the exhibition of force, or any injury to the soft parts. The patient made a rapid recovery.

AN INTERESTING SOLID OVARIAN TUMOUR.

Dr. ALFRED SMITH read a paper on an interesting solid ovarian tumour. The patient, aged twenty-five, unmarried, was admitted on Oct. 1st, to the gynaecological wards of St. Vincent's Hospital. She was unable to recline on the bed, so enormously distended was the abdomen. She had to be supported in the semi-erect position by an arrangement of pillows, any attempt to lie down on the bed caused intense dyspnoea. Abdominal palpation revealed an immense collection of free ascitic fluid, and no tumour could be made out. Vaginal examination gave negative results. In consultation with Dr. M'Hugh, a diagnosis was made of ascites, from portal obstruction. Patient was removed to medical ward, and paracentesis was performed, removing fourteen pints of thin, serous fluid. A tumour occupying the left inguinal and lumbar regions was then distinctly palpable, it floated freely about the abdominal cavity, its range of motion being very remarkable; it touched the ribs easily on either side. The diagnosis was made of long-pedunculated, solid ovarian.

Ascites returned very quickly after tapping, and distension became again enormous. Tumour was removed by oeliotomy; the pedicle was very broad and vascular, was ligatured by the inter-locking chain suture. Patient's recovery was interrupted by a severe internal hemorrhage, which took place thirty-six hours after operation, which was controlled by re-opening the abdomen and securing the bleeding vessel. The blanched and pulseless condition of the patient required the use of saline solution as a peritoneal douche. This caused a marked and immediate improvement; no drainage; recovery slow. There has been no return of the ascites since the operation, now seven weeks ago. The points of special interest for discussion were—(1) the cause of the ascites, (2) the cause of the hemorrhage, (3) the value of immediate operation, and (4) the prognosis.

A pathological examination of specimen by Professor M'Wesney revealed the tumour to be a myo-sarcoma, its size that of the adult head.

PAPER ON OVARICTOMY.

This paper, by Dr. R. J. KINKRAD, was read for him by the Hon. Sec. It enumerated the details of an interesting ovariectomy performed on a patient, *æt.* 60. There were extensive adhesions to abdominal wall, and the omentum was adherent so firmly that the adhesion had to be double ligatured and then cut between the ligatures. The pedicle was very short—so short that a portion had to be dissected from outer surface of the tumour to form a stump. The pedicle was rotated and had to be twice turned completely round from right to left to untwist it. Wound closed by interrupted sutures passed through entire thickness of abdominal wall. Wound healed by first intention; patient sat up in bed on the 10th day, was out of bed on the 18th day. The cyst contained 640 ozs. of dark-brown fluid. There were many smaller cysts inside parent cyst; it was described as an unilocular oöphoritic cyst.

MULTILOCLAR OVARIAN TUMOUR.

Mr. HENRY GRAY CROLY exhibited a large multilocular ovarian tumour which he removed from a girl, *æt.* 16, in the City of Dublin Hospital, on July 2nd, 1895. The tumour commenced to grow about nine months before her admission to hospital, and was first observed on the right side. The abdomen was very large, and numerous veins ramified over the tumour. The fluctuation was very distinct, high in the abdomen—less so towards the pelvis, where solid masses were felt. Menstruation was irregular of late, and the "ovarian face" was very marked. The girl lost flesh considerably. The measurements were 38 inches in circumference at level of umbilicus, 30½ inches at ensiform cartilage, 8½ inches from umbilicus to right anterior superior spine, 8½ inches from ensiform cartilage to left anterior superior spine. The usual incision was made, and Mr. Croly found it necessary to prolong the incision upwards and to the left of the umbilicus. A very large and distended vein in the broad ligament lay across the upper part of the cyst. The vein was secured by double sterilised silk ligature, and divided between them. Two gallons of gelatinous, greenish fluid were drawn from the large cyst which Mr. Croly then opened, when several more solid tumours were found, and are well seen in the specimen now on the table. Mr. Croly found some difficulty in removing the tumour from the pelvis. This was caused by the locking of the smaller cysts in the pelvis. These cysts were opened with a scalpel and by finger, and a boiled starch substance escaped. The pedicle was tied in the usual way, and no drainage was adopted. There was no hæmorrhage. The girl was fed "per rectum" for several days, and made a rapid recovery and got fat. She returned to the country, and is in perfect health.

MISPLACED AND ROTATED SPLEEN WHICH SIMULATED AN OVARIAN TUMOUR.

Mr. HENRY GRAY CROLY exhibited a spleen, which he removed from a married woman, *æt.* 40, in the City of Dublin Hospital, on December 7th. The woman had had several children; but never noticed any abnormal tumour until last summer. The swelling commenced at the left side, and gradually extended towards the right; was not painful. She lost flesh and her features changed. She thought at first she was pregnant. The doctor who attended her previously never observed any abdominal

tumour until he was consulted after her last confinement. She aborted shortly after her admission to hospital. On palpation the tumour was firm, and gave the sensation of fluctuation, and, though apparently larger on the left side, crossed well over to the right, and could not be moved upwards or downwards. There was no history of ague, and the woman was never out of her native place. The usual vaginal and uterine examinations were made by the skilled gynecologists to the hospital and the distinguished Master of the Rotunda Hospital. When the patient was first admitted to hospital no decided opinion was expressed beyond that it was an "abdominal tumour," and no clinique was given, but the case was carefully palpated, and attention paid to improving the lowered condition of the patient's health. She was well fed, and allowed into fresh air, and walked as much as she felt inclined or equal to. After the final examination of the tumour by the gynecologists, the unanimous opinion expressed was the belief of its being ovarian. The question of the difficulty of diagnosis of abdominal tumours of all sorts is well known, and this proved no exception, and, though doubts were at first expressed on the case, all at the final examination believed the case to be ovarian. Mr. Croly performed laparotomy, and came down on a large, solid, fleshy mass, with purpuric mottling on the surface. The small intestines were adherent to and fixed by the tumour, but were freed by the fingers. There was no hæmorrhage; as the mass was firmly fixed and could not be raised, the pedicle was sought for in the usual position but not found; the wound was then extended above and to the left of the umbilicus, where a funis-like pedicle was discovered, feeling like a bar of iron. This was surrounded by omentum. The hand was now passed along the pedicle and the spleen space was empty. The pedicle was secured by a stout double-silk ligature (sterilised). On section, the mouths of vessels were seen as in an "Esmarched limb." There was no blood lost; no vessel required ligation, torsion or clip. The peritoneal cavity and pouches were sponged. The abdomen was not closed until all risk of bleeding points was made certain. The patient bore the anæsthetic and operation, which was rapidly done, well, and went on most favourably for some days, when vomiting set in (of a greenish fluid), and symptoms of collapse, and she succumbed. No post-mortem examination was obtained.

The following discussion took place on the three papers:—

Dr. TWEEDY remarked that Dr. Smith, in his paper, said nothing about having examined the second ovary. Sarcomatous tumours occurred, as a rule, in both ovaries; here sarcoma only occurred in one. He was not quite clear that Dr. Smith's case was one of ordinary sarcoma. Referring to Dr. Croly's case, he said that unless the pedicle could be felt no certain—at least only an approximate—diagnosis could be made.

The PRESIDENT said, that Dr. Smith's paper put him in mind of a case that came under his care fifteen years ago. She had what he diagnosed to be an ovarian tumour with ascites. After opening the abdomen it became so wedged in the brim of the pelvis that he could not well get it out, and it was so soft that it broke down. One of his assistants had to force the tumour up from the vagina before he could remove it. It proved to be a sarcoma. She is now married, and her only cause of regret is that she has no children. He asked Mr. Knowsley Thornton his experience, and he was of opinion that, without exception, in every case in which the disease had occurred, the patient died within twelve months. His case was important, inasmuch as it proved that sarcoma of the ovary was not necessarily fatal and that only one ovary may be affected. In the absence of malignant disease there must be some constitutional cause of the ascites. When he (the President) was a student, some twenty years ago, Dr. Stokes laid it down as a law that if ascites were present the disease was most likely malignant, and he (the President) thought that law held good at the present day.

Dr. GLENN said that in differentiating between an ovarian and splenic tumour, the points to be relied on were—(1) the presence of a notch; (2) the consistency of the tumour; (3) and its position.

Dr. MACAN could not see why Dr. Smith did not make his diagnosis himself instead of handing the case over to

his medical colleague. He thought another diagnosis might have been made, and that there was another cause for the ascites, that was tubercle. He had opened an abdomen himself and found not a trace of fluid, where there was no doubt that the disease was carcinomatous. He congratulated Dr. Smith on his paper. He could not gather the evidence on which it was stated that the spleen was likely to suppurate in Mr. Croly's case. His diagnosis of the case was that the woman had been going about with a twisted spleen for many months, and that enlargement was due to the twist.

Dr. LANE, speaking of the tumour, said Mr. Croly referred to pregnancy. He asked the patient was she pregnant and she said no. He was under the impression that it was a fibro-cystic tumour. On examination, per vaginam, he found the cervix softer and more congested than is the case in pregnancy. The uterus was also more increased in size than it would be in pregnancy. To his mind it had a very elastic and fluctuating feel. When the abdomen was opened the tumour had gone up to the diaphragm, and it seemed that the pedicle was going down into the pelvis, and that it was not going upwards towards the left side.

Mr. M'ARDLE congratulated Dr. Smith. He mentioned three cases of sudden hæmorrhage. One was from a friable pedicle. In all three cases referred to the rapidity with which the pulse returned was well-marked after injection of saline solution. At the time they were securing the bleeding points the patient was blanched, and large beads of perspiration stood on the forehead. The shock that was often spoken of in connection with these operations meant often that inflammation had spread along the pelvic veins. He was acquainted with two cases where death was attributed to shock; but the fact was, in each case, a cast of the inferior vena cava was found in the right side of the heart. He believed the use of the clamp forceps set up phlebitis, and was a cause of the high mortality in those operations. He pointed out the advantage of digital pressure practised in a manner shown. In the diagnosis of abdominal tumours he laid stress on elevating the patient in the Trendelenberg position. Unless the tumour was adherent to the rectum it would move upwards towards the diaphragm. He thought thrombosis of the splenic vein accounted for the hard cord.

Dr. WINFRED DICKSON mentioned a case in which there was ascites, yet the case was an ordinary cyst. Dr. Dickson mentioned the fact, as a good deal had been said as regards ascites accompanying malignancy.

Dr. HORNE said, when they were examining the case, they were struck by the amount of ascites present. With regard to the bleeding occurring 36 hours after the operation, they should remember that Dr. Smith pointed out that the pedicle was very broad—it measured 5 inches in breadth. He connected the bleeding with the vomiting. He also made some remarks on the histological character of the tumour.

Dr. SMITH, in reply to the remarks made on his paper, said he could give no explanation of the ascites. The fact that Dr. Atthill's case is still living gave him hope. He did not clearly understand what Dr. Atthill meant by saying the cause of the ascites in his (Dr. Smith's) case was constitutional. He commented on Dr. Macan's view as to the tubercular nature of the disease.

Mr. CROLY replied to the observations of Dr. Macan and other members. He could not agree with Mr. M'Arde as to the value of turning the patient upside down, seeing that the tumour was adherent in all directions.

The Section then adjourned.

WEST-LONDON MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD FRIDAY, JANUARY 3RD, 1896.

A. SYMONS ECOLES, M.B., President, in the Chair.

THE DIAGNOSIS OF GONORRHOICAL INFLAMMATIONS.

Dr. FREDERICK JOHN McCANN, read a paper on this subject, in which he described in detail the method of obtaining pus. He recommended fuchsin as the best staining reagent for the gonococcus, and eosin and methylene blue for contrast stains. The appearance of the gonococcus

under the microscope was detailed. The relation of the gonococcus to the pus and epithelial cells was narrated and demonstrated by photo-micrographs. A gradual process of pus cell destruction had been traced which was partly antagonistic to the theory of Metchnikoff. The same destructive process was seen in epithelial cells. The author emphasised the fact that a large number of gonococci is never seen in conjunction with a large number of pus organisms. He offered the following propositions: (1) Gonococci are present in the pus of every untreated case at some period. (2) Secretion free from gonococci does not cause a gonorrhoeal inflammation. (3) Secretion containing gonococci even in small quantities affects sensitive mucosa with absolute certainty. He insisted on systematic examination of the pus in all cases of supposed gonorrhoea, and referred to the medico-legal aspects of Neisser's discovery. The seats of gonorrhoeal inflammation, and the reasons for the special positions were given. The pathology of inflammation of the Fallopian tubes was next discussed. The concluding remarks were devoted to the cultivation test.

The PRESIDENT said that in his experience there was not much hope of dealing successfully with gonorrhoeal arthritis while gonococci lurked in the urethral discharge.

Mr. McADAM ECOLES remarked on the uncertainties of diagnosis by means of the microscope, and the difficulty of making cultivations.

Mr. LLOYD quoted a case of gonorrhoeal arthritis which was followed by pyæmia and an early fatal issue.

Mr. KEETLEY thought many rheumatoid cases, both in men and women, were of gonorrhoeal origin, in which no history of infection could be got. The complications of gonorrhoea in women were a great source of mental, as well as physical suffering, and of moral degradation. Owing to the difficulty of cure, we ought to do our utmost to prevent this virginal infection.

Dr. McCANN, in reply, said that though regarding most cases of gonorrhoeal arthritis as pyæmic, yet, since such good observers as Neisser had found gonococci in the pus joints in these cases, he was bound to admit that certain proportions were caused by the gonococcus.

Dr. CLEMOW, in some observations upon the

TREATMENT OF ENTEROCOLITIS IN INFANTS AND YOUNG CHILDREN,

drew attention first, to the undoubted bacterial origin of the disease. Upon the recognition of this depended the adoption of rational methods of treatment, the indications for which were—(1) to evacuate the intestines of their fermenting contents; (2) to combat the processes of decomposition by appropriate drugs; (3) to administer such food to the child as shall be best calculated to maintain its strength, and of such a nature as to minimise the introduction of fresh micro-organisms, and least favourable, therefore, to a furtherance of the processes of decomposition; (4) to treat symptoms and complications as they may arise. As regards antiseptic drugs, he considered the subnitrate of bismuth and mercurials, especially calomel, as the most trustworthy, and deprecated the general use of astringents and opiates. He had been much impressed with the value, in certain cases, of intestinal irrigation, with regard to the employment of which he had formed the following conclusions:—1. The operation exercises no influence upon the course of tuberculous ulceration of the intestine. 2. It is probably of little or no benefit in the ordinary cases of dyspeptic diarrhoea of infants, where the small intestine is wholly or mainly affected. 3. It may be expected to exercise a beneficial influence upon the course of the disease in general cases of enterocolitis, and especially in those in which the colon is largely involved. 4. It requires to be carried out with great caution, and more especially so in those cases in which there is considerable prostration.

Dr. COLMAN referred to the possibility of accidents in irrigation and their prevention. From post-mortem experiments it appeared that in softened states of the colon, two feet was a safe level to which the can might be elevated.

Mr. McADAM ECOLES cited two cases in which rupture of the gut had occurred when the operation had been performed for invagination.

The PRESIDENT held that in these cases, milk in any

form should be excluded from the dietary for twenty-four hours. He said that in catarrhal conditions of the small intestine, with much acidity, salol would be inert since it is insoluble in such a medium. He prescribed irrigation in colitis, and laid stress on the value of cinnamon water as an antiseptic. The inflow might be observed by ausculto-percussion.

Dr. CLEWELL replied.

Mr. STEPHEN PAGET exhibited a specimen of carcinoma of the œsophagus with perforation of the posterior wall of the trachea.

SOUTH-WEST LONDON MEDICAL SOCIETY.

MEETING HELD JANUARY 8TH.

Dr. GILBERT RICHARDSON in the Chair.

THE meeting was held at Windmill House, Clapham Common, by the kind permission of Dr. Benjamin Duke.

A paper on

PROFESSIONAL UNIONISM

was read by Mr. W. G. DICKINSON, and was followed by a discussion, in the course of which

Mr. T. A. G. BOWELL referred to the difficulties which surround the whole question, and pointed out that local medical societies fail to attract men who are bringing discredit on the profession.

Dr. MORGAN DOCKRELL alluded to cheap practice and underselling, and stated the root of the evil to be that the supply of medical men is greater than the demand; he thought that means should be taken to check the influx of medical students, and of educating them in medical ethics; he further alluded to the necessity for reforming the British Medical Association.

Dr. ROE and Dr. BARKWELL referred to the touting of insurance company and dispensary agents, and

Mr. A. E. DOBSON mentioned the evils of the out-patient system, and the lay medical aid societies, at the same time expressing sympathy with the difficulties of those commencing practice.

Mr. DICKINSON having briefly replied,

The meeting terminated with a hearty vote of thanks to Dr. Duke for the use of his house.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Jan. 11, 1896.

OPERATIVE TREATMENT OF PROGRESSIVE MYOPIA.

At the last meeting of the Académie de Médecine M. E. Valude read a paper on this subject. He pointed out that when myopia becomes extreme, and particularly when it assumes a progressive form, the ordinary means of combating it are often quite powerless. Rest (and even certain operations such as tenotomy, rarely serve to stay the advance of the malady, and glasses are, as a rule, insufficient to improve vision owing to increase in the defect of refraction. Many patients are thus almost entirely prevented from following occupations demanding eyesight. In these conditions M. Valude strongly advocates extraction of the crystalline lens, an operation which has come to the front of late years, believing it produces the happiest results, since by removal of the lens refraction of a very myopic eye is brought back nearly to emmetropia. If, especially in France, a large number of surgeons are not too fond of this operation, it is, perhaps, because the indications for it have not been sufficiently well defined, and because so many dangers surround operative interference with an organ so delicate as an eye afflicted with extreme myopia.

M. Valude related two cases which illustrated the safety which might be secured to the operation and the excellent results which might be achieved.

The first was a man, æt. 35, affected with progressive myopia such that he could not read at any distance ordinary characters, and counted fingers at 0.50 centimetres. M. Valude extracted the crystalline lens of both eyes, and the patient was able to read the smallest type at 0.30 centimetres. This man is at present employed in the laboratory at the Salpêtrière Hospital. He can see at a distance without glasses. The operation was done two years ago.

The second case, a farm servant, was almost identical with the first, and like it was not caused by close use of the eyes. The malady had advanced rapidly and prevented him from following his avocation. Glasses did not help him, and he counted fingers on one side at one metre, on the other at 0.60 centimetres. Double extraction was performed, with the result that he was enabled to read small type with convex glasses; and for distance with weak concave glasses his vision was sufficiently good.

Operative treatment of progressive myopia is thus shown to be desirable treatment in certain cases where other measures fail; and if proper precautions be observed M. Valude believes that the dangers to the eye from the operation are not sufficient to deter the surgeon from undertaking it.

SCARLATINA.

At the Société des Hôpitaux M. Lemoine spoke on the period of contagion of scarlatina which is commonly assigned to the termination of the malady, that is to say, when desquamation sets in. For him that idea is erroneous, he places it, on the contrary, at the *début*, and ascribes the seat of it to the mouth and pharynx, from which the skin, the clothes, and every object surrounding the patient is infected. For this reason the speaker considered that disinfection of these cavities should take the first rank amongst prophylactic measures, by which also the isolation at present so prolonged of patients suffering from scarlatina can be shortened considerably.

M. Legendre agreed with his colleague in placing the contagion at the first period of the malady, but was a partisan of prolonged isolation.

The view taken by M. Lemoine is important, being very probable, and perhaps in other eruptive affections, as measles and small-pox, the specific agents of which are still unknown, the contagion arises from the same source, the mouth and the pharynx. It seems consequently to be rational treatment to disinfect these parts, rendering thus a double service, the first to the patient, the second to the attendants.

DISINFECTION OF THE MOUTH.

- R Salicylic acid, xx grs.;
- Menthol, iv grs.;
- Eau de Cologne, ʒij;
- Glycerine, ʒj;
- Water, ad, ʒ xij.

LOCALISED NEURALGIA.

- R Menthol, xxx grs.;
- Guaicool, xxx grs.;
- Proof spirit, ʒj.

Paint the parts twice a day.

QUACKERY in America has taken the form of "laying on of hands." It is doubtful, however, whether this will become very popular, because so many other persons can play at the game—and one is quite enough, if he happens to be a police officer—as has been proved in several instances.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Jan. 10th.

At the meeting of the Society for *Innere Medizin*, Hr. Schwalbe related a case of

RUPTURE OF THE HEART.

The case was that of a man, *æt.* 56, who consulted him in March of last year, on account of breathlessness and palpitation. Examination revealed emphysema and considerable dilatation of the heart on the left, and a systolic murmur over the aorta. The pulse was regular and not accelerated, slight dulness at the apices of both lungs. Thirty years ago the patient had syphilis, but had been in good health since. He was married and his children were healthy, and his wife had never aborted. He was a fairly free drinker of wine as he was agent for a wine house. Four weeks before seeking advice he had hæmoptysis with copious expectoration of dark-coloured blood. A diagnosis of stenosis of the aorta from arterio-sclerotic was made. In April and July the patient had serious attacks of serous pleuritis with a good deal of exudation, but this was absorbed. The speaker thought salicylate of soda was very useful on this occasion. *Digitalis* also was useful. On Dec. 6th he had an attack of *angina pectoris* that lasted eight hours, during which the patient became collapsed and cyanotic, but from which he recovered. On Dec. 15th he died suddenly whilst walking across the room. The autopsy showed that the heart was two and a half times the normal size, and weighed five pounds. It was extensively covered by emphysematous lung tissue, so that the dulness on percussion did not correspond to the size of the heart. The pericardium contained about ten table-spoonfuls of dark clotted blood; the apex of the greatly dilated left ventricle was the site of a rent 3 centimetres in length; the aortic valves were sclerosed, and two of them grown together.

Herr Mendelsobn then gave an address on

CYCLING AND ITS INFLUENCE ON HEALTH.

As regarded the muscles, two groups came into consideration, first that used for pedaling, and that for keeping the body erect. The working of the pedals might be compared to the action of mounting steps whilst in the sitting posture, the actual work lay in the downward movement, in which all the extensors of the leg came into play. The flexors were only moderately exercised. For maintenance of the position the muscles of the trunk, and especially those of the arms, were called into exercise, and this constantly. In consequence of this these muscles soon became tired, especially in beginners, and hypertrophy of them took place. The extensors of the lower extremities especially became hypertrophied. To a less extent the muscles of the arms and shoulders also enlarged, but in this case it was the flexors and not the extensors.

As regarded tissue changes, the urea was considerably increased, but the excretion gradually returned to the normal in spite of continued excretion. The excretion of uric acid increased at first, but sank again to the medium amount.

The appetite and thirst were increased. Before commencing the exercise it was not well to eat too much, as the body bent forward pressed on the stomach, and again during the exercise much less gastric juice was secreted. Assimilation and defecation were favourably influenced. Hæmorrhoids, however, developed by immoderate exercise.

Dyspnoea was set up by exhaustion of the respiration and the heart. Above all things an art in breathing was necessary, the breathing should be deeper but not more frequent. It was also advisable to breathe through the nose as then the expired air from the lungs had not to overcome the heightened pressure produced by the rapid movement. The more the head was bent downwards, the better the air passing through the nose took the direction of the opposite streaming outside current.

The heart's action was accelerated. Danger was generally avoided by dilatation of the vessels. The pulse frequency might reach even as high as 250, and even after a ten hours' rest the pulse might still be accelerated—a sign of commencing cardiac insufficiency. The advantages of cycling with moderate exertion were obvious, and need not be dwelt on.

Overdriving was to be avoided. The dangers of a mechanical nature were—1. Injuries, which, however, were less with safeties than with the high machines. 2. Inflammation of the knee-joint might be set up by over-exertion, especially in the case of children. 3. Lesions of the general apparatus might be caused, especially inflammation of the prostate and the *para-urethra-posterior*. In women mechanical irritation of the ovaries might be caused by pressure of the *ileo-psoas* muscle, wherefore loose clothing should be worn and no corset.

A deforming influence of excessive cycling was not impossible; in the case of the very young, Pott's kyphosis had resulted. The general results of excessive exercise were emaciation, increased tendency to infective diseases and colds, especially irritation of the larynx and trachea. A good preventive of these colds was, in the case of professionals, a cold douche of 12.5° C., immediately after riding.

It is certain that injurious effects may be produced on the heart from cycling. Sudden deaths during or immediately after a journey are not rarities. This is not to be wondered at when we call to mind that for short distances at the rate of 61 kilometres per hour has been reached. At such a rate of speed overtiring of the heart is unavoidable.

OPIUM IN STENOSSES OF THE LARYNX IN CHILDREN.

Dr. C. Stern of the Marian Hospital, Düsseldorf, has a paper on the subject in the *Ther. Monatsch. V.* He commences with the remark that it is an old experience that children suffering from diphtheria or croupous stenosis of the larynx breathe with much greater difficulty when they are excited than when they are asleep, and that the breathing of children who have had tracheotomy performed is rendered easier by opium. On these grounds the author has given opium to children for whom tracheotomy was intended, and has found that the respiration had become calmer, and that the cyanosis had diminished. The action, according to the writer, is readily explained, as more air will pass through the narrowed passage when the inspiration is slow than when it is rendered difficult by an intense feeling of impeded respiration. By this calm breathing also the carbonic acid intoxication is relieved. He gives the history of three cases that demonstrate in his opinion the excellent effect of opium treatment. One patient, a child of 15 months, was sent into hospital for tracheotomy. There were excessive cyanosis, loud stridor, resonant cough, and retraction of the zypoid cartilage; 3 minims of tr. opii were given in sweetened water at 3 o'clock. At 5 the child had slept peacefully, breathed easily with

distinct stridor, the cough was less, the cyanosis distinctly less; 2 more drops of the tr. opii were given. The night was passed quietly. The following day 2 to 3 drops were given 3 times, and also on the two following days. On the third day the retraction of the zyphoid had disappeared, and on the eighth day the patient was discharged. The author thinks that opium ought always to have a trial before recourse is had to tracheotomy.

DEATH OF MR. JULIUS SKAMPER.

I regret to have to notice the death of Dr. Julius Skamper, from its commencement one of the most indefatigable collaborators of the *Deutsche Medicinal Zeitung*. A very familiar name will no longer meet the eyes of the readers of this extensively circulated journal. Those who have been accustomed to seeing it for so many years will sympathise with those more nearly associated with him in the loss they have sustained.

Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, Jan. 10th, 1896.

LABYRINTH EXPERIMENTS.

KREIDL showed, at the "Gesellschaft," two cats on which he had operated experimentally. One of them had been operated on nine months ago, the other four months. Both exhibited Goltz's phenomena, usually met with when the function of the labyrinth is interfered with. It is now twenty years ago since Breuer drew the attention of this Society to the same subject, which does not appear to have advanced in knowledge since that time, as the same opinion is still retained concerning the semi-circular canals and the otolithic apparatus of the ear. The destruction of the portio mollis and the labyrinth in the mammalia has rarely been performed. The principal experiments on record are those on the dog by Schiff, and more recently by Ewald. Hitherto no experiments have been made on cats.

Kreidl at this point described his own method of operation, which differs somewhat from the preceding experimenters. The latter have always performed their operations by removing a part of the cranium or dividing the auditory nerve with a knife.

He performed the present operations by carefully removing all the coverings of the foramen rotundum, through which he reached the cochlea, by means of a finely constructed Paquelin, whose point was no larger than the opening of the canal for the auditory nerve in the cochlea. The wound closed up perfectly without any bad effects. During the operation, it was observed that the animal was quiet till the auditory nerve was reached, when it struggled and screamed piteously; at the same time nystagmic movements of a horizontal character were observed in both eyes. This phenomenon lasted from 24 to 48 hours after the operation, and could be repeated with any slight irritant fluid, such as carbolic lotion, in the wound. This phenomenon of the binocular auditory nerve nystagmus caused by injury to the auditory nerve is in perfect harmony with the results of Breuer and Mach's experiments. An important consideration in these experiments is the speedy return of the equilibrium, a result which might be expected in a highly-developed animal like the cat. In the case of the animal operated on four weeks ago the head was observed to incline towards the operated side. When placed on the table and food within sight of

it on the floor she would not venture to leap down, having no confidence in herself. In the other cat, nine months operated on, the labyrinth having been perfectly destroyed, there were still signs of disorganisation. She walked with a heavy gait, making pendulum movements with her head, and took her food awkwardly, from the peculiar movements of the head. When lifted in the air she clung tightly to the arm, owing probably to the disorganised sensation of the extremities.

SANITARY INSPECTION.

In the Austrian House of Commons the reorganising sanitary bill was warmly discussed. It is proposed to create sanitary inspection districts in Bohemia and Galicia, as well as a centralized sanitary inspectorate which is to be divided into four classes. It was finally resolved to retain a district surgeon in this office, and dispense with the present form of a sanitary clerk.

The Operating Theatres.

ST. THOMAS'S HOSPITAL.

PLASTIC OPERATIONS UPON EYELIDS BY THIERSCH GRAFTING.—Mr. ANDERSON operated on a girl, *æt.* 9, who had at the age of nine months suffered from a severe burn of the face, the cicatricial contraction from which had resulted in eversion of the upper and lower eyelids and other deformities. Operations had already been performed by Mr. Anderson for remedying the palpebral deformity by the transplantation of Thiersch grafts into the raw surface left by an incision freeing the lids, and allowing their replacement into the normal position; the effect of these operations had been almost entirely successful, but as slight eversion still remained a second operation was undertaken. A small incision was made at the free border of the upper lid immediately above the eyelashes; by dissection the lid was then drawn completely down, carrying with it the fibres of the orbicularis, leaving an elliptical raw surface; the lids were held in place by means of fine wire passed through the free border and fixed below to the cheek by means of American plaster; into the gap now exposed were transplanted Thiersch grafts of suitable size and shape taken from the thigh of the patient; the graft and adjacent portion of the integument were then covered with a thin layer of cotton-wool steeped in colloidion. After a similar operation on the upper lid of the opposite eye the retracted upper lip was freed by an incision through the cicatricial tissue at the root of the nose and the gap exposed on drawing the lip downwards was filled in with a Thiersch graft and dressed in the same manner.

The second case was that of a girl, *æt.* 19, who had suffered from a tubercular syphilis of congenital origin which had destroyed the whole of the nose, and had produced by its cicatrization a great eversion of the lower lids. The patient, when admitted, was suffering from extensive ulceration of the cheeks, upper lip, and of the interior of the nose; this was rapidly cured by large doses of iodide of potassium. The present operation was undertaken as a first step in the relief of the horrible disfigurement which the disease had produced. An incision was made immediately below the border of the everted lid; the lid was then drawn up with the orbicularis fibres and fixed in an upward direction by fine wires passed through the border and fastened to the forehead by means of strapping; the raw gap so exposed was filled in by Thiersch's graft as in

the last case, and dressed with collodion and cotton wool; the lower eyelid of the opposite eye was then treated in the same manner. Mr. Anderson remarked that the use of Thiersch's graft in ectropion promised good results. In the first case an ectropion of both lids in both eyes had been almost completely relieved by a single operation, and the repulsive aspect of the little patient had been removed. It was at first uncertain, he said, how far contraction would occur under a Thiersch graft in such a case, but the result proved that a very little of this took place. A second operation would probably, he thought, be necessary in most cases. The lip deformity in the first patient would very likely be relieved to an equal extent by the method of grafting, but in the second case it was proposed to remedy the retraction of the upper lip, while restoring the nose by a Tagliacotian operation.

GREAT NORTHERN HOSPITAL.

CASE OF INTUSSUSCEPTION.—GANGRENOUS INTESTINE WITHOUT URGENT SYMPTOMS.—MR. H. ALLINGHAM operated on a boy, *æt.* 3, who presented very few symptoms of abdominal trouble. He only vomited occasionally, the bowels had acted, the abdomen was not at all distended nor tender, pressure on it being well borne over its whole surface. The child had been carefully watched in the hospital for two days, but as the vague symptoms still continued it was thought advisable to open the abdomen to explore. It was found that there was an intussusception of the small intestine. Repeated attempts were made to reduce it but as these failed the intestine was opened, when it was discovered that the intussuscepted gut was in a semi-gangrenous condition, so that it was necessary to resect about eight inches of the bowel; the divided ends were united over Allingham's hobbin, this being easily and very quickly accomplished; a few Lambert's sutures were inserted. The intestine was thoroughly washed with carbolic solution and returned into the abdomen, and the external wound closed. Mr. Allingham remarked on the paucity of symptoms in this case; the only points that caused the performance of abdominal section were the aspect of the patient and the rapidity of the pulse. He also commented on the great facility with which the ends of the gut were brought together over the bobbin employed. On opening the piece of resected intestine it was found that the intussusception was due to the presence of a polypus somewhat of a sessile nature.

TREPANING FOR CEREBRAL TUMOUR.—The same surgeon operated on a case of Dr. Beavor's, a woman, *æt.* about 38, who was paralysed down the left side, and who complained of intense headache and double optic neuritis. As all these symptoms were gradually getting worse, Dr. Beavor thought an exploration was necessary. Mr. Allingham made a large semilunar flap on the right side of the head, exposing the area of the Rolando fissure. A large crown of bone was then removed with a large trephine, and, as the dura mater bulged into the wound and did not pulsate, Dr. Beavor advised that a larger portion of the bone should be taken away; this was done with Hey's saw and Horsley's bone forceps, so as to remove an area of bone four inches square. The dura mater was not opened at this the first operation, the skin flap being sutured back in position. Ten days later, the patient having satisfactorily recovered from the first part of the operation, the flap was turned down again and the dura mater incised all round the bone opening and turned down in a large flap. The brain was then carefully palpated to discover any increased resistance. None being

found the exposed brain was incised in various parts and the finger inserted well into the hemispheres, but no tumour being discovered the dura mater flap was replaced and the skin wound united. Mr. Allingham remarked that the interesting part of the operation from a surgical point of view was it having been done in two parts, thus avoiding excessive shock, which often followed the removal of a large mass of bone and the exploration of the brain or a removal of a tumour at the same sitting.

It is interesting to note that the tension was completely relieved, and the patient is in some points improved. The optic neuritis has gone and the headache has disappeared, but the paralysis still remains.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 15, 1896.

GLANDULAR THERAPEUTICS.

ONE of the most promising departures in modern therapeutics is certainly the utilisation of the internal secretions of certain glands to supplement their lack in the individual as a consequence of disease or removal of the corresponding organs. The field of what may be termed "glandular therapeutics" is being gradually extended, and the excellent results so far obtained warrant hopes of still more brilliant results in the near future. According to the theory held and enthusiastically promulgated by the late Dr. Brown-Séquard, all

glands, in addition to their obvious secretions, elaborate substances which pass into the blood, there to perform certain functions which, as well as their chemical composition, was still hugely obscure. We know such to be the case with the thyroid gland, we suspect as much in respect of the thymus, and it is extremely probable that other glands exert an influence over distant parts of the organism not as yet even suspected. The discovery that ablation of the testicles determines retrogression of the hypertrophied prostate opens up a field for speculation in the opposite direction, though experiments are still in progress with extracts of the prostate gland having the same object in view. The latest discovery of the kind is that removal of the ovaries will cure that ill-understood and fortunately rare disease, osteo-malacia. One of the first effects of this discovery will probably be to throw more light on the exact nature of this affection, for there is reason to believe that under this designation various pathogenic modifications of the osseous system are at present included. In this country we are only familiar with osteo-malacia as an affection of advanced life in spite of the fact that it is usually described as a disease occurring mainly, if not exclusively, during the child-bearing period of women's life. The cases reported abroad, moreover, usually comply with this definition, but the disparity is one which must be explained before we can get much further with the treatment of the disease. Osteo-malacia, or what is described as such in the aged, cannot very well derive its origin from changes involving the ovaries at their *point de depart*, and there are many other causes which may influence the nutrition of the skeleton without any reference to the sexual glands. The effect of removal of the ovaries in arresting osteo-malacia has led Professor Curatula, of Rome, to carry out some very elaborate investigations on the effects of castration on the metabolism of healthy animals. It is a matter of common observation that castrated animals usually put on fat, and one of the objects of the professor's researches was to ascertain whether this accumulation of adipose tissue is due merely to lessened vital activity or to the absence of some secretion formerly poured into the blood which facilitated the oxidation of fats. His results appear to point to the truth of the latter hypothesis. He found, for instance, that castration was followed by an immediate diminution in the amount of phosphorus eliminated in the urine, the proportion of nitrogen remaining the same. The subsequent subcutaneous injection of ovarian juice at once brought about an increase in the proportion of phosphates, the increase varying more or less according to the amount of the juice injected. Moreover, the elimination of carbonic anhydride by the lungs undergoes a similar diminution after castration, corresponding possibly to a diminished oxidation of fats, and this doubtless explains the accumulation of adipose substances in the organisms of castrated animals. In support of the view that the internal secretion of the sexual glands is concerned, indirectly at any rate, in the development of the osseous system, the author mentions that giants usually have atrophied

testicles, while, as a point of personal observation, the eunuch choristers of the Sistine Chapel all have massive skeletons. Cases of osteo-malacia, especially of the variety which alone can be supposed to be amenable to this treatment, are rare in this country—indeed almost unknown, but the principle involved, if substantiated, is one capable of extension, and is of great scientific interest.

THE OPERATIVE TREATMENT FOR IDIOCY.

DURING the past year the question of the operative treatment of idiocy came largely under notice. Since the results of this treatment, recorded by the French surgeons, were published some few years ago, a good deal of attention has been paid to the matter. Unfortunately, however, while the French cases seemed to hold out great prospects of much usefulness resulting from operative interference, the experience of other surgeons, both in this and other countries, was by no means encouraging in this regard. Part of this want of success has been attributed to the fact that the cases in question were not recognised as belonging to two classes—those in which the idiocy is due to arrest of development of the brain, as the result of which the skull remains small, and those where there has been premature union of the bones of the skull, in consequence of which the brain is unable to develop. In the latter cases the treatment advocated by the French surgeons would, in all probability, prove successful. But experience has taught that such cases are extremely rare, and that the bulk of those which come under the notice of the surgeon belong to the former category, for which operative treatment is clearly contra-indicated. Thus it may be said that a distinct advance has been made in respect to the treatment of these unfortunate cases, inasmuch as the recognition of the two classes of these patients will tend to prevent indiscriminate operating, a procedure which has in the past been attended with many untoward results. The latest contribution, however, to the subject is that of a comprehensive article by Dr. Charles Dana, of New York, published in the current number of the *American Journal of the Medical Sciences*. Upon the whole, this surgeon takes a more favourable view of the operative treatment of these cases. He claims that inasmuch as statistics now prove that the mortality from craniectomy has been reduced from forty to five per cent. it would be unjust to our art and inhumane to a large class of most unfortunate sufferers were surgeons to cease attempting operative interference. But the views which he holds with respect to the *rationale* of the operation are somewhat novel. His opinion is that it has a profound disciplinary effect upon the idiot, and that it is mainly through this that an improvement in these cases takes place. "The operation," he says, "is allied in its effect to a severe piece of castigation. In the very low type of criminals it is a well recognised fact by philanthropists that discipline and systematic work can only be obtained by actual corporal punishment in many instances, for nothing else seems actually to appeal to them. In the very lowest

grades of intelligence, such as we find in idiots and imbeciles, it is probable that only these very powerful inhibitory influences, such as accompany the performance of a capital operation, can affect materially the intellect of the child. It is through some such explanation as this that I would explain the fact that a second operation on these children is attended by further good results, and that sometimes the second operation is absolutely necessary before any result is obtained at all." Of course it is not impossible that some effect of the kind claimed by the author is produced by operative interference in these cases, but we are not prepared to accept his explanation in its entirety. We should be much more inclined to attribute most of the good which results from the improvement in the circulation and nutrition of the brain, arising from the release of some of the compression to which it has been subject. It may here be remarked that two specially important points are insisted upon by the author, namely, the age of the idiots and the types of cases in respect to which operative interference is indicated. So far as the former is concerned, experience has shown that the simple forms of idiocy with microcephalus are certainly not benefited unless operative interference is undertaken early in life, that is to say, under the age of four years, while with regard to the latter the chief indication for the operation is a moderate amount of microcephalus. When, however, distinct microcephalus is present the operation is not likely to be of any service, inasmuch as in these cases there is very great lack of brain development. The perusal, we may add, of the author's practical contribution to this subject, despite its somewhat sanguine tone, certainly tends to confirm the impression that in certain selected cases craniectomy may be attended with benefit in idiocy, but that in the majority of cases of the kind operative interference is contra-indicated.

THE FUTURE OF MEDICINE.

MODERN scientific medicine strikes its predominant keynote in the word "progressiveness." Its later history has been one long record of triumphs won by continuous and undaunted intellectual labour. The logical groundwork which the early Fathers lacked, in spite of all their subtle reasonings, was first formally supplied by Bacon, who undoubtedly laid the foundations of the marvellous superstructure of knowledge that is now being brought within the reach of every board-school pupil. The experimental testing of phenomena, insisted upon by our illustrious countryman has been steadily conducted ever since by workers in every part of the civilised world, and so great has been the result that in many instances the romance of one generation has become the realized and prosaic fact of the next. Increased accuracy of observation and of means of measurement has led to the accumulation of an enormous mass of ascertained phenomena, from which, every now and then, some master-mind has been able to deduct a great general law. Many examples will doubtless occur to readers, such as Newton's dis-

covery of the law of gravitation, Darwin's famous generalisation of the evolution of species, and Lister's great practical deduction of antiseptic surgery. The art of medicine, which depends on the support of many subsidiary sciences, has advanced step by step with the onward march of its faithful henchmen. Indeed, it may be broadly stated that there is hardly any discovery in the field of science that may not sooner or later be pressed into the service of this most comprehensive art of healing. What the future of scientific medicine may be it is far from easy to conjecture. Within the past twenty years many changes have become part and parcel of everyday practice. The introduction of antiseptics has revolutionised surgery, and has enabled the surgeon to invade many regions of the human body, hitherto sacred to the physician. Bacteriology, again, in itself an exact demonstrator of initial facts, has opened up an enormous field in the prevention of disease. Indeed, there seems to be no end to the fresh weapons of precision that are constantly being placed in the hands of members of the medical profession. One of the most marvellous of the whole series is that of organic therapeutics, as yet ill-understood and tentative, but full of promise of a brilliant future. Until more is known of this as yet evasive branch of special knowledge it will be well for all who are interested in the welfare and reputation of scientific medicine to suspend their judgment for the time being. To jump at conclusions is one of the most deeply-rooted of human tendencies, but such a course, however natural, is simply fatal to scientific life and development. So far as it is possible to draw a general conclusion from the near perspective of current events, one might be tempted to suggest that the trend of professional affairs lies mainly in the path of prevention. In other words, each fresh advance in the various departments of medicine, whether in methods of treatment, in improved habits and environment, will tend to lessen the amount of mortality and sickness incident to mankind. The dream of the public health enthusiast is to improve matters so that the majority of men shall live to three score and ten, while the death-rate shall be brought down to the irreducible minimum of five or seven per thousand of population. Nor does such a forecast seem altogether fantastic and extravagant when we consider the enormous saving of life that has already been effected since the introduction of systematic and scientific protection of the public health. On the whole, the future of medicine appears to promise a field of conquest which will end only when there are no more worlds to conquer, and the human race shall have worked out its own physical and preventive salvation.

DR. J. H. McAULEY, of Drumcondra, has been appointed medical officer of the Summerhill dispensary district of the North Dublin Union.

A JACKET made of aluminium has now been highly recommended as a spinal support in the treatment of lateral curvature.

Notes on Current Topics.

Public Libraries and the Dissemination of Disease.

PUBLIC libraries by means of the circulation of their books have repeatedly been accused of disseminating infectious disease. But, as a matter of fact, readily as such infection could be conveyed, no authentic cases have ever been recorded by which the accusation could be substantiated. Still the fact that this is the case does not by any means exonerate the library authorities from the responsibility of protecting the public. As bearing upon this point it is worthy of note that a librarian of a library in London, in a communication to a recent issue of the *Westminster Gazette*, shows that precautions of a definite nature are adopted in the public libraries, both of London and the provinces. In the first place there is sent to the library each day a list of all the dwellings in the parish where cases of infectious disease exist, and this list owing to the operation of the Infectious Diseases Act, is always complete. No books, under any circumstances, are issued to readers in the infected houses, and it is possible to ascertain those cases in which books have been borrowed before the disease was notified. Again immediate notice is sent to the respective borrowers to the effect that the books must not be returned to the library, but that they are to be retained and delivered to the sanitary authorities, who undertake to collect the volumes without delay and afterwards to thoroughly disinfect them. If any book should happen to be issued to a reader in a house where a case of small-pox has occurred the volume is at once burnt. The whole transaction in regard to collecting the books from an infected house occupies but a few hours, and thus in the event of a scarlet fever case, there is no danger of a volume being left until the period of desquamation begins. The enforcement of such an admirable system as this should undoubtedly be carried out at all public libraries throughout the country. As a matter of warning, it may further be added that borrowers who return to the library books which have been exposed to infection without properly disinfecting them are liable, under the Public Health Act (1875), to a penalty not exceeding £5.

Judgment in the Salicylic Adulteration Case.

MR. DE RUTZEN, the presiding magistrate at the Westminster Police Court, after taking some weeks for consideration, has delivered an elaborate and important judgment affecting the sale of British wines. It will be remembered (*MEDICAL PRESS AND CIRCULAR*, NOV. 13th, 1895) that the case arose out of a prosecution by the Vestry of St. George, Hanover Square, against Messrs. Walton, Hassell, and Port, under the 6th Section of the Food and Drugs Act, for selling orange wine containing salicylic acid. The public analyst gave evidence that he had examined a sample of the wine, and found that it contained '038 per cent. of salicylic acid, equivalent to 26·6 grains per gallon, a statement which was not disputed. He stated that even in this small proportion it was injurious to health, but admitted in

cross-examination by Mr. Rose Innes that he was not a qualified medical man, and that he had never had an opportunity of prescribing it for patients. Prof. W. H. Corfield, the well-known sanitary authority, said that the chief use of salicylic acid was as an application for corns, and proceeded to argue that a drug which would remove these excrescences must, of necessity, act injuriously on the mucous membrane of the stomach. He was apparently unaware of its use as a remedy for rheumatism and other joint affections, and maintained that it was not given internally. For the defence Dr. Murrell, of the Westminster Hospital, gave evidence as to its pharmacological action, and Mr. Thomas Bond, F.R.C.S., stated that he had not only taken it himself, but had prescribed it in hundreds of cases, both in hospital and in private practice. During a recent epidemic of sore-throat among the police of the district he had used it largely and with undoubted success. An element of humour was introduced into the proceedings by the statement of the analyst that he had never heard of Mr. Bond, and that he was under the impression that Dr. Murrell kept a chemist's shop in the neighbourhood! Mr. De Rutzen, in giving judgment, said that he had no hesitation in dismissing the summons on the ground that the case came within the Act, that the drug in the quantity used was not injurious to health, and had not been added to the wine to increase its bulk or conceal inferiority of quality, but solely as a preservative and for the sake of its antiseptic properties. Mr. A. Gill, the counsel for the prosecution, said that the Vestry could not appeal, as his Worship had decided on the question of the facts. The case is of interest not only to manufacturers, but to medical men, and as salicylic acid in varying quantities is largely employed for the preservation not only of wines, temperance drinks, and German beers, but of cream, milk, extract of malt, and especially jam, it is not improbable that further prosecutions will be instituted in different parts of the country, and that the whole question will be fought out on somewhat different grounds.

The Direct Representatives for Ireland in the General Medical Council.

THE competition for the position vacated by the late Dr. Kidd, continues to be acute and interesting, although the necessity for the prior election of a new Registrar of the Branch Council will cause the polling to be deferred to the end of February. The only light which has been thrown upon the position of the various candidates since we last wrote has been shed by the issue of the list of the Committee of Professor Cuming, of Belfast, which is, in itself, an instructive document. The Committee which represents Dr. Cuming says to the reader: "You will learn from this list how very extensive and strong the feeling is in favour of the principle of returning a provincial practitioner. We think that a favourable opportunity now exists for wresting the representation from a metropolitan candidate." Let us see how far the Dr. Cuming list indicates this "extensive and strong feeling." We rather think that it proclaims Dr. Cuming to be the most

ocal and the least provincial of all the candidates in the field. It contains altogether 343 names. Of these, Belfast City returns 142, mostly Professors and teachers in the Queen's College, and in the Local Hospitals, and outside the City walls. The counties of Antrim and Down, which may be called the suburbs of Belfast, return 119 other names. The adjoining counties of Derry, Tyrone, Monaghan, Armagh, and Donegal return 47 names, and Dublin sends eleven. Dr. Cuming's following throughout the whole of Ireland, outside Belfast, and the half-dozen northern counties, numbers exactly 24 persons, out of a possible total of about 1,800. We recommend the study of these figures to Dr. Cuming's Committee and advise them, in their next address, to offer him to the working medical practitioners of Ireland as a much esteemed teacher and consultant, and as the incarnation of the educational interests of the Belfast Queen's College. In these capacities no one can cavil at his pretensions.

Superstition and Insanity.

PERSONS who unwisely allow themselves to become very superstitious are commonly disposed at times to be highly emotional, a condition of things which may result in the over-balancing of their mental equilibrium. The following case, related by Dr. James Kiernan, of Chicago, which may be described as a "True Ghost Story," is of interest in this connection. A young man brought up on a farm was much given to the perusal of sensational literature. He was very superstitious and frequently expressed a fear of ghosts. The boys of the neighbourhood, becoming acquainted with his weakness, devised a plan to frighten him with a pretended spectre at midnight. He always slept with a large revolver in easy reach. During the day the ball cartridges were replaced by blank cartridges and the weapon restored to its usual place. At midnight the victim of the practical joke was awakened by a seeming spectre which stealthily entered the room and stood with outstretched arms, muttering unintelligibly. The victim hurriedly grasped the revolver and sat upright in bed, dumb with fear. The ghost advanced a step; the muttering continued. When the young man, wrought up to almost a frenzy, drew the weapon and stammered, "If you are a man, I shall kill you; if you are a ghost, this won't hurt you," and fired. There was a quick motion of the shrouded arm and the bullet was thrown back, striking the head of the bed. A second time he took deliberate aim at the figure and fired. Again a motion as if catching the bullet, and it also was thrown back upon the bed. He fired a third, a fourth, and a fifth shot, only to have the bullets hurled back, with noiseless motion from the ghostly figure. Then for a brief moment he sat as if transfixed, gazing with mute bewilderment, when with a wild shriek of terror he fired the last blank cartridge and hurled the pistol at the ghost. When the pretended ghost revealed himself, the victim was found in a state of unconsciousness, which gave way to an incoherent frenzy accompanied by marked initial hallucinations of sight and hearing. He recovered after three months' treatment in an asylum. One of the planners

of this senseless practical joke became insane through remorse, and exhibited similar symptoms; but, unlike the ending which a novelist would probably have accorded him, he also made a good recovery.

The Calcutta Medical School.

RAI LAL MADHUB MOOKERJEE, BAHADUR, is the chairman of the Calcutta Medical School Committee, and he had the honour recently of giving an address before Sir Charles Elliot, of the Bengal Presidency, who had undertaken to preside at the annual distribution of prizes at the school. We learn from the first-named gentleman that the "eight long years that have passed since we first started have been also chequered (*sic*) with many happy and encouraging incidents. During these years the Calcutta Medical School has been fortunate to secure the confidence of parents and guardians throughout Bengal, as the roll of students amply testifies. We have now on our rolls more than five hundred students from the different districts of Bengal, and we have sent forth from our institution medical practitioners who are now doing their angelic (*sic*) work in ministering to the sick and infirm and bringing joy and happiness to the homes of our rural population." It must be confessed that this is a very encouraging report, and shows the great progress that has been made by the Calcutta Medical School, "chequered" though that progress may have been "by many happy incidents." We can quite believe that a still further prosperous career is in store for this school, and everyone must hope that for many generations to come it will continue to pass out into this suffering world a numerous body of its alumni, fully capable of maintaining the "angelic" standard of work which appears to have been already attained by its students.

Experimental Diabetes.

THE series of experiments carried out by Professor Biedl, of which our Austrian correspondent gave a synopsis last week, in reference to the experimental production of diabetes, show that much work remains to be done before we shall understand, even approximately, the mechanism of the production of glycosuria and diabetes. One point, however, is made clear, *viz.*, the untrustworthiness, in this particular branch of investigation, of experiments made on dogs. Counter-observations on the human subject proved that the processes of disintegration and elimination of sugar in dogs cannot safely be trusted to furnish data capable of application to man. The general result of Dr. Biedl's experiments is to show either that sugar does not, as is usually supposed, act as an irritant to the glandular structure of the kidneys, or that, in the healthy individual, it is so promptly changed as not to exercise these effects. The injection of sugar in several cases determined a more or less pronounced rise of temperature of the nature of a rigor, similar to that observed during the transfusion of blood. He never succeeded in demonstrating the presence in the urine of sugar injected into the veins, and even when, in the hands of other observers, this has been accomplished, all

trace thereof had disappeared at the expiration of twenty-four hours. There remains for study certain peculiarities in the urine of the subjects of these experiments, the nature and significance of which we still observe.

Pompeian Surgery and Surgical Instruments.

NEARLY two thousand years have elapsed since the Pompeian surgeons practised their art in their ill-fated town, and yet many objects of interest to the surgeon have since then been brought to light during the vast excavations undertaken for the purpose of exposing the ruins of Pompeii. In an interesting paper on this subject in the last number of the *Philadelphia Medical News* Dr. N. Senn gives a description of a recent visit that he made to the ruins of Pompeii and the Naples Museum, and enters fully into the account of what he saw in the nature of Pompeian surgical instruments. The instruments were found in a house which has been called the "Surgeon's House." They are made of bronze, and some of them show a high degree of workmanship. Some of them indicate also the destructive effect of heat and oxidation, while others are in a state of excellent preservation. Careful search was made among the instruments for traces of needles or any appliance which would indicate that at that time wounds were sutured. But nothing of the kind was found. The collection, moreover, did not contain any saws, trephines, chisels, or instruments for operations upon bones. Again, with the exception of the specula and catheters, it is curious to note that the instruments were of a diminutive size in comparison with those of less remote and more modern times. Judging from his instruments, the Pompeian surgeon plainly confined his "cutting" operations to bleeding, cupping, extraction of foreign bodies, and the opening of abscesses. Dr. Senn concludes his paper by pointing out that the surgeon of Pompeii must have been a man of means and good social position; the position of his house in the most aristocratic part of the city, and its capaciousness, both testify to this fact. A liberal income, therefore, probably rewarded his labours and placed him in a position to enjoy the luxuries of life, which seem to have been the main object in life of the mass of the Pompeian people before the destruction of their city.

The Mystery of Hearing.

PROFESSOR MCKENDRICK, in one of his juvenile lectures last week at the Royal Institution, enunciated some new views upon the interesting subject of "Hearing." In his description of the internal ear the opinion was expressed that the latter was a complex labyrinth of winding staircases containing fluid. In the innermost recesses were the essential organs of hearing, a wonderfully arranged mass of fibres and cells, from which fine hairs were suspended in the fluid; and his belief was that each of these hairs was in direct connection, by its nerve thread, with the brain. This point is of much interest because it shows how Nature gets over the difficulty of transmitting an air vibration

into a fluid. But the problem which Professor McKendrick put forward to solve before his audience was how this complex apparatus picked out and analysed the infinitude of shades of tone that are borne upon it. He suggested that each of the delicate hairs or fibres was attuned to respond to a certain shade of tone, and picked up the note to which it was attuned precisely as one tuning fork picked up the sound of another if they both happened to be of the same pitch. The number of different shades of sound in Nature is probably enormous, but as Professor McKendrick pointed out the number of these sensitive hairs is enormous too. In proof of this it may be asserted that an acute musician will detect so slight a difference in tone between two notes as the one-sixth of a semitone. This means that in the eleven octaves that the human ear compasses there are some 8,000 or 9,000 consciously different tones at least. There are about two hair cells to each one-sixty-fourth of a semitone.

Infected Heirlooms.

To become the possessor of old family relics, to step into the shoes of one's ancestors, to inherit the family mansion with all its old associations, its antique furniture, its ancient tapestry, is usually regarded as an enviable lot. But this is a prying, enterprising, unromantic age, which is not apt to be deeply impressed with things as they seem. Sometimes in this connection cruel discoveries have been made by science, cruel in the sense of bursting like a bubble cherished traditions, romantic beliefs, and the rationality of time-honoured customs. Something in that sense has just transpired in regard to the almost sacred possession of certain heirlooms. Some cool-headed, calculating, severely matter-of-fact bacteriologist has actually had the audacity to examine into the bacteriology of some old, beautiful, and otherwise priceless tapestries in an old country mansion. What were the results of his investigations? Must the truth be revealed? What good, it may be asked, can come from concealing it? This bacteriologist found that the tapestries were teeming with micro-organic life, and that they were nothing less than hot-beds for the culture of tubercle bacilli. Will the mural adornments of the "tapestried chambers" throughout the country survive this terrible indictment. It may be that they will. But who after this will be able to look upon the "tapestried" presentments of, say, the lively "Adventures of Dionysius," the wonderful career of "Medea," or the patriotic manoeuvre of "Mettius Curtius," without some feeling of repulsion which such a revelation could not fail to create!

The Salvation Army Shelter Case.

MOST of our readers will probably remember that the action of the Vestry of St. George the Martyr, London, as regards the Blackfriars Salvation Army Shelter, resulted in a magistrate's order against future overcrowding. After an interval of six weeks the defendants have obtained a ruling from the Queen's Bench calling upon the magistrate concerned to show reason

why his order should not be quashed. The disputed order was to the effect that the defendants should abate the nuisance of overcrowding, which was dangerous and injurious to the health of the inmates. In asking for the rule counsel for the late defendants contended that those who made use of the shelter could not be called inmates, on the ground that a person who passed one night in a house was not an inmate in the sense in which the wording of the Act was used. The fault of the magistrate's order, according to applicant's contention, was that it did not state what was to be done to abate the nuisance, and an order could not be good unless it stated what they had done and the remedy were specified. From this application it seems evident that the Salvation authorities will leave no stone unturned in their strenuous efforts to upset an adverse legal decision. The unprejudiced onlooker would probably reflect that the best thing for the Army would be to bring their night shelters into line with the views of local sanitary authorities.

Houses Built on Ash Heaps.

THE Medical Officer of Health for Hackney has once more called attention to a besetting sin of jerry-built houses. In a lately issued report he pointed out that many of the houses in his district were built upon a layer of house refuse, which in turn rested upon a bed of clay. Such a condition of affairs naturally leads to the drawing into the house of various gases of decomposition and of other components of ground air. This danger has been discussed in our own columns for many years past. That it is a common and fruitful source of disease can hardly be doubted. In many parts of the suburbs of London it is a constant practice of the enterprising builder to fill up with ash-pit refuse any pit that has been quarried for stone, sand, or other material. He then proceeds to run up a more or less showy villa on this green mass of miscellaneous animal, vegetable, and mineral stuff. As a rule, the basement is not provided with an impermeable concrete flooring, so that the house settles, the drains are dislocated, and the inside of the house becomes permeated with poisonous ground air. The remedy is simple. No new house should be occupied until it has been duly inspected and certified as properly constructed by a competent sanitary authority. At present, the remedy which the tenant of an unhealthy dwelling has against his landlord is slow, tedious, and uncertain. The advent of some searching and practical domestic legislation would speedily put an end to the ghoulish race of jerry-builders.

Serious Charge against a London Sanitary Inspector.

DURING the past few weeks considerable sensation has been caused in a South London district in consequence of certain charges brought in the first place against an assistant sanitary inspector. This official, so it appears from a published letter, wrote to a house agent asking (1) for full particulars regarding the disposal of certain houses in the parish, and (2) what commission the agent was prepared to pay. His com-

munication was laid before the health committee of the Vestry, and, as the result, that body shortly afterwards accepted the sub-inspector's resignation. Subsequently, however, the ex-official wrote to the *South London Press* a letter in which he asserted that he had written letters like the one complained of to other house owners in Bermondsey. This grave charge was brought before the Vestry for discussion, and the inspector was exonerated. At the same time it was freely asserted that the officials were allowed to act without sufficient control, and that the sanitary committee itself was not free from blame. It seems clear to us that charges of this extremely serious nature can be properly sifted only by an independent inquiry. It is equally clear to us that the Local Government Board should undertake the investigation forthwith. The question of the purity and honesty of the servants of the medical officers of health is one of vital importance to the future of public health in the metropolis. The fact that the chief official implicated is the chairman of the Sanitary Inspectors' Association makes it all the more imperative that an independent Government inquiry should be made upon every one of the issues raised.

The Composition of Microbes.

SOME investigations have been recently undertaken with a view of ascertaining the proximate and ultimate composition of micro-organisms. Tubercle bacilli were found to contain cellulose, together with palmitic and arachidic acids; on the other hand, the bacillus of glands appeared to contain no cellulose, while the acids present were oleic and palmitic. The microbes of these experiments were cultivated on the same media, and, with the exception of the nitrogen, there seemed to be but little variation in their composition when the medium was varied. The results of elementary analyses of three forms (the two above mentioned and the bacillus of swine fever) showed marked differences in the proportions of nitrogen, carbon, hydrogen, and ash present.

Sir Thomas Moffett.

THE honour of knighthood conferred, last week, upon Dr. Moffett, President of the Queen's College, Galway, has been, as will be universally admitted, most deservedly given. There is, we believe, no man in Her Majesty's Civil Service in Ireland to whose advancement, if it may be called so, less exception could be taken by any person or party than Dr. Moffett. He has shown himself to be not only the possessor of exceptional attainments, but a most able administrator and a gentleman in every sense of the word. We congratulate the Lord Lieutenant on having discerned his merit and rewarded it, as far as he has been able.

THE St. Helens' Corporation decided some time ago to conduct a series of bacteriological investigations into the origin and spread of typhoid fever, with special reference to the St. Helens' district, and at a meeting of the Health Committee last week a bacteriological assistant was appointed, at the salary of £12 per month.

The Personal Estates left by Medical Men in 1895.

THE following is the list of the well-known physicians and surgeons who died last year, and the value of their personal estates:—Sir William Scovell Savory, Bart., F.R.S., sixty-eight, Surgeon-Extraordinary to the Queen, and ex-President of the Royal College of Surgeons, £93,190; Sir George Hornidge Porter, Bart., seventy-three, Regius Professor of Surgery in Dublin University, £57,326; Sir John Tomes, F.R.S., F.R.C.S., L.D.S., eighty, £51,897; Sir George Buchanan, F.R.S., sixty-four, medical officer to the Local Government Board, £7,739; Sir Thomas Crawford, K.C.B., seventy-one, Hon. Surgeon to the Queen, Director-General of the Army Medical Department, £7,036; Dr. John Syer Bristowe, F.R.S., sixty-eight, consulting physician to St. Thomas's Hospital, £15,734; Dr. Daniel Hack Tuke, sixty-seven, Hanwell, £29,460; Surgeon-General Sir Thomas Longmore, seventy-nine, professor, Netley, £19,659; Surgeon-General (retired) John Irvine, sixty-seven, who was with Havelock's column at the Siege of Lucknow in 1857, £4,285. It has been estimated that the average of the personal estates of sixty-seven physicians and surgeons whose wills were noticed during six or seven years was £50,614, or less than half of that of forty-four solicitors. Of course, the solicitor has the advantage over the medical man in having opportunities of investing his money safely at good rates of interest. Again, the expenses of carrying on his professional calling are much higher, *pro rata*, in the case of the medical man than in that of the solicitor. For these and other reasons, wealthy medical men are much less common than wealthy solicitors.

The Conviction of John Ferdinand.

THE quack, John Ferdinand, "M.D., U.S.A.," who appealed against the conviction by Mr. Sheil for "unlawfully and falsely representing himself to be, and using the name and title of, a doctor of medicine," and by whom he was ordered to pay a fine of £20 and £10 costs, has come to grief for the second time. The appeal was heard last week at the Clerkenwell Sessions before Sir Peter Edlin and a bench of magistrates. After a short statement of the case had been made by Mr. Mackenzie for the Medical Defence Union, and the appellant had been heard, the magistrates at once confirmed the conviction. The idle boast of John Ferdinand, "M.D., U.S.A.," that he would prove his claim to be a medical man, has thus been severely disposed of.

The Post of Director-General of the Army Medical Department.

THE post of Director-General of the Army Medical Department will shortly fall vacant, Surgeon-Major-General Sir W. A. Mackinnon retiring, after being at the head of the department since 1889. It is stated that he will be succeeded as Director-General by Surgeon-Major-General Jameson, M.D., who is now serving at head-quarters as professional assistant to the Director-General, a post he has occupied since April,

1893, when he succeeded Surgeon-Major-General Reade. Surgeon-Major-General Jameson joined the Army Medical Staff in 1857, and served as principal medical officer in Egypt before joining the head-quarter staff. He served with the English ambulance in the Franco-German War of 1870.

The Royal College of Surgeons, England.

AT the quarterly meeting of the Council of the Royal College of Surgeons, England, held last week, some important business was transacted. One of the principal matters dealt with was that relating to the resolution passed at the meeting of Fellows in regard to the representation of the Members on the Council. The Council decided to refer the resolution to their Deputation Committee to consider and report thereon; probably, therefore, some time will have to elapse before any final decision is arrived at upon this important question. The Deputation Committee consists of the President (Mr. Heath), the two Vice-Presidents, Mr. Reginald Harrison and Mr. Pick, also Mr. Rivington, Mr. Morris, Mr. Bryant, Mr. Howse, and Mr. Tweedy. Another resolution passed at the Fellows' meeting, "That in the opinion of the Fellows of this College women should be admitted to the Diploma of the College," was briefly discussed, but no definite action was taken in regard thereto; all that was done was to instruct the Secretary to enter it upon the Minutes.

The Small-Pox in Dublin.

THE epidemic of small-pox has nearly, but not altogether, disappeared from Dublin. In the week before last no case was admitted into hospital, but last week one case was admitted. Eight cases still remain under treatment, being three under the number for the preceding week.

Leprosy in Norway.

THE latest accounts seem to show that leprosy is decreasing in Norway. In 1856 there were about 3,000 lepers in that country; in the latter end of 1892 there were only 900 cases. The statistics of Dr. Kaurius recently published on the subject, show that a strict segregation of lepers is an important element in the suppression of the disease.

THE *Sun* newspaper last week informed its readers that a man unknown died in the Park, Croydon, from serious apoplexy from over-exertion.

PROFESSOR RAY LANKESTER, of Oxford, has been elected a corresponding member of the Russian Academy of Sciences.

THE Cheyne Hospital for Children, Cheyne Walk, Chelsea, has received a present of game from the Princess of Wales, who is the President of the Hospital. Captain Frederick Saunders has forwarded a cheque for £300 to the Committee as a grant from the estate of the late Miss Caroline Saunders.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

NOTIFICATION DIFFICULTIES AT DUMFRIES.—Still another instance of friction in the working of the Notification Act comes from Dumfries. In that town measles is not one of the notifiable diseases, and the Medical Officer called on the Sanitary Inspector to remove a servant of his who was suffering from this disease to the fever hospital. The inspector refused to order her removal, whereupon the doctor had her taken on his own order. The Dumfries Town Council, on a report of the Committee, have repudiated the liability for the cost of maintenance of the patient on the ground above stated, that measles is not notifiable in the town, and have resolved that no case be removed to the fever hospital at their charge without an order signed both by the sanitary inspector and the medical officer of health, the Committee also to have a word to say in the business, if the patient is to be kept at the expense of the town. In time the poor patients of Dumfries will have to conduct a sort of personal canvass of the members of the Council before they will be able to gain admittance into the town's hospital. The Committee characterised the action of the doctor as high-handed, but surely the medical officer of health should be able to tell whether he can isolate a case of measles in his own house or not. A doctor's house should always be kept free of infection more than other houses, especially the dwelling of the local officer of health. Fancy what a noise these same busybodies would have made if they had discovered later that measles was being spread from the house of their own medical officer!

EDINBURGH UNIVERSITY ANNUAL REPORT.—Of the total number of students at the University of Edinburgh in 1895 (2,836), 1,475, or practically the half, were students of medicine; of these, 43 per cent. belonged to Scotland, 31 per cent. to England and Wales, 5 per cent. to Ireland, and fully 13 per cent. to the British Colonies. Thirty-nine women students attended extra-mural lectures with a view to graduating in the University. The over-crowded ranks of the profession were further re-inforced by the addition of 221 M.B.'s, C.M.'s, while 71 physicians took their M.D. degree. The General Council of the University now numbers 7,891 members. The annual value of the university scholarships, bursaries, and prizes in the Faculty of Medicine amounts to £2,800.

THE EDINBURGH ROYAL INFIRMARY.—The Edinburgh Royal Infirmary report is a most satisfactory one. The number of patients treated during 1894-95 exceeded all previous records, the total being 10,032, while the cost of maintenance is less by 17s. 5d., and the cost of medical necessities by £1 15s. 8d. per occupied bed, than was the case last year. The total cost per annum of each patient works out at £55 8s. 2d., or £3 2s. 2½d. below last year's figures. A net surplus of £2,627 remains from the year's accounts. Besides this large legacies are due in spring, when the whole of the existing debt on the building will be wiped out. We wonder how many hospital managers and secretaries will be tempted to break the tenth commandment when they read these details.

THE ROYAL MEDICAL SOCIETY, EDINBURGH.—Dr. T. S. Clouston delivered the inaugural address of this society on the 8th inst. Owing to his being indisposed the address had been postponed from last November. Dr. Clouston said that it was of immense value to get firm hold of principles of general application. Such an enormous multiplicity of facts were presented to the student that he was in danger of missing the great principles which explained those facts and brought them into relationship with each other. The principle which he wished to impress upon them was that the cortex of the brain, its higher and ultimate part, with the highest function of mind, must be taken into account in the diagnosis, prognosis, and treatment of almost all diseases and injuries. It was an important fact that a merry heart would always act as a medicine in every disease and be a help to every kind of treatment adopted, and that cheerful impressions on all the senses—light, colour, pleasant society, and confidence in their doctor—would by their tonic influence help the cure of every curable disease, and make every wound and injury heal the faster. Dr. Laycock was the first to point out the enormous influence of the brain and of diathesis on disease.

THE LEITH HOSPITAL CASE.—As was expected, the Court of Session have repelled the pleas of the Leith Dean of Guild Court on which they relied when they refused to allow the Corporation of Edinburgh to build a temporary hospital within their boundaries. The matter has, therefore, been again remitted to the Leith authorities to deal with, the Lord President of the Court of Session significantly remarking that he could not doubt that now the matters would be treated in a business-like spirit proper to a Dean of Guild Court. As the Leith authorities have to pay the costs of the appeal, and probably of the preceding petition, they must now be exceedingly sorry that an unreasoning jealousy of their larger neighbour led them into such a false and puerile position.

WOMEN'S MEDICAL SCHOOL, GLASGOW.—Woman doctors who are to be educated in Glasgow now have an Anatomical College building complete in itself devoted exclusively to their use in the study of anatomy and physiology in connection with Queen Margaret's College. Funds to the extent of £5,000 for the building have been handed to the University Court of Glasgow by the Bellahouston trustees.

MEDICAL SOCIETY OF LONDON.

The meeting on Monday evening last (January 13th) was devoted to the reading of and discussion upon a paper by Dr. Savage on "The Treatment and Classification of the Insanity of Pregnancy and the Puerperium." He suggested their classification into mental disorders occurring in pregnancy (1) in the earlier months, and (2) in the later months of pregnancy; the insanity of labour, (1) hysterical and transient, and (2) more lasting and permanent; ephemeral insanity [associated with the onset of milk; insanity during the first fortnight after labour; insanity coming between fourteen days and six weeks after labour; the insanity of lactation; and the insanity of weaning. He pointed out that there was no special well-defined form of insanity deserving the name of puerperal insanity. Only a small proportion of patients had suffered from hysteria, but some had had previous attacks of insanity, the liability being apparently in direct proportion to the frequency of the previous attacks. He raised the question as to how far one was justified in recommending or discountenancing marriage in the case of neurotic women. He mentioned that first pregnancies were most dangerous in respect of the supervention of insanity, especially when they took place after 30 years of age. He added that one variety of puerperal mania coming on soon after labour was believed to be due to sepsis. Early insanity was usually maniacal, while if later, it tended to take the melancholic type. About 3 per cent. of patients died from puerperal mania, but upwards of 20 per cent. remained more or less permanently weak-minded.

The President (Sir J. Crichton Browne) criticised the classification, which he said, if practical, was certainly not scientific. He related two cases of girls with marked hysteria respecting whom he had foretold trouble on child-bearing, but nothing of the kind had occurred.

Dr. Blandford pointed out that 80 per cent. of these cases recovered pretty soon, and the proportion would probably be higher if all outside cases were included. He did not believe that hysteria had much to do with its production.

Dr. G. Herman believed that puerperal mania was a distinct form of insanity deserving of a special designation. He declined to admit that marriage could ever be safely recommended for the cure of any nervous trouble. Of hypnotics for the relief of the initial sleeplessness he preferred full doses of alcohol.

Dr. Robert Jones, of the Claybury Asylum, said the asylum had only been open two years since, which time they had had 60 cases of insanity associated with pregnancy or parturition out of 2,400 female patients, the proportion of puerperal to the female insane being 1 to 48. There had been 30 confinements, in only two of which was albumen present in the urine, and in neither of these cases did convulsions take place. There were 7 cases of mania from lactation, and 1 case of melancholia, while of patients with insanity associated with pregnancy 6 were maniacal and 4 melancholic. The average age of the melancholics was over 30, while in mania the usual age was about 25. Of the 60 patients 32 appeared to have recovered, and 15 might

be said to be convalescent. It was rare to meet with elevation of temperature in these patients, and he pointed out that this fact was inconsistent with the view that sepsis was a common cause.

Dr. Andriezen, Dr. Leith Napier, and Dr. Bower also spoke, and Dr. Savage briefly replied.

Correspondence.

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

WHAT IS A NATURAL LABOUR?

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR.—The amount of comfort which certain members of our profession derive from the consideration of the term "natural labour" reminds me of an old Scotch lady who was often heard to say that her existence would be quite insupportable but for that blessed word "Mesopotamia."

Having occasion to speak on this subject at the meeting of the Lancashire and Cheshire Branch of the British Medical Association held at Liverpool, on January 8th, to consider the draft Midwifery Nurses' Bill of the Council, I thought it wise to submit the definition clause of that Bill, which contains the term in question, and also some others of very vague import, to Messrs. Boote and Edgar, solicitors, Booth Street, Manchester, who kindly furnished me with a valuable legal opinion.

The definition clause of the Bill reads thus :—

CLAUSE 2.—DEFINITIONS.—In this Act.

The term "midwifery nurse" means a woman who attends cases of natural labour, and afterwards tends the mother and child during the lying-in period, under such rules, regulations, and medical control or supervision, as may be from time to time laid down by the Midwifery Nurses Board.

The questions submitted and the legal answers to the same I append.

QUESTIONS—

What is the legal significance of the term "natural labour" and the words "medical supervision and control"? Do the latter words necessarily imply medical assistance?

Having regard to the meaning of these terms, what legal powers in restraint or regulation of practice, have the Midwifery Nurses' Board under this Bill?

LEGAL OPINION—

It is impossible to say what is the legal significance of the term "natural labour." If any question arose in a Court of Law as to its significance the Court would have to rely upon the evidence of experts, i.e., medical gentlemen. In all probability the words "natural labour" would be defined to mean a labour which originated other than artificially, i.e., by the means of accident, drugs, or instruments, or other than in the ordinary course of nature.

There is no special legal significance attached to the words "medical supervision and control." These words do not necessarily imply medical assistance, and it would be quite competent for the Midwifery Nurses' Board to dispense with the same.

How the ease or difficulty of a labour affects its perfect naturalness is hard to understand, and I hope, in connection with any proposed midwifery legislation, to hear no more of such a blockhead of a term as "natural labour."

It is also very desirable that the Midwives' Board should not have power to dispense with medical assistance, but that the obstetric functions of the midwife should be very clearly stated in the Act itself.

I am, Sir, yours, &c.,
WM. FRASER.

Salford, Jan. 11th, 1896.

MEDICAL TITLES AND THE MEDICAL DEFENCE UNION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your correspondent "H. S." will be, perhaps, surprised to learn that the conviction of Ferdinand,

"M.D., U.S.A.," was confirmed on appeal this day at the Clerkenwell Sessions, with costs; personally, neither the law officers of the Medical Defence Union nor I expected otherwise. If your correspondent will communicate his address I shall be very glad to forward to him copies of our Annual Report, which will show the number of convictions we have obtained in 1895; the earlier reports he can also obtain.

I am, Sir, yours, &c.,
A. G. BATEMAN,
Gen. Sec., M.D.U

London, January 11th, 1896.

DR. CARTER'S THERMO-INHALER FOR ETHER.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your report of my remarks made upon the subject of Inhalers before the Society of Anæsthetists, and appearing in your impression of January 8th, at page 32 your reporter has misunderstood what I said. Speaking of the ether inhaler shown by Dr. Carter, and made by Mr. Krohne, I said "My experience of the apparatus is not all in its favour." The omission of the "not" makes me express approval of an apparatus which I consider has many grave defects. Before the words "When these apparatuses failed to prove satisfactory, he said it was due to a want of experience" an important omission has taken place. I was speaking of the apparatuses devised by Mr. Clover, and it was to these I referred, and not to Dr. Carter's. The failure to obtain sufficient anæsthesia with the "Thermo-Ether-Inhaler" is due, I contend, to inherent defects in its construction, and not necessarily to the manner in which it is manipulated.

I am, Sir, yours, &c.,
DUDLEY BUXTON.

82 Mortimer Street, W.

The Apothecaries' Hall, Ireland.

THE Apothecaries' Hall conferred its Licence (hon. 'caus.) last week upon Sir Charles Cameron, a distinction which is the more appreciable because of its rarity, for we believe that the honour was conferred on but, one, or at most, two previous occasions in the history of the "Hall."

The Compounding of Medicines in Workhouse Hospitals.

At the meeting of the Enniskillen Board of Guardians last week, the Right Hon. the Earl of Belmore presiding, Mr. William Wilson said that at a meeting of the committee appointed to fix the salary of the medical officer to the workhouse, it was stated by the Master that the nurse was in the habit of compounding the medicines. He said if this was the custom in the past it ought not to be continued in the future. He considered that in the advertisements they were about to issue for a medical officer to the workhouse it should be stated that the doctor would have to compound the medicines. After some further discussion the Master stated that the doctor simply wrote out the prescriptions, and the nurse compounded the medicines. Mr. Brown, J.P., said it was a very important question. The chairman said that it was, as if anything happened the guardians might be held responsible. It was decided to state in the advertisements that the doctor appointed would be held responsible for the compounding of the medicines.

Professional Ethics and the British Gynæcological Society.

At the last meeting of this Society, held on the 7th inst., the following resolutions were submitted to a large meeting :—

1. That it is undesirable that any member of the medical profession practising homœopathy should be proposed as a Fellow of the Society. This was carried with only four dissentients.
2. That it is contrary to the ethics of the British Gynæcological Society that any of its Fellows should advertise their publications, or otherwise bring themselves before the notice of the public by advertising in any way through the medium of the lay papers. This was carried unanimously.

Notices to Correspondents, Short Letters, &c.

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

THE LATE DR. KISBY, OF CARRICKMACROSS—A DESERVING APPEAL.

SIR.—Doubtless you have already heard of the sad death of Dr. W. J. Kisby, Medical Officer, Rathfriland Dispensary District, whilst at the post of duty. As he has left behind him a widow and large family of young children almost wholly unprovided for, a committee, as mentioned below, has been formed for the purpose of assisting them in their helpless condition.

Subscriptions will be gladly received by any of the committee or by myself.

I am, Sir, yours &c.,
P. M'KENNA, M.B., Hon. Sec.

Carrickmacross,			
	£ s	The Editor of the MEDICAL	£ s
Very Rev. Dean Bermingham	2 0	PRESS AND CIRCULAR	1 1
Rev. F. G. O'Neill, C.C.	1 0	Mr. E. J. O'Neill	1 0
Rev. J. J. Mohan, C.C.	1 0	Dr. M'Kenna	1 0
Dr. T. F. Oonion	1 0	Rev. W. O'Doherty, C.C.	1 0
E. D. Elmes, M.P.S.I.	1 0	Dr. P. C. Walker	1 0
Samuel Gordon, M.D.	10 0	J. I. MacNally, Esq.	1 0
E. S. O'Grady, Esq., F.R.C.S.	5 5	Solicitor.	1 0
Mr. James Kelly	2 0		

ERRATA.—The new work on the Teeth, announced in our "Literary Notes" column, last week, as in the Press, by Dr. J. C. Woodburn, of the Glasgow Royal Infirmary, should read by W. D. Woodburn, of Glasgow Western Infirmary. In the annotation on "Newspapers as the Medium for Obesity," the Medical Defence Association should have been Medical Defence Union.

THE DUTIES OF DISPENSARY MEDICAL OFFICERS.

REQUIRER asks.—A. Is it part of the duties of a Medical Officer to (1) a Union Hospital, (2) to a Dispensary, to compound the medicines required?

A. Neither the Poor-Relief Acts nor the Regulations made by the Local Government Board to define the duty of the Workhouse Medical Officer specify the compounding of medicines as part of that duty. In fact, the only duty imposed upon him which might imply the administration of medicine is that which requires him "to give all necessary directions . . . as to the treatment of the sick paupers." Custom, however, in many instances, supports the system of compounding by Workhouse Medical Officers. The Dispensary Medical Officer is required by the Medical Charities' Act (Sec. 9), "to afford medicine and advice." The regulations, however, only impose on him the duty of supplying "all requisite medical and surgical advice and assistance." Nothing is said of medicine nor is it set down anywhere that—in medicines are to be given—they are to be compounded by the Medical Officer.

B. Are Dispensary Committees and Boards of Guardians not required to provide a legally qualified compounder as defined by the Local Government Board?

A. There is no obligatory provision for the appointment of a compounder which is left to the discretion of the Guardians and the sanction of the Local Government Board.

C. Where the Medical Officer is not legally qualified as required by the Local Government Board as a compounder, can the Board of Guardians impose the duties of compounder on him? (This query refers to both Dispensary and Union Hospital Medical Officers).

A. A registered medical practitioner can lawfully compound medicines for his own patients—whether public or private—though he may not possess any special pharmaceutical qualification. Therefore the Guardians may impose that duty upon him if they make it part of his original contract, but, if they have not done so, they cannot afterwards add that function to his duty, nor could he be removed from office if he refused to perform it.

DR. GODDARD.—Your letter has been forwarded to the address of the gentleman referred to.

Meetings of the Societies.

WEDNESDAY, JAN. 15TH.

ROYAL MICROSCOPICAL SOCIETY, (20 Hanover Square, W.)—8 p.m. President Address by Mr. A. D. Michael.

NORTH-WEST LONDON CLINICAL SOCIETY.—8.30 p.m. Clinical Meeting.

THURSDAY, JAN. 16TH.

HÆMATIC SOCIETY.—8 p.m. President's Address and Annual Conversazione.

SOCIETY OF ANÆSTHETISTS, (20 Hanover Square, W.)—8.30 p.m. Dr. Sydney Short, (Birmingham): Observations on a Series of 550 Timed Nitrous Oxide Cases.

FRIDAY, JAN. 17TH.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL ASSOCIATION, (11 Chandos Street, W.)—8.30 p.m. Cases, illustrated by microscopic sections, &c., will be shown by the President, (Dr. Stoker), Mr. Mayo Collier, Dr. Pegler, and Dr. Milligan. Mr. Mayo Collier will open a Discussion on the Causes and Consequences of Chronic Nasal Obstruction. Mr. Lennox Browne will read: A Suggestion to Abolish Gargling in the Treatment of Acute Inflammations of the Throat.

EPIDEMIOLOGICAL SOCIETY OF LONDON, (11 Chandos Street, Cavendish Square)—8 p.m. Surgeon-General U. A. Gordon: Experiences in Relation to Cholera in India from 1842-79.

Vacancies.

Birmingham General Dispensary.—Resident Surgeon. Salary £150 per annum (with an allowance of £30 per annum for cab hire), and furnished rooms, fire, lights, and attendance. Applications before the 20th inst. to Alex. Forrest, Secretary.

Bradford Infirmary.—Dispensary Surgeon. Salary £100 per annum with board and residences. Applications endorsed "Dispensary Surgeon" on or before Jan. 27th, to William Maw, Secretary.

City of Dublin Hospital.—Resident Surgeon. Salary £50 per annum, with apartments, light, fuel, and attendance. Applications with copies of testimonials on or before Jan. 18th, to the Hon. Sec. Medical Board, City of Dublin Hospital, Upper Baggot Street, Dublin.

Fabertown House Asylum.—Assistant Medical Officer. Salary £100 per annum, with board, lodging, and washing. Apply to Dr. Finch, the Asylum, Salisbury.

Great Northern Central Hospital.—Junior House Surgeon. Board, lodging, and laundry provided in the hospital. No salary. Forms of application and full particulars may be obtained from Lewis H. Glenton Kerr, Secretary.

London Hospital.—Two Assistant Anæsthetists. Salary £50 per annum. Applications not later than Jan. 18th, to Dr. Munro Scott, Warden.

Margate Royal Sea-Bathing Infirmary.—Superintendent, not necessarily Medical. Salary £150, with partially furnished house and gas. Full particulars on application to the Secretary of the Charity, 50 Charing Cross, London.

Nottingham Children's Hospital.—House Surgeon (non resident). Salary £100 per annum. Applications to be sent to the Secretary by Jan. 20th.

Appointments.

BARRY, J., M.D. Irel., L.R.C.S. Edin., Medical Officer for the Ballydonn Dispensary.

BERRY, WM., J.P., F.R.C.S.I., D.P.H., Medical Officer of Health and Superintendent of the Sanatorium, County Borough of Wigan.

DESPARD, MISS E. C., M.B. Lond., Junior Assistant Medical Officer at the Holloway Sanatorium Hospital for the Insane, Virginia Water.

DONNAN, W. D., M.B., R.O.A., R.U.I., House Physician to the Belfast Royal Hospital.

DUNNAN, M. G., M.R.C.S., Medical Officer by the Mitford and Lanchester Rural District Council.

HARBOUR, GEO. E., L.R.C.P. Lond., M.R.C.S., Assistant Medical Officer and Dispenser at the Infirmary of the Parish of Lambeth.

HODGE, ALBERT, M.R.C.S. Eng., L.R.C.P. Lond., Resident Medical Officer to the Chorlton-upon-Medlock Dispensary, Manchester.

LAKE, J. H., M.B., C.M. Edin., House Physician to the Royal Berks Hospital, Reading.

LEWIS, J. FERGUSON, M.B., C.M. Glasg., House Surgeon to the Hartlepool Hospital.

MAGOWAN, S. M., M.B., R.O.A., R.U.I., Senior House Surgeon to the Belfast Royal Hospital.

MORRISON, A., L.R.C.P. Lond., M.R.C.S., Assistant Medical Officer for the Infirmary of the Parish of St. Pancras.

PATON, H. E. L., L.R.C.P. Lond., M.R.C.S., Medical Officer for the Chudleigh Sanitary District of the Newton Abbot Union.

RUSTON-GARRISON, G. H., M.B., C.M. Edin., House Surgeon to the Royal Berks Hospital, Reading.

SAUNDERS, BERTHA, M.B., C.M. Aberl., Junior House Physician to the North-Eastern Hospital for Children.

TOWRING, J. H., M.B. Lond., L.R.C.P., M.R.C.S., Medical Officer for the Camborne Sanitary District of the Redruth Union.

WALSH, E. P., L.R.C.P., D.R.C.S. Irel., *pro tem.*, Medical Officer for the Enniskillen Union Workhouse.

WILSON, R., L.F.P.S., L.M. Glasg., Medical Officer for the Newchurch Sanitary District of the Haslingdon Union.

Deaths.

MINTER.—On Jan. 5th, at Mansion Row, Chatham, the wife of Ernest D. Minter, Surgeon R.N., H.M.S. *Esper*, of a son.

MOLSON.—On Jan. 7th, at 13 Lingfield Road, Wimbledon, the wife of J. Cavendish Molson, L.R.C.P. Lond., of a daughter.

OLIVE.—On Jan. 7th, at Leamington, the wife of Eastace J. P. Olive, M.A., M.D., F.R.C.S., of twin daughters.

VOELCKER.—On Jan. 8th, at 31 Harley Street, London, the wife of Arthur F. Voelcker, M.B., of a daughter.

Marriages.

CLARK—MATTHEWS.—On Jan. 8th, at St. Paul's, New Beck enham Arthur Deeshoroug, L.R.C.S., L.R.C.P., son of the late Thomas Clark, of Beckenham, to Annie Rutherford, only daughter of George Kelly Matthews, of Beckenham.

JONES—WOODMAN.—On Jan. 7th, at Christ Church, Forest Hill, Wilfred Edward Jones, M.R.C.S., L.R.C.P., second son of C. Sturgeon-Jones, M.R.C.S., of Chichester, to Eileen Beaks, third daughter of William Woodman, of Woodbank, Forest Hill.

NIAS—DAYKELL.—On Jan. 8th at St. Jude's Church, South Kensington, Joseph Baldwin Nias, M.D., eldest son of the late Admiral Sir Joseph Nias, K.C.B., to Frances Miriam Clare, second daughter of Captain Edmund Dayrell, R.N.

Deaths.

DIXON.—On Jan. 3rd, at Harrow Lands, Dorking, James Dixon F.R.C.S., aged 82.

HILTON.—On Jan. 4th, at Milestone House, Upper Deal, Thomas Dennis Hilton, M.R.Osantab, aged 74.

LOMAS.—On Jan. 3rd, at Belper, Henry Lomas, L.S.A., in his 92nd year.

MAY.—On Jan. 2nd, at Bournemouth, W. Costall May, M.R.C.S., late of South Kensington aged 66.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXII.

WEDNESDAY, JANUARY 22, 1896.

No. 4.

Lectures

ON

THE DIAGNOSIS OF INSANITY.

By THEO. B. HYSLOP, M.D.,

Lecturer on Mental Diseases to St. Mary's Hospital Medical School,
Assistant Physician to Bethlem Royal Hospital.

LECTURE IV.

In this lecture I propose to deal with some additional factors which either tend to predispose towards or modify attacks of insanity. Considered *seriatim* these factors are:—

(5) *Habits of Life*: (a) intemperance in alcohol, (b) sexual excesses, (c) excessive meat eating, and other dietetic irregularities, (d) irregularity as to sleep and bodily hygiene, non-cultivation of control, &c.

(6) *Periods of Life*: birth, dentition, infancy, puberty, adolescence, maturity, pregnancy, puerperium, dimacterium, and senility.

(7) *Previous Illnesses*: fevers, malaria, rheumatism, gout, rickets, syphilis, scurvy, struma, tuberculosis, cancer, anæmia, chlorosis, diabetes, goitre, &c.

(8) *Accidents or Injuries*: shocks, wounds, local injuries, sunstroke.

(9) *The Effects of Drugs*: alcohol, opium, haschisch, belladonna, chloroform, ether, lead, &c.

Alcohol undoubtedly produces far-reaching effects upon the exquisite structures of the brain, and consequently upon the mental faculties which these structures subserve. The derangements due to alcohol may be mainly sensory, motor, or intellectual. Alcohol may produce a temporary disturbance of the intellect by means of its direct poisoning influence on the brain, or it may cause structural alterations of the brain which are characterised by progressive weakening of the mental faculties, and finally dementia. The symptoms of direct poisoning are doubtless well known to all; the features of slow decay of the brain and mind will be dealt with later.

The main types of alcoholic insanity are as follows:

(1) The purely sensory types in which there is perversion of the common, visceral, or special senses. Perhaps one of the most common causes of delusional insanity is alcohol. Not infrequently recurrent attacks of alcoholic mania ultimately pass into delusional states with ideas of persecution. Several patients now in Bethlem are of this type, they have been admitted and re-admitted suffering from the effects of intoxicants from which they have recovered. Sooner or later, however, there has come a time when sensory disturbances have predominated and these followed by delusions of persecution have rendered the cases incurable and destined to remain for ever under asylum supervision. (2) *Motorial types*, in which the intoxicant affects the motor apparatus, are also very common, and it is with these cases that the greatest number of mistakes in diagnosis are made. Not infrequently persons suffering from tongue tremors and inability to co-ordinate movements are diagnosed as general paralytics. They may be suffering from general paralysis, but it is better to give a provisional diagnosis and state that the effects, if due entirely to alcohol, may pass off and end in recovery.

Sometimes it is difficult to obtain a history of alcoholism. The wives of commercial travellers and city men have never seen their husbands intoxicated, and possibly they may not have been really so; nevertheless, they have been accustomed to drink copiously and constantly so that their brains have become predisposed to break down under some other exciting cause. Sometimes such individuals are keenly conscious of their motor unsteadiness, and resort to "a hair of the dog that bit them" to regain stability. Cases in which there are marked tremors on admission and which appear to increase during the next few days are always suggestive of alcoholism, and more particularly so if subsequently they tend to disappear. In this relation it is of the utmost importance to remember that alcohol may produce temporary disturbance of the cerebro-spinal system which cannot be distinguished from general paralysis with spastic or ataxic symptoms. (3) Alcohol may produce very varied mental defects. The chief defect is impairment of memory. The impairment may be primary and progressive in nature, leading to a condition of dementia. Some observers believe that amnesia is the earliest evidence of structural change in the brain, and that absolute recoverability is rarely (if ever) obtained in this stage of alcoholism. This, however, is an opinion which we are unable to confirm, and I believe we are not warranted in giving an unfavourable prognosis solely from the consideration of a defective memory. In alcoholic insanity, just as in other forms of insanity, the memory is liable to be temporarily affected; and at present we are not well enough acquainted with the laws of memory to be able to definitely prognose as to curability. In old standing cases in which there is complete failure to re-educate the memory, and in senile cases, we may be able to give an unfavourable prognosis; but I repeat that, in acute cases it is wiser to give a provisional diagnosis. The more one sees of alcoholics the more one realises that to them all things appear to be possible, even recovery from the lowest depths of degradation.

Alcoholic insanity is most apt to supervene during the periods of activity when there is the greatest amount of wear and tear. Thus it is more commonly met with between the ages of 25 to 30 and 35 to 45. It has been estimated that 37·2 per cent. of alcoholics are predisposed to it by inheritance. Sometimes children have a morbid craving for alcohol. In nearly all the types of alcoholic insanity the most noticeable feature is that of impulsiveness. Subsequently, however, we shall devote more attention to the varieties of morbid impulse associated with epilepsy and other neuroses, cranial injuries, syphilis, sunstroke, &c.

Hallucinations may be visual, aural, general, systemic, visceral, or relating to the senses of smell or taste. One alcoholic patient in Bethlem used to believe that his legs were being bitten by fishes, the belief arising in connection with a cutaneous patch of hyperæsthesia. Others imagine themselves to be persecuted by electricity, &c., owing to some cutaneous disturbance. The other features of alcoholic insanity will be dealt with more conveniently when we come to consider the points of differential diagnosis between general paralysis and other forms of insanity.

Sexual excess is undoubtedly a cause of some forms

of mental disorder, while in others it is merely a symptom of a predisposition or nervous instability. The husbands of amatory and voluptuous women are not infrequently the victims of general paralysis. It is important to note, however, that, although it is fairly certain that sexual excess does cause general paralysis, yet there are some cases in which the sexual excess is a symptom and not a cause. I have seen a man who, during his adolescence and manhood, had led a temperate life sexually, yet who, when he got on in years, became unstable and developed a tendency to excessive venery, which was regarded rather as a symptom of early senility than a cause of the morbid mental symptom. Another patient, formerly in Bethlem, broke down after exposure to a tropical sun, and developed an ambition to get black babies, which ambition he pursued to the point of extreme exhaustion and mental ruin. Although some authors maintain that sexual excess is almost invariably a cause of general paralysis, it is fairly evident that in some cases, at least, there has not been any sexual excess. Masturbation seldom causes it. The influence of sexual excess in the production of mental diseases is very difficult to estimate correctly. In adolescents the disorder is usually characterised by certain well-marked features. The individuals are usually dull, phlegmatic, and lacking in energy, they hold themselves aloof from others, and may be seen sitting in a corner with their hands lying between their thighs. The dull look and the obvious sluggish circulation are fairly constant characteristics. Unfortunately, patients of this class are exceedingly apt to degenerate and become demented. Their delusions are commonly connected with the sexual organs, and not a few of them have perversions of taste and smell. A person of the above type, who complains of pain in the back of his head, foul smells or tastes, and delusions as to sexual persecution is generally a masturbator. In my experience such cases seldom recover. They may improve up to a certain point, but ultimately they tend to become demented. Impulsiveness is also a common symptom, and in my opinion the development of impulsive tendencies in such cases is a very unfavourable omen. Dr. Skæ has graphically described this vice as producing a group of symptoms which are quite characteristic and easily recognised, and give to the case a special natural history; the peculiar imbecility and shy habits of the very youthful victim; the suspicion, fear, dread, suicidal and other impulsive tendencies, the palpitations, scared look, and feeble body of the older offenders, passing gradually into dementia or fatuity.

The influence of diet in the production of mental diseases can scarcely be over-estimated. Insufficient nutritive substances, irregularities in the habits of feeding, injudicious diets, and other strains upon the digestive organs are extremely apt to disturb the cerebral circulation, and consequently the nutrition of the cortical structures. Insufficient food during early life has been assigned as the cause of imbecility and idiocy. At the present day there is considerable uncertainty as to the origin of some of the scorbutic types of imbeciles and idiots in our asylums, and we do not as yet know the relations between scurvy and rickets and mental defects. Not a few of these types are difficult to estimate, and more especially so when no hereditary tendency can be traced. Dr. Cheadle was one of the first to point out to the medical world the clinical affinities of infantile scurvy. Seventeen years ago he published his investigations upon cases of scurvy supervening on rickets in young children, and later some important observations on osteal and periosteal cachexia and scurvy. There are still, however, many observations wanted upon these subjects. We do not know whether the acute rickets of the German authors, which is now commonly regarded as a combination of

scurvy and rickets, is in reality a combination; and, if so, whether the scurvy is an essential and the rickets a variable element, or *vice versa*. The points of difference between infantile and adult affections are not clearly defined. No explanation has been offered, although frequent mention has been made, of the hysterical objection to vegetable diets in these cases. The fainting fits reported as occurring in association with these cases are of doubtful nature. It would also be of great value to have some definite information as to the value of Swiss milk, Nestlé's food, Robb's biscuits, Liebig's extract, and other preparations, which at present appear to be household words to the possibly uninitiated. At present we do not know what proportion of children fed on these foods have faulty nutritional changes.

In adult life the peculiar distribution of general paralysis has been thought to be due to variations in diet. The large consumption of potatoes in Ireland, and of oatmeal in Scotland, has been regarded as a cause of exemption from general paralysis. Whether the peculiarities of diet are the causes, or whether the influence of syphilis, sexual excess, and alcohol are the chief factors, we are at present unable to determine.

Excessive meat eating is sometimes assigned as a cause of general paralysis, but this is a conjecture which we are unable to verify. Commercial travellers and others who are liable to take their meals at irregular intervals, and who freely indulge in nitrogenous diets, not unfrequently become general paralytics.

Insomnia is undoubtedly one of the most common of the causes of insanity. Loss of rest and failure to recuperate cerebral energy has insidious and far-reaching effects, which may lead to temporary mental instability or even to total dementia and death. Eighty per cent. of the cases admitted to Bethlem have suffered from want of proper sleep.

I now propose to mention some of the *physiological periods of life* which are most fraught with danger to an individual. During *infancy* various forms of idiocy and imbecility may arise. The causes acting at birth may be, premature birth, difficult labour, instrumental delivery, accident, asphyxia neonatorum, or primogeniture. Those acting subsequently to birth may be, infantile convulsions, epilepsy, cerebral affections, febrile disturbances, paralytic affections, sunstroke, nervous shock, or physical injury to the head.

Among the more important factors which determine mental defects or aberrations in the infant, we have to note the following structural abnormalities of the brain and spinal cord:—(a) Anencephalus in which the vault of the cranium is absent, the base being occupied by a mass of connective tissue and blood vessels, formed from outgrowths of the pia mater; (b) absence of the proencephalon in which there is a rudimentary thalamocephalon, the cerebellum, pons, and medulla, being reduced in size owing to the absence of development of the proencephalic fibres; (c) cyclops, in which there is an undivided anterior cerebral vesicle occupied by only one ventricle, and in some cases the presents, of only a single optic nerve and a single eye.

Other abnormalities of the brain and spinal cord have been grouped as follows:—

(1) Abnormalities accompanied by defects in the envelopes of the part:—

(a) Cranioschisis:—
Encephalocele.
Hydrocephalocele.
Meningocele.

(b) Rachischisis:—
Myelocele.
Meningocele spinalis.
Spina bifida occulta.

(2) Abnormalities in which the envelopes are entire:—

Hydrocephalus.

- Microcephalus.
- Porencephalus.
- Hypertrophy.
- Aberrant arrangement of fissures and convolutions.
- Agenesis of cortical elements, commissures, and associative tracts.

Of the various types of congenital and acquired imbecility which may be diagnosed during infancy, we have to note the following:—

(1) Congenital, in which the individual is usually of a low type, with a tendency to physical weakness, strabismus or nystagmus, a highly arched or elongated palate, also automatic movements, contractures, or spastic rigidity. Such patients not uncommonly slaver, and appear to be incapable of caring for themselves. Their special senses may be defective or only partially developed, and there may be little or no power of attention or volition.

The types of congenital imbecility have been classified as follows:—(a) Simple congenital, which include those forms without any obvious physical deformity of the head or limbs. The Mongol or Kalmuc idiot belongs to this class. A typical Mongol idiot, however, is usually of stunted growth and brachycephalic. His fingers and hands are short and dwarfed. Their defective circulation and inability to resist acute diseases usually incapacitate them from attaining to adult age.

(b) Microcephalic, in which the brain has ceased to grow, due either to some internal cause or to the premature closure of the sutures of the skull. As a general rule, heads below 17 inches in circumference are held to be too small for ordinary intelligence.

(c) Hydrocephalic, in which the fontanelle is raised, the head is globular, with the widest circumference at the temples, and occasionally a slight bulging above the superciliary ridges. (d) Scaphocephalic, in which the head is keel-shaped. (e) Paralytic, in which there is arrest of development of part of the brain, due to injury, disease, or apoplexy. In such cases the mental powers can sometimes be cultivated to a certain extent, but the physical development is locally arrested. Usually one hemisphere only is affected.

(f) Cretinism, which may be sporadic or endemic. The types of acquired imbecility are as follows:—

(a) Eclamptic, in which there is arrest of development of the mental functions due to the occurrence of convulsions soon after birth, and which have damaged the structures of the brain. (b) Epileptic, in which, as the result of frequent fits, the intellect becomes dull, and the individual becomes incapable of advancing intellectually. (c) Paralytic, in which the paralysis is acquired at some period after birth. Some of the cases are due to the occurrence of fits, or to cerebral apoplexy. (d) Inflammatory, is usually a sequel to some acute illness, such as measles, typhoid, whooping-cough, sunstroke, &c. The amount of impairment of the mental faculties depends in great part upon the amount of damage to the brain-tissues. (e) Hypertrophic, which may or may not be associated with rickets. Usually, the brain is not so large as in hydrocephalus. The head is somewhat square and bulges above the superciliary ridges. Hypertrophy is said to differ from hydrocephalus in the fact that in the former there is no elasticity over the late closed fontanelle as in the latter. In hydrocephalus the distance between the eyes is increased; in hypertrophy this is not the case. (f) Traumatic, due to a fall or blow on the head. Sometimes the injury has caused the occurrence of fits which serve to prevent mental improvement. (g) Endemic cretinism, in which there are none of the fatty tumours in the posterior triangle of the neck like those found in sporadic cretinism. Usually, cretins are classified according to their degree of development. The lowest types are termed "cretins"; those with a certain amount of intelli-

gence "semi-cretins"; while those who have a fair amount of mental power are termed "cretineus."

Insanity is rare in early infancy. It occurs in children who have a strong neurotic inheritance, and manifests itself by terrors, nightmares, nocturnal delirium, and visual hallucinations. Some children have morbid and often dangerous impulses. Attacks of melancholia or of mania are rare. Night terrors usually occur an hour or two after going to sleep. The attacks are characterised by excessive fears, screaming, and usually some terrifying hallucinations. They occur in children of a neurotic, scrofulous, or anæmic type. The immediate exciting causes may be indigestion, worms, teething, enlarged tonsils, ear disease, catarrh of the respiratory passages, irritation of the skin, ill-ventilated bedrooms, fevers, or to various conditions of mental excitement during the day. The attack may be idiopathic, in the form of a transitory hallucination of sight, due to increased irritation of the brain cortex, or symptomatic, as a reflex neurosis of the pulmonary vagus resulting in dyspnoea, and thereby in a sensation of subjective terror. It is not common for night-terrors to be associated with organic brain disease or with epilepsy. Occasionally, however, children affected with night-terrors become epileptic. One case has been reported in which night-terrors took the place of epilepsy.

Dreams, nightmares, and somnambulism occur in children, due to causes similar to those of night-terrors. Over-fatigue or nervous excitement during the daytime tend to produce these affections, and, as the consequence, there is imperfect brain-rest with its disastrous sequelæ. Of the other factors which determine an attack of insanity in a child, we shall take account in the next lecture.

POST-GRADUATE CLINICAL DEMONSTRATIONS.

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

Consulting Surgeon to the London Hospital, and late President of the
Royal College of Surgeons, England.

[Specially Reported for the MEDICAL PRESS
AND CIRCULAR.]

AMONG the cases recently illustrated by Mr. Hutchinson at his Clinical Museum was an interesting one of
**DESTRUCTION OF THE SOFT PALATE, OF DOUBTFUL
ORIGIN, IN A BOY.**

The boy who was in fair health, was 8 years of age, and had lost the greater part of his soft palate. The point of chief interest in the case was whether or not he was the subject of any taint of inherited syphilis. The history showed that the disease had been two years in progress, it was, therefore, slow, and nothing of a phagedænic nature had ever been present. Thus its persistence was against the diagnosis of lupus, for, had the disease been lupus, the duration of the case would not have been so long. Two years ago the patient suffered from synovitis of both knees—that is hydrops articuli. The effusion lasted for six months, was unaccompanied by pain and was followed by complete recovery of the joints. The joints were now quite healthy. It was of interest to note that in cases of inherited syphilis effusion into the knee-joints was of common occurrence. It usually occurred about the same time as the interstitial keratitis. But the patient's eyes were quite healthy, and he had no interstitial keratitis nor choroiditis. His teeth, moreover, were large and good, and neither mercurial nor syphilitic. That, however, would be likely to be the case provided that he had been healthy as an infant. As a matter of

fact his mother stated that he had been quite well during infancy, and had not required any medicine. Mr. Hutchinson differentiated between the effusion into joints the result of inherited syphilis and that due to a rheumatic cause. In the former there was no pain and perfect recovery followed without any relapses, while in the latter pain was always present, and secondary changes occurred in the joints. The boy's face was not suspicious of syphilis; and although the head was "a little lumpy," there was nothing which anyone could, in this respect, be certain about. Some enlarged glands were present under the jaw. Mr. Hutchinson, upon the whole, regarded the diagnosis as an open one. His suspicion, however, was in favour of syphilis. The boy had been better since taking iodide of potassium. But if interstitial keratitis were to develop, the diagnosis, of course, would be set at rest.

The next case was that of a woman suffering from a
RELAPSING SORE TONGUE.

There were large abraded patches upon the surface of the organ and these resembled a severe attack of herpes. Herpes of the tongue occurred chiefly along the margin and tip; herpes of the tip was exceedingly common. Sometimes these attacks supervened with such frequency that the patients were scarcely ever free from them. The history of the present case was that the disease had persisted off and on for twenty years. At intervals the tongue would be quite sound, but after some months a relapse would occur. The present attack, which had lasted for four months, was the most severe which the patient could remember. On examination of her teeth, one tooth was seen in which an amalgam stopping had been used. Mr. Hutchinson here remarked that he entertained great prejudice against amalgam stoppings in teeth, especially in mouths which were sore. In such cases he always insisted upon the amalgam being removed and gold inserted in its place. Dentists, he stated, would not believe that any harm arose from amalgam stoppings. But he was satisfied that in certain conditions some chemical solution of the amalgam took place. Most often the tongue became sore opposite the tooth in which the amalgam was present. Moreover, he had often found that patients could tell by means of a slight metallic taste in their mouths which tooth it was in which the amalgam had been placed. Again, he had often seen cases of sore mouth where all the symptoms had been relieved by replacing the amalgam with gold stopping. The pellicular condition of the patient's mouth was most interesting. In some respects the leucophakia somewhat resembled that seen in smoker's tongue, but more inflammation was present than was usually observed in the latter condition. It was worthy of note that the filiform papillæ had disappeared over a large area. The patient, on being asked if any particular articles of diet caused irritation to her tongue, replied that anything "sharp" did so, and in this connection she instanced vinegar. She also avoided walnuts. Mr. Hutchinson was interested to find that she had herself discovered the irritating effect of walnuts. He pointed out that walnuts were especially harmful in these cases. The old dry walnuts were possibly not much to be blamed in this connection, but the juice of the rind of the young moist walnuts was especially irritating. He had seen many cases of sore mouths arising from this cause. Again, such patients should avoid all effervescing waters, and sugar in combination with vegetable acids was very harmful. The remedy for these cases was arsenic.

His next case was a very interesting one of

DOUBLE INCOMPLETE PARALYSIS OF THE THIRD NERVE.

The patient was a lad, *æt.* 10. Mr. Hutchinson

pointed out the sleepy aspect which the drooping of the lids caused. The boy instinctively thrust his chin forwards and wrinkled his brow in order to try and overcome the effects of the ptosis. Besides the double incomplete ptosis there was double divergence, more marked on the left than on the right side, owing to weakness of both internal recti muscles. It was evident that certain branches of the third nerve were involved, but it was also clear that some of the branches were unaffected, inasmuch as the pupils were of normal size, and freely active to accommodation and light. The other recti muscles were normal. The case, Mr. Hutchinson observed, was a very curious and interesting one. There was nothing in the boy's history to throw any light upon its etiology. No evidence could be produced showing an inherited syphilitic taint. The main features in the onset of the attack were that about three weeks before he came under notice he was suddenly seized with severe pains in his head, and seven days later the paralytic signs appeared. At first he was supposed to have had diphtheria, but this appeared to be negated by the fact that the movements of the palate were free, and that there was no nasal voice. The patient could fix with either eye, but he usually looked with the right. His tongue was clean, his appetite good. He could walk quite well. His head was occasionally painful; he did not complain of sickness. The etiology of the case was very obscure.

KAPOSI'S DISEASE.

The patient was a little girl, *æt.* 8, the youngest of three sisters; she was quite well until two years of age, and then the signs of Kaposi's disease, from which she was now suffering, began. Xeroderma pigmentosa—which was another name for this disease—was a rare malady. As a rule, it became manifest early in the life of the patient. It was due to congenital weakness of the tissues, which could not stand more than a certain amount of stimulation by sun-light. Cases were sometimes met with in which the whole body was affected. It was a family disease, almost always attacking three or four members of the same family. Its first stage was one of extensive freckling, affecting the face and hands. Next followed a stage of ulceration, and bossy masses of granulation grew out; and, finally, there was a strong tendency to develop fungating masses, which were of the character of epithelial cancer. In most of these features it had close parallels to certain cases of lupus. A point of some interest in the present case was that the patient was the offspring of a consanguineous marriage. In that respect there was some parallelism between it and cases of retinitis pigmentosa, in which a history of consanguineous marriage was not infrequently to be obtained. But Mr. Hutchinson stated that he had never seen Kaposi's disease associated with retinitis pigmentosa, and it was probable that the cases were quite distinct. In cases of retinitis pigmentosa the retina began to take on pigmentation from exposure to light, in other words, the retina became freckled, mainly at first at the periphery, the pigmentation, however, extended, and gradually approached the yellow spot region, and at about early middle life much loss of vision was the result. So far as treatment was concerned in Kaposi's disease, a great deal could be done by protecting the skin with some ointment, and by keeping the patient out of the sun. It was worthy of note that the disease was the same in all climates.

THE West London Hospital has been recognised as a place of study during the fifth year of the curriculum by the Council of the Royal College of Surgeons, England.

ON
CHILDREN'S SPINES:
HEALTHY, UNHEALTHY—AND
OTHERWISE.

By EDMUND OWEN, M.B.LOND., F.R.C.S.,

Surgeon to St. Mary's Hospital Senior Surgeon to the Hospital for Sick Children, &c.

THE author (a) directed attention to the great range of movement possessed by the spine of the healthy child, demonstrating its extent by diagrams and photographs, which he had prepared from various pictures and statues in galleries of ancient and modern art. He then showed photographs of children who had been under his care for tuberculous inflammation of the vertebra, calling attention to the fact that in every such case the first symptom of the disease was stiffness. After duly discussing the need of having the child stripped naked before attempting to examine the back, he urged that the medical attendant should be constantly on the look-out for the occurrence of suppuration, as abscess often approached the surface of the chest, the loin, or the groin, without giving any warning of its formation. Such abscesses were best treated by incision, erosion, and immediate suturing. It was a mistake to use a drainage-tube unless the subsequent course of events showed that its presence could not be dispensed with. As regards the value of laminectomy in those cases in which paraplegia followed collapse of the vertebra, Mr. Owen said that it had at first been sadly over-estimated. He gave clinical records of paraplegic cases in which he had refrained from interfering, and had been rewarded by slow but steady return of the power of locomotion. In one of these cases there had been motor paralysis in the upper extremities as well as the lower, and paralysis also of the intercostal and abdominal muscles. He compared the operation of laminectomy with the heroine of the modern society-drama, in that it had a discredited past and a hopeless future. He had a good deal to say about a class of children whose spines he declined to regard as "diseased," though other practitioners refused to consider them healthy; so, with the view of avoiding unpleasantness, he placed them in a special class, calling them "otherwise." He insisted that too much fuss was being made about a slight lateral deviation of the spine of a growing child. People, it seemed, were inclined to look at a child's spine, to speak, and to write of it, and also to treat it as if it were something apart from the child itself. And he delicately hinted that such impressions were apt to engender a species of irregular practice. He instanced a case in which a practitioner had advised a lady to place a younger child—whose back the said practitioner admitted was quite healthy—under his prolonged and close supervision, lest this healthy child should ultimately acquire a deflected spine like that of its elder brother! He thought that such "prophylactic" treatment of healthy spines was an unworthy occupation for a surgeon, and, quoting George Eliot, he remarked that medicine should be honoured as a profession but despised as a trade. He thought that if medical men occupied themselves too exclusively with the treatment of slight deflections of a limp spine their surgical vision was apt to become distorted, and that they were likely to lose the necessary sense of perspective and proportion. He reported another case of a weak-spined child whose mother had been terribly alarmed by what had been told her by a gentleman whom she had consulted in reference to it. This gentleman had told the mother that her child must at

once come into lodgings near him for exercises and treatment or he would not be responsible for the consequences. Mr. Owen had not been able to find much wrong with the spine; but the mother had apparently been made to think that unless the child were at once taken in hand she would grow up into a woman somewhat like that described by Burns:—

"She's twisted right, she's twisted left,
To balance fair in ilka quarter:
She has a hump upon her breast,
The twin o' that upon her shouther—
Sic a wife as Willie had,
I wadna gie a button for her."

Presidential Address

AT THE ANNUAL MEETING OF
THE BRITISH GYNÆCOLOGICAL SOCIETY.

By CLEMENT GODSON, M.D.,

Consulting Physician to the City of London Lying-in Hospital and late Assist-Physician Accoucheur to St. Bartholomew's Hospital, Physician to the Samaritan Hospital for Women.

AFTER thanking the Society for the honour bestowed on him by his re-election as President, he referred to the fact that during the past year no less than ninety-three new ordinary Fellows had been added, which was the greatest number elected in any one year since the society was founded. They had also elected two Honorary Fellows—Professor Leopold, of Dresden, and Dr. Lombe Atthill, of Dublin.

He then referred to the losses by death the Society and the profession at large had sustained during the year. By the death of Dr. Thomas Keith, on October 9th, he was reminded of the great influence for good which he brought to bear upon the development and perfection of abdominal surgery. His name must for ever live as one of the greatest of British ovariotomists. He next alluded to Robert Battey, of Rome, Georgia, U.S.A., who died at his home on November 8th last. Battey was a country practitioner, who after much thought and consideration, performed oöphorectomy in a case of pronounced neurosis. He fully explained his methods and reasons; and, while it is admitted that nowadays such operations can only very rarely be justified, there can be little doubt but that Robert Battey deserves to rank as a pioneer in modern gynecology. Another Fellow of the Society who had passed away was Henry Widenham Maunsell, M.A., M.D., (T.C.D.) They would miss him in their debates; his strength of argumentative power was evidenced in his remarks on "The Extra-peritoneal Method of Dealing with Uterine Myomata" at the meeting on Feb. 25th, 1892, which he concluded in these words. . . . "It is my opinion that extra-peritoneal myomectomy should be at once, and for ever, abandoned, as it is a disgrace to the surgery of the latter end of the nineteenth century; and all forms of uterine clamps, pedicle skewers, and wire écraseurs should be forwarded without delay to a museum for antiquated and barbarous surgical instruments." Maunsell was an apt and ingenious surgeon who instituted various novel procedures, especially in connection with intestinal surgery. Mr. Hugh Thomas, of Birmingham, M.R.C.S.Eng. and L.S.A., who was a life Fellow of our Society, died at his residence, Grange Road, Coventry Park, on May 23rd last. He was a past President of the Queen's College Medical Society, the author of "Uterine Hydatids" (1883), besides many contributions to the medical journals. Dr. Robert Alexander Jamieson, of Shanghai, was born in Cork in 1842, and died at Shanghai in 1895. In 1869 he was appointed Medical Officer to the Imperial Chinese Maritime Customs, and edited the Customs Medical Reports. Dr. Patrick Manson tells me that through this medium together with many

(1) Abstract of paper read before the Harveian Society of London, Jan. 8th, 1896; President, Sir John Williams, Bart., M.D., in the Chair.

excellent papers on disease in China he contributed very largely to our knowledge of diseases of the East.

The President then proceeded to review the work done by the Society during the past year.

At the March meeting, Dr. Macnaughton-Jones contributed a paper on "The Dangers of Morphia in Gynecological Practice," showing forcibly the disastrous effects produced by the abuse of one of the most useful of drugs. The paper displayed great labour and research in the literature of the subject, and was considered so important that the discussion upon it was adjourned to the next meeting, when several visitors, distinguished specialists in mental diseases, took part in it. At the May meeting, a most important paper was read by Dr. Michie, of Nottingham, on "Pregnancy complicated by Suppuration within the Pelvis." He related six cases which had come under his observation. He divided them into three groups, the first, perforation of the vermiform appendix giving rise to abscess extending into the pelvis, of which he had only one example, operated upon by him at the end of the fourth month of pregnancy; the second group, where suppurative peritonitis had been set up shortly before or during delivery, and having its origin probably in pre-existing disease of the uterus or its appendages, of which he gave two examples, both of pyosalpinx which gave rise to puerperal peritonitis, in both of which he opened the abdomen and found in the peritoneal cavity a quantity of thin offensive pus which was proved to have escaped from the Fallopian tubes. Of the third group—suppuration of the appendages operated upon during pregnancy, *i.e.*, before delivery—he gave three cases. In my remarks during the discussion on this paper I mentioned a case identical in the symptoms to those of the second group:—A lady, well-known in the fashionable circles of London, who when she asked me to attend her in her first confinement, told me she had been laid up in Italy soon after her marriage with some inflammation about the womb, and had suffered pain in the lower abdomen more or less ever since. She was confined in December, 1890, and I saw her on account of this pain frequently before she was taken in labour. She had a natural labour, conducted by myself on the most strict antiseptic principles, as explained by me in a lecture on Antiseptic Midwifery, delivered at the Midwives' Institute and Trained Nurses' Club in 1887. In less than 30 hours after her delivery she was seized with acute abdominal pain; distension of the abdomen, with great tenderness, ensued, with rise of temperature and vomiting. She was seen by several eminent physicians in consultation with me, all of whom agreed that she was suffering from septic peritonitis. It was only towards the end that a surgeon, a friend of the family, Mr. Astley Bloxam, was asked to meet us to consider if any surgical operation might be undertaken. Abdominal incision and flushing out the peritoneal cavity was discussed by us, but the tympanites was so great, and the patient almost moribund, so it was decided not to operate. She died on the eighth day after delivery. I have never ceased to regret that Mr. Bloxam did not see her at the commencement of the illness, when I feel convinced, had her abdomen been opened, a similar condition to that recorded by Dr. Michie, in his second group, would have been found, and the patient possibly might have been alive now. Fashionable London said she died of puerperal fever, and the husbands of all the ladies of this circle that I was about to attend politely intimated to me that they would not like me to do so, and no wonder. There were two patients, however, not cognisant of the occurrence, and these I had no hesitation in attending, and, needless to say, no fever was communicated to them: they did perfectly well, and I have had no case of puerperal illness in my practice since. The loss of this patient did my obstetric prac-

tice serious injury for a time. I have hopes that Dr. Michie's paper, following that of Dr. Grigg, read at this Society in November, 1890, recorded in Vol. VI, No. 24, of the *British Gynecological Journal*, may demonstrate the importance of early surgical interference in cases of puerperal peritonitis, and that they may be recognised as distinct from puerperal septicaemia arising from absorption of septic matter from without, the symptoms of which widely differ.

At the June meeting the subject of curetting the uterus was brought forward in the form of a paper for the first time before this Society by Dr. Fancourt Barnes, under the title of "On Some Difficulties in the Use of the Curette." He concluded by submitting five questions: 1. What are the symptoms which point to the clear necessity of curetting the uterus? 2. Which is the safest and most natural method of dilating the cervix? 3. Should the curette be used in cancer of the uterus—more especially when the growth is at the fundus? 4. Is it advisable to resort to the use of the curette as a means of making a diagnosis? 5. Is it possible to establish a satisfactory system of drainage of the uterine cavity after curetting? Surgeon-General Harvey, Professor Japp Sinclair, Mr. Greig Smith, and Mr. Christopher Martin took part in the discussion, which was adjourned to the next meeting.

At the October meeting Mr. Jessett contributed an instructive paper—"Suggestions for Performing Abdominal Hysterectomy by Total Extirpation of the Uterus." This, with the notes of eight cases operated upon by him, and illustrated by excellent sketches, showing the several stages in the operation, will be found in the November number of the *Journal*.

At the November meeting a valuable paper by Dr. J. Halliday Croom on "Glycosuria Complicating an Ovarian Tumour, and Ovariectomy," was read. (Published in *THE MEDICAL PRESS AND CIRCULAR*, December 4th, 1895.) The subject is one of importance to general practitioners as well as to gynecologists, and will well repay future study.

The President next referred to the many instructive specimens that had been exhibited during the past year, all of which have been recorded in these columns. He concluded this portion of his address by referring to the last meeting of the Society, December 12th, when Dr. Smyly, of Dublin, showed some very interesting specimens—one a pyosalpinx removed by vaginal colotomy, and three myomatous uteri removed per vaginam by morcellement—the results in all being apparently excellent. A discussion, in which Dr. Bantock took a warm part, as to the relative merits of the removal of such by abdominal section, or per vaginam ensued, and he thought it would be well if the subject were brought up again during the ensuing year for discussion.

The President next congratulated Dr. Leith Napier and thanked him on behalf of the Society for the great improvements he had wrought in their journal as editor, and which had become a permanent record of the good work of the Society. Since the last annual meeting an American edition of the journal had been established, which primarily involved the Society in additional expense, but there would now be a substantial gain to the funds by the arrangement which had been made with the American publishers.

In conclusion, he urged upon the Fellows the great importance of regular attendance. Those who had not time to write papers, nor had material in the shape of specimens to exhibit, might take part in the discussions; or, if they did not care to speak, they could not fail to profit by being present. One had only to look through the list of Fellows to see what a strong Society it had become. It should be second to none in the attractiveness of its meetings. There was, he considered, a sociable body, with no petty jealousies.

They did not profess to be better than their neighbours, but they endeavoured, by upholding all that is noble, by suppressing everything that is dishonourable, and by the earnest character of their work, to maintain a high place among the learned Societies.

Clinical Records.

A CASE OF PARA-UTERINE AND PARA-VAGINAL TUMOUR EXTENDING INTO THE LEFT BUTTOCK.

By Mr. FRED. EDGE, F.R.C.S.,

Gynaecological Surgeon to the Wolverhampton Hospital for Women.

Mrs. C., *æt.* 35, married 11 years, came to me on June 18th, 1894. Some three or four years previously she had seen Mr. Lawson Tait. She began to menstruate at 13, has been regular every 28 days, lasting one day, and accompanied by sharp pain for about three hours on left side. The loss was always scanty. She has had no children nor abortions.

Physical Examination.—*General.*—Patient is a well-nourished sound woman, with no perceptible disease of general systems.

Local.—The left labia and the tissues overlying the ischio-rectal fossa are bulged out evenly to a marked extent. The bulging is firm and not nodulated, and can be pushed inwards and upwards. There are no signs of inflammation. The vulva is displaced to the right, and is convex to right from before back. The finger *passes into vagina* over rounded surface bulging left vaginal wall inwards and forwards, and implicating lateral and back part more than anterior part of vagina. Vagina is narrow and rugæ marked. The cervix is high up, is elongated, slightly pointed, and has distinctly rounded small os. The uterine sound is deflected to right side; uterus normal in length. The appendages are not to be made out, nor the upper part of uterus, since parietes are tense and fat. The para-vaginal mass feels slightly fluctuant or yielding.

Per Rectum.—The large fluctuant tumour is well-defined and lies on the left wall of the pelvis, running as high as the uterus and not to be defined above. On combined rectal and vaginal examination the tumour feels rather fluctuant.

The diagnosis was made of a fibro-cystic tumour of uncertain origin, but there was a doubt as to its being due to pathological growth of foetal remnants. It was decided to remove as much as possible to ease the sitting.

Operation in July, 1894.—An incision four inches long on the inner border of gluteal fold and running up to left labium minus was made and carried through adventitious capsule of growth. This was found to consist of rounded dark masses very like the gizzard of a fowl in section. A good quantity of the growth was removed and in posterior part a small central looser reticular space was seen. A uterine sound passed into this was carried without any force parallel to the vagina in the ascending portion of the tumour up to the uterine level. (An incision was made half way up the vaginal wall through this and down to the uterine sound. A small drainage tube was left in this opening and the external incision was closed.)

Patient made a quick recovery and was much relieved at the time, especially in sitting down.

In December it was evident that the growth was progressing, one cannot say recurring, because it was not all removed. I could make out a mass on the left of the uterus which felt firm and regular, not tender. In fact, a broad ligament tumour. Having the view now that I was dealing with a growth from the canal of Gaertner, and that the upper end formed a distinct para-uterine tumour I determined to treat it as a fibro-myoma and endeavour to bring about its retrogression by removal of the tubes and ovaries.

Operation in December, 1894.—There was found to be a fluctuating rounded orange-sized tumour on the left of the uterus, and the appendages on this side were rudimentary. The ovary was small and so loosely attached that it almost came away while I was ligaturing this side and without any force.

She made an uneventful recovery, and was much relieved both as regards the short acute dysmenorrhœic

pain and the feeling of tension in the pelvis. The lower end of the growth, however, was not affected by the removal of the appendages and cessation of menstruation, so on October 8th, 1895, I performed a third operation.

Under anaesthesia one could feel that the para-uterine tumour was imperceptible to bimanual examination.

A long antero-posterior incision over the first incision, but more extensive, was made up to the middle of left vulvo-vaginal border, and then the labia and vaginal walls were cut through up to the left vaginal fornix. The growth was dissected out, and in doing this the internal pudic vein was torn, but was easily controlled. The ascending portion gradually tapered off and was distinctly softer and more friable than the lower part. It was followed up into the broad ligament and removed, no mass of firm tissue being felt to be left behind.

The patient has done well and can now sit easily and perform her marital functions, which were quite inhibited. Microscopically, the growth presented no special characters beyond those of ordinary fibrous tissue.

The part removed in the first operation and the appendages have unfortunately been lost, but I have here the growth as removed finally, and the tapering off of the ascending para-vaginal limit is well seen. I think that this case presents many interesting points—(1) as to its origin, (2) as to treatment, (3) as to the limitation of the effect of removal of the appendages.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY. ANNUAL MEETING HELD JANUARY 9TH, 1896.

CLEMENT GODSON, M.D., President, in the Chair.

THE TREASURER (Dr. MANSELL-MOULLIN) having read his annual report, which was of a highly satisfactory character, the ballot for the election of officers for the ensuing year was announced. The list will be found in our "News" column.

Cordial votes of thanks were accorded to the Treasurer, the Editor of the Journal, the Librarian, Secretaries, and Auditors, all of whom were unanimously re-elected.

THE EXCLUSION OF HOMŒOPATHIC PRACTITIONERS.

The PRESIDENT moved the adoption of the following new by-laws recommended by the Council:—1. That it is undesirable that any member of the medical profession practising homœopathy should be proposed as a fellow of the Society.

Dr. G. H. BURFORD hoped this was intended merely as an academic expression of opinion, and not a matter of society policy. When the society was founded, invitations were sent to many men interested in gynaecology, inviting them to join; and no test of opinions was hinted at. To introduce such a test now would be, he thought, a putting back of the hands of the clock; it would be a reversal of the whole policy of the society. He would like to know what had occurred to warrant this proposal.

The PRESIDENT stated that the proposal had resulted from a letter received from the Editor of *The Lancet*, asking how many homœopaths there were in the society, and suggesting that it was undesirable that such should be admitted fellows.

Dr. CARFRAE moved as an amendment that this by-law be not adopted.

The amendment having been seconded, Dr. HEYWOOD SMITH said he did not champion the cause of homœopathy, but he thought it would be a mistake for a gynaecological society to adopt such a by-law. Surgical principles were the same whether practised by allopaths or homœopaths. If it were a pharmaceutical or clinical society, where medicinal treatment was a prominent subject of discussion, it might be different.

The amendment was put to the meeting and negatived, being supported by only 4 votes. The original motion was then put and carried.

ADVERTISING IN THE LAY PRESS.

2. That it is contrary to the ethics of the British Gynaecological Society that any of its Fellows should advertise their publications, or otherwise bring themselves before the notice of the public by advertising in any way through

the medium of the lay papers. The Council would look with disfavour also on announcements sent round to the medical profession generally. This was carried unanimously.

The PRESIDENT, after being re-elected for another year of office, delivered an address, a abstract of which will be found in another column. After which

Dr. ROUTH moved a vote of thanks to the President for his address, and congratulated him on his re-election; by his direct influence a larger number of Fellows had been elected than in any preceding year.

The vote was seconded by Dr. MACAN, and carried with acclamation.

SPECIMENS.

The following specimens were shown by Professor MAYO ROBSON, F.R.C.S., of Leeds:—

1. *Myoma removed by Hysterectomy. A Method of treating a Divided Ureter.*—The patient was *et.* 50. The tumour was a large one, weighing after removal 20 lbs. When slitting the peritoneum in front of the tumour he found that the left ureter passed round in front, and that he had removed 2 inches of it. He had three courses before him: to remove the kidney, to establish a fistula, or to produce anastomotic union of the cut ends. Having formerly considered what he should do in the event of such an accident, he lost no time, but made a small vertical slit in the lower piece, so as to open it funnel-wise, and passed the end of the upper portion into it, retaining it in position with a few fine sutures. This procedure caused no difficulty, and the patient made an uninterrupted recovery, without any blood in the urine, or any other urinary symptoms.

2. *Ectopic Gestation in Left Fallopian Tube.*—The primary rupture occurred at the sixth week, with formation of hæmatocoele. She was admitted a week later, the history being clearly that of extra-uterine gestation. The left broad ligament was distended. The fluid gradually absorbed, and the tube could then be felt. This began to get larger, and so, in the twelfth week, she was operated upon and the gravid tube removed. No foetus was discovered, but chorionic villi were found on microscopic examination. The patient had made a good recovery.

3. *Sarcomatous alteration of Myoma. Hysterectomy. Intra-peritoneal treatment of pedicle by a method not previously described.*—This was one of several cases in which he had removed large solid uterine tumours after the menopause. There was evidence that the upper part of the tumour was malignant, and he believed that this occurrence was not very uncommon at that time. The patient had had the tumour for several years; when she was 51 years old it started increasing rather quickly. He performed hysterectomy, by a method he had used in several cases, viz, amputating above the cervix, and forming anterior and posterior flaps. In this case there seemed to be some oozing from one of the flaps; he therefore brought the uterus up and fastened the peritoneum round it, making the uterine wound actually extra-peritoneal; he then closed the fascia and skin over it entirely. Recovery was rapid.

4. *Fibro-Cystic tumour removed from between the layers of the sigmoid meso colon.*—The patient was *et.* 43. The tumour had been growing rapidly. On opening the abdomen, the uterus and ovaries were all separate from the tumour. Passing over the top of the latter was a coil of large bowel which seemed to be transverse colon. It looked as if it could not be got away; however, he incised the peritoneum over it, and it then shelled out fairly easily from between what turned out to be the layers of the sigmoid meso-colon. He feared gangrene of the bowel, but no accidents occurred and the patient made a satisfactory recovery.

5. *Myoma Uteri filling Pelvis in 8th month of pregnancy. Removal per vaginam without interference with pregnancy.*—When seen, at the 8th month of pregnancy, the patient had a myoma involving the lower part of the uterus, and filling the pelvis. It was not polypoid. In a similar case he had done a Porro's ovariectomy. In this case he slit through the capsule of the tumour, which was on the posterior lip of the cervix, and shelled out one after another, a number of small fibro-myomata. The patient did not miscarry, but went on to term and had a normal confinement.

6. *Myoma Uteri removed by the Vagina.*—Owing to profuse hæmorrhage, the patient was very blanched. The cervix was expanded and the os could only be felt as a slit high in the vagina behind the pubes. The tumour filled the vagina and reached to the umbilicus. It was enucleated through the vagina, after incising the posterior lip of the cervix. There were no bad symptoms, and patient made a good recovery. When the patient left for home, at the end of the month, no remnant of the tumour could be felt.

The PRESIDENT thanked Professor Mayo Robson in the name of the Society for his interesting specimens, and congratulated him on his brilliant results. He thought that his treatment of the ureter would be of the greatest advantage to any surgeon who should meet with a similar accident.

Mr. BOWREMAN JESSETT thought the first specimen was of special interest; the method adopted for repairing the ureter was novel, simple, and ingenious; it was an accident that might happen at any time, and if it occurred to him he would use Professor Mayo Robson's method. As regards the second case, he thought that total removal of the uterus was better, because it was simpler, and drainage could be secured more efficaciously. But both pan-hysterectomy and Professor Mayo Robson's plan were better than the use of the *serre-naud*, and he was one of those who hoped to see this instrument relegated to the museums of antiquities. He agreed with Professor Mayo Robson that fibroids not uncommonly took on malignant characters after the menopause.

Dr. HEYWOOD SMITH said he was not yet satisfied as to whether pan-hysterectomy or partial hysterectomy were the better treatment for fibroids. It would form a good subject for discussion during the coming year. At present the mortality of pan-hysterectomy seemed to be the greater.

Dr. LEITH NAPIER congratulated Professor Mayo Robson on his excellent results. The first case was a very teaching one; he was not prepared to say whether the means adopted for the ureter were unique, but it was better than any other method hitherto recommended. It was questionable, however, if it would be available if the accident were not discovered at the time, or if a large piece of ureter had been removed. In a case lately reported by Roth, of Berlin, he found it necessary to pass a catheter into the ureter, but if this had to be done every time a ureter was injured it would greatly add to the difficulties of abdominal surgeons. As regards the increase in the growth of fibroids after the menopause, he had, during the last four or five years, seen fourteen cases where this had happened. Probably some of these cases which became sarcomatous might be regarded as originating as soft glandular adenoid tumours. The hard fibroids generally atrophied.

Professor MAYO ROBSON, in reply, said it only remained for him to thank the Society for the cordial reception they had given to his contributions. He had read with great interest Mr. Bowreman Jessett's paper on Pan-hysterectomy; he believed that Mr. Jessett's procedure brought the operation under the category of practical surgery; he did not, however, think it would do for all cases.

Mr. FRED. EDGE, of Wolverhampton, showed a specimen of

PARA-UTERINE AND PARA-VAGINAL TUMOUR EXTENDING INTO THE LEFT BUTTOCK,

the note of which will be found under the heading of "Clinical Records."

EDINBURGH MEDICO-CHIRURGICAL SOCIETY. MEETING HELD WEDNESDAY, JANUARY 15TH.

The President, Dr. ARGYLL ROBERTSON, in the Chair.

Dr. CAIRD showed a boy in whom he had performed supra-pubic cystotomy for rupture of the urethra with no extravasation of urine. In order to find the urethra he had to pass an instrument from above and cut down upon it.

SPECIMENS.

Dr. W. ELDER showed—1. A brain from a case of aphasia of 17 years' duration. The patient, a female, had a shock of paralysis 14 days after childbirth with right

sided hemiplegia. On two different occasions afterwards she was treated in an asylum for mental symptoms, and shortly before death she had what appeared to have been a congestive attack. During her illness she was able to speak, but could not use the proper words; her hearing for sounds was perfect, for words very defective; she could not write nor add up sums, although she seemed to be able to check mistakes in bills. The brain was normal, save for atrophy of the left temporo sphenoidal lobe; the supra-marginal gyrus was affected, accounting for the visual defect. 2. Hypertrophied bladder wall with dilated ureter following stricture of the urethra.

Dr. F. BOYD showed an aneurysm of the aorta, with rupture into the lung. There were no previous symptoms in the case before the rupture took place, and the pleura on one side was found adherent also without any previous history of disease.

Dr. D. GREIG showed a "Cathartine" cast of lupus vertuosus.

Dr. NOEL PATON read a paper on

THE ACTION OF THE LIVER ON FATS.

Dr. Paton commenced by reviewing our present knowledge from previous work on this subject. He pointed out that it was generally held that the liver caught the sugars and proteids of the food, while the fats were thrown directly into the venous circulation by means of the lymphatic duct. Nasse thought that the liver was directly connected with the metabolism of fats, but used erroneous data in his observations. Langley, from a microscopic examination of the livers of frogs, thought that the liver must have to do with fats. With regard to methods, the old way of estimating the amount of fat in the liver by means of extracting with ether was fallacious, as the amount of fatty acids in the liver was very great. The fatty acids must be separated from the ether extract. In the liver the solid fatty acids, palmitic and stearic, predominated. The change in the percentage of fats in the liver might be due to accumulation of fats or to increase in decomposition. Remembering, however, that change in the other constituents of the liver might alter the percentage of the fats, he had investigated the effect of starvation on the fats of the liver in cats, kittens and pigeons, and found that after four days the average of fat remained practically the same. Could this be because the liver acted as a storehouse of phosphorus? In order to settle the question of storage, kittens were fed on cream. The melting point of cream fat is lower than that of the liver, and it was found that the fat stored in the liver did present a lower melting point sixty to seventy hours after the melting point of the stored cream fat rose. Fats were, therefore, stored in the liver in some animals. In the salmon it was stored in the muscles, in the pig in the adipose tissue, and in the cod, sheep, rabbit and cat in the liver. If there was a relation between the ingestion of carbohydrates and the formation of fats, as there undoubtedly was, we should get an increase of fats in the liver when the glycogen was disappearing from it. He found that this was the case in rabbits fed on a carbohydrate diet and then starved. It had been suggested that the body fats took the place of those in the liver under those circumstances as occurred in phloridzin poisoning. In the latter case the blood became milky, but did not do so in starvation. Probably glycogen can, therefore, be transformed into fats as well as into sugar in the liver. Pflüger's researches showed that there was no evidence to support the theory that proteids were a source of fats. A proteid diet increased the metabolism in the liver, and fats, if formed in greater quantity, might be broken down faster. Evidence of this might be found in the results of feeding with proteids, and, therefore, it might possibly be true that fats were formed from these bodies.

Dr. G. A. GIBSON asked why in phosphorus poisoning the liver decreased in size if the fats were kept at the normal? and suggested that Ebstein and his school were wrong, if Dr. Paton was right, in treating obesity with fatty food.

Dr. DUNLOP said that Dr. Paton had proved that lecithin was present in the liver in much greater quantities than former observers, and stated that at his suggestion he had investigated the fats in the liver in fatty infiltration and degeneration of that organ. He could find no difference between the fats present in the two.

Dr. LOCKHART GILLESPIE asked if the phosphates in the urine during starvation had been estimated, as, if there was no phosphorus ingested and some being eliminated, he failed to see how the phosphorus in the liver could remain constant without grave changes throughout the body. He also asked if Dr. Paton believed with Pavy that fats were formed in the cells of the wall of the intestine, and if so what effect that would have on his theory of the liver storage of fat.

Drs. GULLAND and STOCKMAN also spoke.

Dr. PATON, in reply, thought that in phosphorus poisoning the liver substance became disintegrated from the action of the poison. He did not believe that fat was formed in the intestinal cells, that in starvation phosphates were excreted in the urine in very small amount, and that the storage of them in the liver did not undergo a relative decrease.

Dr. LEWIS read a paper entitled, "An Inquiry into the Physiology of the Action of the Thermal Saline Baths and Resistance Exercises in Chronic Heart Disease (the Bad Naubeim and Schott System)." The principal point he brought out was that the marvellous reports of decrease in the cardiac dulness were not to be implicitly trusted.

Drs. GIBSON and BALFOUR discussed the paper.

THE HUNTERIAN SOCIETY.

MEETING HELD WEDNESDAY, JANUARY, 8TH (at the London Institution).

The President, MR. CHARLES J. SYMONDS, F.R.C.S., in the Chair.

AFTER the election of an unusually large number of new members, Dr. JAS. H. SEQUEIRA read a paper entitled:—

CHRONIC PHARYNGEAL AFFECTIONS AND THEIR RELATION TO DIPHTHERIA.

Admitting diphtheria to be a specific bacillary disease, he wished to consider the entrance of the bacillus by the air passages: he referred to the fact established by Drs. Thompson and Howlett that air filtered through the nares was practically germ free, and hence deduced as a corollary that anything which contributed to oral breathing must be a predisposing factor in the onset of diphtheria. He then drew attention to the depth of the crypts of the tonsils where bacilli could rest undisturbed, and to the altered vitality of the tonsillar mucous-membrane in catarrh. From these two premises he then proceeded to draw conclusions and summed them up as follows:—
1. Tonsillar hypertrophy and post-nasal adenoids are found chiefly in children from the age of two to puberty, and 80 per cent. of the cases of diphtheria are found between those ages. 2. These pharyngeal affections are rare after 30, while only 3 per cent. of diphtheria cases occur at this period of life. 3. 72.5 per cent. out of 40 cases of diphtheria that he had examined presented evidence of tonsillar hypertrophy. 4. Diphtheria is a common sequela of scarlet fever, which severely affects the tonsils and often leads to mouth breathing.

Dr. FRED J. SMITH said he thought that adenoids and enlarged tonsils with catarrhal conditions did not account for the whole increase in vulnerability to diphtheria, something more must be added in the shape of general constitutional weakness of resistance to infection.

Dr. HINGSTON FOX laid stress upon family disposition to the incidence of specific diseases, and said he knew of many cases in which immunity seemed to run in families.

Dr. A. DAVIES referred to his experience of the frequency of diphtheria as a sequel of scarlatina.

Dr. F. WARNER quoted a case of simple tonsillitis (occurring in the nurse of a diphtheria patient) in which no diphtheria bacilli were found.

Dr. GOODALL was not at all convinced that throat diseases did predispose to diphtheria. He referred to the difficulty of obtaining reliable histories of the previous condition of the throats of the patients in the fever hospitals, and he suspected that it might prove that diphtheria was the cause and not the consequence of chronic throat trouble. He recognised diphtheria as a sequel of scarlet fever, but said it occurred very irregularly, now attacking very few and then a large proportion of convalescent scarlatina patients.

The PRESIDENT mentioned two cases of removal of adenoids which had unfortunately succumbed to diphtheria after operation for removal of the growths.

Dr. SEQUFIRA briefly replied.

Dr. FORTESQUE FOX then read a paper entitled,

LOCALISED RHEUMATOID ARTHRITIS.

Simple local arthritis, he considered, was distinguished from all other forms of degenerative joint lesion, specific, septic or nervous. Whilst the latter are parts of generalised disease, simple arthritis was a local disease, excited by injury, in those in whom from hereditary causes or senility the joints were vulnerable. Hence it affected by preference exposed joints, and the right side of the body. A summary was given of thirty-nine cases of local arthritis met with at Strathpeffer Spa, and affecting the shoulder, knee or hand. In the hand the basal joint of the thumb was most commonly involved, "typical senile local arthritis" causing a cupping of the palm. "Last joint arthritis" was regarded as a form of gout in women. "Residual arthritis," the result of bygone acute rheumatism, &c., was also distinguished from proper local arthritis. The latter belongs to the climacteric and the senile periods. The treatment consists in active irritation in the early stages, rest, and later some form of thermal treatment. The methods in use at Strathpeffer were described. The prognosis in most cases is not unfavourable.

HARVEIAN SOCIETY OF LONDON.

THE ANNUAL MEETING AND CONVERSAZIONE HELD ON THURSDAY, JAN. 16TH.

The President, SIR JOHN WILLIAMS, Bart., in the Chair.

The Annual Reports of the Council and Treasurer were read and unanimously received by the Society.

PRESIDENTIAL ADDRESS.

The PRESIDENT then delivered his Annual Address, in the course of which he dealt with the changes that had occurred in the various Examining Bodies with regard to their examinations in Midwifery, showing how some thirty years ago this subject received but scant attention at their hands. He pointed out how important it was that those who presented themselves for examination in midwifery should be able to satisfy the examiners as to their knowledge of the shape and diameter of the female pelvis, the anatomy of the pelvic organs and the size of the fœtus at various times during gestation, and particularly at term. He said that upon these data rested the science and art of midwifery, and they were the first essentials of that science. Sir John Williams went on to describe the changes which had taken place during the last forty years in various operations, and showed how the recognition of the relative sizes of the pelvis and of the fœtus had influenced the manner in which these operations should be performed, and the period at which they should be undertaken. He concluded with a criticism of the term "Meddlesome Midwifery," and showed how proper interference undertaken at the proper time, during gestation or labour, might be justifiable and even imperative so long as its aims were the saving of the life of the mother and child. The officers for the ensuing year were then balloted for and elected. The list will be found in our "News" column.

Cordial votes of thanks were accorded to the President, Treasurer, the retiring members of Council, and to Mr. Peyton Beale, the indefatigable Honorary Secretary.

These formalities were followed by a *conversazione*, which, we understand, was a success, but, as the usual courtesy was not extended to the medical press, we are unable personally to vouch for.

FRANCE.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Jan. 18, 1896.

ARTIFICIAL SERUM.

At the meeting of the Société de Chirurgie, M. P. Michaux gave his experience on the treatment of post-

operative peritoneal septicæmia by intravenous injections of artificial serum. For the last three years he has used these injections twenty-five times after major operations, and more or less frequently for shock or abundant hæmorrhage, and in these later cases with marvellous results, regular resurrections were operated before his eyes. Of the twenty-five cases he had kept a detailed account of fifteen, which he submitted to the meeting. In all the cases the septic symptoms were very grave; distension of the abdomen, pulse quick and wiry, temperature low, or scarcely above the normal, gripped face, eyes sunken, nose pinched, &c. Five of the fifteen cases recovered, and amongst them the most interesting was that of a woman of fifty, on whom he had performed six weeks ago vaginal hysterectomy for an enormous fibroma. The operation lasted an hour and a half. The evening of the second day the general condition was not satisfactory, and the following morning, in spite of the antiseptic dressing unmistakable signs of peritoneal septicæmia had set in. Seeing that there was no time to lose, M. Michaux removed the instruments from the vagina, applied ice to the abdomen and injected into the cephalic vein a quart of artificial serum. The temperature, which had been under the normal, rose hourly up to 103° and then gradually went down, so that on the following day it stood at 98° or thereabouts. Injections of the serum were also made five or six times in the cellular tissue. After five or six days of this active treatment matters took a good turn, and at the time of speaking, the patient was out of danger. In another woman, æt. 33, who had undergone a similar operation for pyosalpinx, septicæmia set in on the third day. After injecting into the veins of the arm over a quart of serum the speaker re-opened the abdomen and by means of a large drain in the vagina, washed out the cavity with warm salted water. Two days afterwards a marked improvement took place; the washings of salt water were continued for eight days and the patient recovered completely.

In two other cases the patients were literally dragged from the jaws of death. Where death does ensue, M. Michaux remarked that the injections of artificial serum retarded for four or five days at least the fatal *dénouement*. Nearly all the injections were made with the serum of Hayem, but more than once he contented himself with boiled water, and from two to three drachms of sea salt. The liquid is filtered through hydrophile cotton and boiled for fifteen minutes in a bottle and then hermetically sealed until ready for use. The operation, as practised by M. Michaux, is simple enough. After cleaning, antiseptically, the region, he incises the teguments directly over the cephalic or basilic vein, which, when properly exposed, he opens by a V-shaped incision, and introduces the canula of the syringe, taking care that no bubble of air is injected. The liquid, heated to 103°, is slowly injected. The effect on the patient is immediate; the respiration becomes deeper and more expansive, the pulse becomes full and diminishes in frequency, and a general *bien être* is experienced. Sometimes a certain amount of dyspnoea is observed and vomiting, but only after large doses. The quantity of urine is greatly increased by the transfusion when repeated for a few days. Besides the intra-venous injections, M. Michaux said he was in the habit of injecting into the subcutaneous tissue small quantities of the serum with good effect, and even exclusively in the least grave cases.

Although he was confident that intra-venous injections

of artificial serum constituted a precious resource in the treatment of peritoneal septicæmia, he was far from being indifferent to the important services rendered by the other means usually employed against this grave complication, in the front rank of which should be placed purgatives and enemata, applications of ice to the abdomen, and a large abdomino-vaginal drainage.

CARDIAC LIVER.

UNDER the above title Prof. Lépine, of Lyons, has just published an article on the treatment of hepatic affections as a sequence to certain forms of heart disease. It is well known, says the writer, that the liver in its normal condition is a very soft organ, and distends like a sponge under the influence of the sanguine flux. Consequently, when for any reason the tension increases in the right auriculum, the liver increases rapidly in volume, provided, however, that no cirrhosis exists which, by the development of the conjunctival tissue, deprives the organ of its softness and elasticity.

The edge, which is scarcely visible in the normal state can be felt far below the false ribs, hard and resisting. If, on the other hand, the tension in the right auriculum disappears, almost immediately the liver disgorges itself and returns to its primitive volume. This great permeability and softness of the liver explains sufficiently the facility with which can be observed the hepatic pulsations described by Prof. Potain, and met with in each case of insufficiency of the tricuspid valves. It follows naturally that the treatment of cardiac liver should consist in diminishing as much as possible the tension existing in the auriculum and the inferior vena cava.

I had recently, relates M. Lépine, in my wards, simultaneously three patients suffering from insufficiency of the tricuspid valves, and presenting, each of them, an enormous liver, the lower edge reaching as far down as the umbilicus. In one of them the affection was of recent date. Under the influence of digitaline the dilatation of the right heart diminished considerably, but the lower edge of the liver remained in the same position, at which I was much surprised. In seeking the cause of this anomaly, I found that all the patients ate well, and especially a good deal of meat. I put them immediately on a milk diet, and soon I had the satisfaction of seeing the liver recede almost completely under the false ribs. After all, the fact was not very extraordinary, as digestion and above all that of meat, produces a notable congestion of the liver, as may be proved by opening the abdomen of a dog after a heavy meal; the portal vein will be found to be enormously distended and the mesenteric arteries to beat with violence and the liver considerably distended. The natural inference to be drawn from this physiological fact is the necessity of excluding meat from the diet of patients suffering from tricuspid disease.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, JAN. 17th.

THE TITLE OF PROFESSOR.

THE title of Professor, until a few years ago, was never conferred on medical men having no teaching connection with a university. The highest rank men who were not teachers could then attain to was that of Geheimer Sanitätärath or Privy Sanitary Councillor or in the case of medical officials, Geheimer Medizinalrath, or Privy Medical

Councillor. The first occasion, therefore, on which the title was bestowed naturally gave rise to a good deal of talk on the part of members of the profession. The clinician Dr. Paul Ehrlich was the first to receive the titular distinction, and it was bestowed on him in consequence of his studies into the colour-analysis of blood. He was then an assistant in the Frerich Klinik. Since that time a number of non-teaching practitioners have been the recipients of the distinction. Reuvers, then assistant in Leyden's Klinik, and now Director of the Moabit Hospital, was among the earlier ones thus distinguished. Albert Köhler, assistant in Bardeleben's Klinik, soon followed, then Emil Behring, the so-called founder of blood-serum therapeutics, and now ordinary in Marburg. Then came staff-surgeon E. Pfuhl, for many years assistant to Robert Koch, and now organiser of the bacteriological laboratories in connection with the army sanitary officials. Dr. George Cornet, known for his investigation into the spread and prophylaxis of tuberculosis, and Dr. Kitasato, of Japan, both for several years volunteers in the Koch Institute, then followed. These were followed by a number of others, mostly men of distinction and connected as directors with public institutions. Amongst them may be mentioned Eugen Hahn, of the City Hospital, Friedrichshain; Langenbuch, of the Lazarus Hospital; James Israel, of the Jewish Hospital; Wagner, of Königshütte, and a number of distinguished provincial medical men. Finally, the title has been bestowed on Dr. Baume, a dentist and a member of the Dental Examination Board of this city. The conditions of the bestowal of the title are now so far changed that the Cultus Minister grants this or that of Sanitätärath as seems the most suitable for any given case.

At the Berlin Medical Society, Hr. Saul read a note on the

STERILISATION OF CATGUT.

After numerous experiments he came to the conclusion that this was best effected by storing it in a solution containing eighty-five parts of alcohol, five parts of carbolic acid, and ten of water. In this solution the spores of anthrax were killed in ten minutes. He showed an apparatus for the purpose made under his direction by the firm of Gebrüder Lautenschläger.

Herr O. Israel then showed two preparations of

DIFFERENT FORMS OF CANCER FROM ONE INDIVIDUAL.

The patient, a man, set. 50, was admitted into hospital, suffering from cholelithiasis. The gall bladder was sutured and fifteen stones removed from it. The patient was also suffering from mitral stenosis, and died soon after from his cardiac trouble. The autopsy and microscopical examination showed that the anterior wall of the gall bladder was the seat of a cylindrical-celled carcinoma, and that a canceroid sprang from the head of the pancreas and projected into the duodenum. He said that the form of growth in the pancreas was a great rarity, but the presence of two cancerous growths of different kinds in one individual was a very great rarity. He saw such a case, however, in 1883, in a man, set. 69, who had canceroid of the tongue and cylinder-celled carcinoma of the jejunum.

At the Hufeland Society Hr. Liebreich showed a patient in illustration of the

STIMULATING ACTION OF CANTHARIDINE.

The man, who had suffered from syphilis, was not improved in any way by a course of mercurial treatment. It was only after taking cantharidine that the mercury had

any effect. The symptoms of syphilis had then mostly disappeared. In a similar case the speaker had also tried cantharidine with a good result.

Hr. Saalfeld said that he had also treated a number of cases with mercury and cantharides simultaneously, some of them being individuals with distinct evidences of tuberculosis. In these cases it was known that one had to be very cautious with mercury. Some were cases that had not improved either under mercury alone or under mercury and potass iodide combined. In the case of the phthical patients, mercury could be given in the usual quantities when the cantharidine was given at the same time. In the second group of cases with torpid ulcers and no tendency to heal, improvement set in with increased flow of serum after cantharidine had been given.

The same speaker then showed a patient with a

SYPHILITIC GUMMA OF THE FOREHEAD.

The diseased parts had a certain resemblance to lupus gummosus. On application of the phaneroSCOPE, however, and glass pressure the diagnosis was very clear; there was then no trace of lupus vulgaris.

Hr. Hausemann then spoke on

AN UNUSUAL CASE OF MORBUS ADDISONII.

He said that the significance of the supra-renal capsules in Addison's disease was not yet sufficiently recognised. Some inquirers looked upon the supra-renal affection as secondary, and thought the primary disease lay in the solar plexus, the splanchnic nerves, and the spinal cord. There was no doubt the capsules might be completely destroyed without the onset of Addison's disease, as in the case of a woman, *æt.* 53, both of whose supra-renal capsules were completely destroyed by cancer metastases without a trace of Addison's disease appearing. The same thing occurred as regarded the pancreas and diabetes. All disease of the pancreas might lead accidentally to diabetes, but there was a diabetes independent of the pancreas. Granular atrophy of the pancreas led on to diabetes with great regularity.

The case he brought forward was that of a man of 30, of healthy parentage and always healthy himself. He was admitted into hospital in June last suffering from impaired nutrition, slight jaundice, great weakness, that was increased by vomiting and deficient ingestion of food. The lungs, heart, spleen, and kidneys were sound. Pigmentation was well-marked, especially in cicatrices and on the edges of the *velum palati*. He died in 14 days. The autopsy showed brown atrophy of the heart, in the lungs small cicatrices with small caseous patches, swelling of the follicles of the intestines, patchy swelling and redness of the mucous membrane, and some hæmorrhages. All the organs except the supra-renal capsules were unchanged. These were united to the adjoining parts by fibrous bands. As flat surfaces they were of fair size, but they were very thin. Every trace of yellow cortical substance had disappeared. In some foveæ a round-celled infiltration was present. There were no neoplasms. There was no positive change in the nervous apparatus, except a few pigmented ganglion cells in the solar plexus. There were no changes in the cord. The absence of the cortical substance of the supra-renal capsules must, therefore, be the sole cause of the disease.

EIGHTEEN fatal accidents occurred in the Alps last summer, 4 in the French Alps, 6 in the Swiss, 6 in the German and Austrian, and 2 in the Italian Alps.

[FROM OUR OWN CORRESPONDENT.]

Vienna, Jan. 17th, 1896.

LEPROSY.

PROF. KAPOSI opened his Clinic by showing a few cases of leprosy that have lately come under his notice. In recounting the early history of the disease, which he admitted was of great antiquity, he assured his audience that we were indebted to the Arabian medical schools for the most of our knowledge concerning its ancient history. In the Latin translation of these works the Arabian term "Dal fil," which, correctly rendered, is "an elephant's foot," has been translated "Elephantiasis," or "elephantopus," but more recent investigations have classed it as a thickening of the skin, or pachydermia, or "Elephantiasis Arabum." In the original Arabian works of medicine we meet with another term "Djudzan" which appears to have included a number of diseases with nodules on the surface of the body, associated with shedding of the nails, and subsequently proceeding to a fatal termination. These could be more correctly translated as leprosy. It was not until the Renaissance period that these works, whose contents have thrown much light on the disease, were discovered in the cloisters. In the Greek language there is another disease described under leprosy corresponding to the Arabic term, but from closer inquiry it appears that the disease has no grave consequences, only attacking the skin and leaving large white patches, which we are inclined to believe was *peoriasis*; indeed, the late Sir Erasmus Wilson, termed it "crescentic lepra *peoriasis*." The Arabians appear to have had another allied disease which they called "Albaras" represented in the Greek by "Morphosa," which was either "Albos" or "Melas" or black and white, agreeing in some measure to our "Vitelligo."

The constitutional disease or general lepra appears to have reached extraordinary dimensions in Europe between the 10th and 12th centuries when hospitals were everywhere provided for their isolation. At that time the leper was under the necessity of carrying a bell to give notice of his presence, so that the healthy might pass without coming in contact with the diseased person. The word "Zarad" in the Bible is translated by the "Septuaginta" as Leger, but this included other diseases. After this time the epidemic seems to have gradually disappeared, when syphilis made its appearance, which was for some time considered as another form of leprosy. It has now disappeared, except in limited localities, such as Norway, Sweden, Finland, South of Spain, Constantinople, and South America. Leprosy may be correctly divided into "Tuberoea," "Maculoea," and "Anæsthetica." The "Tuberoea" form appears like large papular syphillides over the hands, feet, and various parts of the body, ultimately passing on to ulceration. The "Maculoea" appears as bronzed or brown spots on the surface, which soon become anæsthetic and atrophied. The third, or "Anæsthetic," often begins with a "Maculoea" appearance, subsequently forming vesicles and terminating in complete anæsthesia. The neurilemma of the fibrille first becomes infiltrated and thickened till the tactile sensation is quite lost as well as that of heat and cold. There is one peculiarity that still remains to distinguish this disease and that is the muscular sensation of the feet is retained as the patient is able to stand quite steady when the eyes are closed.

MEDICAL FACULTY FOR LINZ.

The inhabitants of Lower Austria have petitioned the Austrian Government for a new medical school at Linz. They complain of the wide area in their province which is without medical aid, and assure the Government that a better provision could be made if a centre of education were established in their midst. Another complaint is the defective arrangements of the Government for carrying out sanitary reforms which they think would be better accomplished by a Faculty of their own.

PROF. ALBERT has again returned to his clinic after a severe illness from gout. Prof. Hochenegg has been performing the duties of lecturer, and will continue throughout the session to do so.

The Operating Theatres.

MIDDLESEX HOSPITAL.

STEPHEN SMITH'S AMPUTATION AT THE KNEE-JOINT FOR GANGRENE OF THE LEG AND THROMBOSIS OF THE FEMORAL ARTERY.—MR. PEARCE GOULD operated on a man, *æt.* 57, but looking considerably older. Occupying the middle third of the outer surface of the patient's right leg was an ulcer more than six inches long, extending down to the interosseous membrane, to the tibia and to the fibula; this was caused by gangrenous inflammation; the slough had nearly all separated, but the exposed outer surface of the tibia was necrosed. The foot was very oedematous. Pulsation was felt in the femoral artery down to the apex of Scarpa's triangle, below which no arterial pulsation could be detected. The leg was removed at the knee-joint below the semi-lunar fibro-cartilages, the stump being covered in by lateral flaps taken from the leg according to the method of Stephen Smith. The femoral artery was found filled with a dark red thrombus; the arterial wall was not notably thickened or otherwise diseased. Mr. Gould said it was necessary in these days for a surgeon to justify very completely every amputation, but he believed that in this case there was no other course open to him to pursue. The existence of the thrombosis, together with the feeble state of the patient, rendered it probable that the ulceration would never heal, but, even were healing to be obtained, the man would be left with a useless and troublesome leg. The extensor and peronei muscles were destroyed, so that the foot would be in a condition of paralytic equino-varus; and the anterior tibial and musculo-cutaneous nerves having also been destroyed, the dorsum of the foot would be deprived of all sensation, and would probably become quickly the seat of trophic sores. Having decided to amputate, the question arose as to the best method to adopt: he had chosen Stephen Smith's amputation through the knee-joint because it was attended with less shock and less hæmorrhage than any amputation through the lower part of the thigh; if successful it would leave the man a better stump than an amputation higher up. In the patient's feeble state Mr. Gould attached great importance to the little shock and trifling hæmorrhage (in this case not amounting to half-an-ounce), and this was the chief reason that had weighed with him in his decision. He was aware, however, that this operation was in this particular patient attended with risk; the flaps of skin and fascia which he had reflected from the leg were very thin, and at the same time were of necessity long, and with thrombosis of the popliteal and

femoral arteries there was danger that one or both these flaps would slough. He pointed out that the outer flap, owing to its less free blood supply, was more liable to slough than the inner flap. In speaking of the thrombosis, he drew attention to the probability of its being due to an extension of clot from the anterior tibial artery, the seat of disease, and not to extensive disease of the arterial wall, the case differing wholly from another he mentioned, in which he had recently performed the same operation for gangrene of the leg due to obliterative arteritis, and in which the popliteal artery was found to be filled, not with a thrombus, but with organised fibro-cellular tissue.

KING'S COLLEGE HOSPITAL.

SECONDARY NERVE SUTURE AFTER DIVISION OF THE ULNAR NERVE.—MR. CARLESS operated on a young woman, *æt.* about 20, who sustained a glass wound of the wrist: four months previously, severing the ulnar nerve. An attempt had been at once made by the medical attendant to suture the divided ends, but the result was unsatisfactory, as also were two subsequent operations performed by the same medical man. On admission the usual signs of division of the ulnar nerve at the wrist were markedly evident, namely, complete anæsthesia of the little finger and adjacent side of the ring finger, flexion of the fingers, especially sustained, flexion particularly of the little and ring fingers, inability to adduct and abduct the fingers, and defective mobility of the thumb. The muscles were exceedingly wasted, and the electrical reaction very imperfect. After exsanguinating the limb by Lister's method of elevation the nerve was exposed by an incision extending along the radial side of the flexor carpi ulnaris and pisiform bone; there was a large amount of cicatricial deposit in the neighbourhood of the injury, but the ends of the nerve were readily found above and below this. The mass of cicatricial tissue constituting the bulb was freely dissected away and the nerve ends divided transversely so as to expose the nervous fibrillæ. It was then found that although over three-quarters of an inch of tissue had been removed the divided ends could be brought into apposition with scarcely any tension. One deep stitch was passed through the whole substance of the nerve at about a centimetre distance from the divided ends. This, when tied, acted as a traction stitch to diminish tension upon the ends when united. Four fine sutures were next inserted so as to secure accurate apposition of the incised extremities, which were brought into accurate apposition by this means. The wound was now closed and dressed in the usual way, and a plaster-of-Paris splint was put on the dorsal aspect of the forearm and hand so as to keep the latter well flexed. Mr. Carless commented on the necessity of free and complete removal of the whole mass of cicatricial tissue which intervened between the nerve ends in these old-standing cases; it is absolutely essential, he said, that the actual nerve fibrillæ free from infiltration should be brought into contact. In many cases it is impossible to accomplish this owing to there being insufficient tissue, and when such a condition exists the ultimate prognosis is very unsatisfactory, whatever precautions are taken to make up for the defect. In this case fortunately the ends were easily brought into contact and the prognosis was consequently increasingly hopeful.

It is satisfactory to state that by the eighth day sensation had been almost entirely regained in the anæsthetic area, that the fingers were not quite so much flexed, and that the movement of opposition of the thumb to each of the finger tips could be accomplished.

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The Medical Press & Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, JANUARY 22, 1896.

THE INSANITIES OF PREGNANCY AND THE PUERPERIUM.

THE subject of the insanities of pregnancy and the puerperium ranks, in the matter of obscurity, with that of puerperal fevers, but while the latter have profited by the greater knowledge at present possessed in respect of the influence of pathogenic organisms in their causation, the insanities have remained in the chaotic condition in which they were bequeathed to us by our professional ancestors. Before attempting a classification it behoves us to decide whether or not there are really forms of insanity peculiar to the pregnant or the puerperal states. We are fully aware of the fact that women are more prone to mental disturbances at particular epochs of their life's history, but this alone does not establish any special relationship. Certain persons inherit or acquire a liability to mental disturbance under comparatively slight stress, and it is presumably only in such persons that any form of insanity can declare itself either during the puerperal period or at other times. It would not seem that these attacks present any features which enable us to differentiate them from cases of insanity due to other causes and if the puerperium acts only as a determining factor in virtue of the great demands which maternity imposes on the female

organism it follows that we have to do only with this or that variety of ordinary insanity, although in the cases under discussion the attack may have been precipitated by the physiological strain of conception and delivery. There is, however, good reason for believing that a large number of cases of puerperal insanity are the direct and immediate result of septic infection, and, as might be expected, these cases are at present far less frequently met with than in the old days of midwifery before the introduction of antiseptic methods. These are the cases, if any, which really merit the designation of puerperal insanity. But even if all cases could reasonably be referred to this source, which is certainly not true, insanity thus induced does not differ essentially from the forms which are constantly met with as the result of toxic influences generally. Indeed, the pathological appearances would appear to be virtually indistinguishable from those due to phosphorus poisoning, for instance. They ought, therefore, strictly speaking, to be classed as toxic insanities, and not as puerperal insanities. All classifications hitherto proposed, including that brought forward by Dr. Savage, at the last meeting of the Medical Society of London, are ostentatiously unscientific. Some varieties are classified in accordance with their supposed etiology, others again, according to the period at which they occur, and lastly, by way of a *reductio ad absurdum*, by their duration. Such a classification sins against all the canons of scientific consistency, and if this be really the best that specialists can offer us, it only emphasises the fact that we have still much to learn in this department before we can get a clear view of the nature and relationship of the various forms of mental disease which occur in connection with pregnancy and labour. The most salient feature of all these forms of insanity, so-called puerperal, is their curability. This is something to be thankful for, seeing that, according to most statistics, one out of every forty cases of insanity occurring in females is due to this cause. The proportion of recoveries is given at 80 per cent., and these figures only deal with cases, presumably the more severe, which have been treated in asylums. A complete return, including the more manageable cases which are successfully treated at home, would certainly give a much larger proportion of recoveries. One curious fact was brought out in the discussion which followed on Dr. Savage's paper, viz., that illegitimacy is far from having the influence usually attributed to it. Theoretically, the mental distress which is entailed by an illegitimate pregnancy ought to result in the overthrow of all unstable minds, but the figures show that, as a matter of fact, girl-mothers contribute but an infinitesimal proportion of the cases of so-called puerperal insanity. The explanation is probably that women who “fall” in this way are persons with strong animal passions and a physique to correspond. Moreover, they belong for the most part to the uneducated classes and feel less acutely than might be imagined the irksomeness of their position in society. It is an open question how far treatment may be relied upon to avert or attenuate an attack. In view of the fact that such attacks are almost invariably

ushered in by a period of sleeplessness and watchful anguish, there is a great temptation to seek to remedy this symptom by the administration of narcotics. Those who have had most experience of such cases are confident that an attack may sometimes be averted by such treatment, and it is impossible to challenge the accuracy of their statements. Whatever the effect may be in the stage of incipency it is plain that little is to be gained by the use of sedatives in large doses once the attack is fully developed. Each physician has his favourite panacea, one gives chloral and bromides, another Indian hemp, and another alcohol, in full doses, the last named being of questionable wisdom, unless the precaution be taken to render the drug sufficiently repulsive to the taste, and unless the patient be left in ignorance of its nature. There remains the delicate question of the attitude of the physician in respect of marriage of markedly neurotic women. Taking as a cardinal principle that there is no form of mental disease in which marriage can safely be recommended as likely to prove of benefit, bearing in mind also that in discussing such a question one ought in fairness to remember the possible consequences to the unfortunate husband, it is evident that the responsibility of the physician is exceedingly grave. It is comforting to know that mere hysteria, *per se*, does not appear to have any predisposing influence in this direction, and in the event of a woman suffering from any other form of nervous instability, the physician's advice ought unhesitatingly to be in favour of abstinence.

PUBLIC SCHOOL SURGERY.

THE Presidential Address delivered before the Bristol Medico-Chirurgical Society by Mr. Arthur W. Pritchard, and published in the current number of the *Bristol Medico-Chirurgical Journal*, deals with a subject which, for many reasons, entitles it to be carefully read by practitioners. Under the heading of "School Surgery," Mr. Pritchard discusses at length his professional experience as medical officer to a large public school—Clifton College—and gives an interesting description of the accidents and other surgical emergencies, in connection with the School games, which have come under his notice during the past few years. The games mentioned are football, runs, athletics, and cricket, and speaking of the first he admits that when played under the Rugby rules it is marvellous that serious mishaps do not occur more frequently than they do. Still, he adds that most of these contests finish without anyone complaining of any serious hurt. Fractures in football games are stated to be comparatively rare. The most common injuries are to the muscles, and of all those in the body the muscles of the thigh suffer most. It is interesting to note that separation of the anterior superior spine of the ilium by muscular action is a well-known accident; the symptoms of this are very definite—namely, loss of power in the thigh and a sensation of something having given way near the hip during a violent muscular effort. The injury in question is one which is probably seldom seen outside a public school, and hence the text-books on surgery have but little to say about it. One of the commonest

lesions met with in the football field is hæmatoma of the ear, in consequence of the ears being severely crushed in the "scrimmage." Simple as this affection might seem to be, Mr. Pritchard points out that it is by no means simple in reality, inasmuch as, unless it be successfully treated, the patient will be left with one very ugly ear for the rest of his life. Despite, however the best care in some cases, an unsightly thickening of the affected auricle remains. It is worthy of note that on one occasion the author was called upon to treat an alarming accident, namely, a rupture or fracture of the trachea. In this case there was a tender spot about three rings below the cricoid, the throat, neck, face, and chest quickly became emphysematous, and there was great difficulty in swallowing but not in breathing. Fortunately, however, in ten days time the symptoms had entirely disappeared. In regard to the question as to the comparative danger to life and limb between Rugby and Association football, Mr. Pritchard holds that as far as his experience goes, the former is more dangerous in respect to injuries to muscles and joints, while in the latter accidents occur less frequently, but when they do take place they are often more serious. In one Association game, for example, a boy's cornea was cut across by the ball, from which a loose tag was hanging, as a consequence of which the eye was ultimately lost. Coming next to the question of "school runs," Mr. Pritchard is of the opinion that this form of exercise does more good than harm, and that in healthy boys it is seldom that any mischief results therefrom. He holds that the value of the lesson of endurance taught by the runs more than compensates for the fatigue and the few accidents which they cause. This testimony upon a much-debated point should be borne in mind by those who have been accustomed to find fault with the head masters of schools for allowing "runs" to take place. Under proper safe-guards, we quite agree with the author, that the form of exercise in question is both salutary and expedient. In comparison with football, cricket is remarkably free from danger, and the author points out that it is seldom that any accidents occur during a match at cricket. This testimony is in accord with that of the greatest of living cricketers Mr. W. G. Grace. Injuries to the hands from playing fast bowling without gloves, broken noses, and cut lips are the usual forms of injury met with at cricket. Of course, it is only to be expected that out of a large community of boys in a public school, there should be some whose inclinations would prompt them to malingere. But it is of interest to learn that at Clifton the tendency of the boys is to make the best of any injury, so as to return to their work and to the games with as little delay as possible. However, the author relates his experience of one malingere. The patient was a small boy who had an abrasion of his skin which positively refused to heal. After some time it was found that the wound was kept from healing by the boy brushing it with some developing solution used in photography. The same boy, on other occasion, alleged that he had swallowed the bulb of a thermo-

meter which had been placed in his mouth, the bulb having hestated broken off. But his previous history was against him, and after four days quarantine, nothing having occurred, he was despatched to school again and properly punished. Space will not permit us to refer further to the many other features of surgical interest contained in this address on "School Surgery." Nevertheless, we are glad to see that Mr. Prichard's experience leads him to the conviction that school games, although necessarily associated with some risks, are nevertheless highly advantageous, and that the advantages far outweigh the risks by reason of the immense gain which ensues both to the health and strength of body, mind, and character of the boys.

STREET PAVING.

THERE can be no more certain index of the degree of administrative evolution attained by any civilised community than the state of its roads and streets. In the country the question of the best material for the highway paving has long ago been settled by the adoption of the broken stone introduced by the Scotchman, MacAdam. In busy towns, however, where the macadamised roadway and its congener, the granite cube, has been generally abandoned, the problem has yet to be solved. Of late years great advances have been made by the construction of streetways made of asphalt, wood, or concrete, but the general verdict as to the most suitable of the various rival plans is still unpronounced. In one form or another the question is continually cropping up at the meetings of Vestries and of other bodies charged with the details of local administration. Its settlement in the present imperfect stage of knowledge and experience is surrounded with many doubts and difficulties. The various arguments advanced in favour of this or that particular material may be classed under two main headings, the popular and the scientific. To the average man the chief points to be considered as regards the roadway would be cost, cleanliness, noisiness or otherwise, and its suitability for horses. Turning to the three staple substitutes for macadam introduced in recent years we find that both asphalt and concrete, in certain states of the weather, are dangerous to horses. On the whole, wood offers a better foothold than either if properly looked after, and it is also less noisy. There are, however, certain objections against wood, such as, for instance, its cost, the rapidity with which it wears out, and its bad smell in hot and damp weather. This last-mentioned drawback brings us to the scientific aspects of wood-paving, apart from the mere lessening of noise and the indirect saving in wear and tear of horse-flesh. There can be no doubt that the popular mind has become possessed of a firm belief that the effect of the wooden roadway is to cause a large amount of disease. This idea has probably sprung in the first instance from a vague general association on the part of most people of evil smells with noxious diseases. There is, however, an absolute lack of evidence that the wood-paving

encourages the development of pathogenic micro-organisms. So far from that, it seems likely that the majority of microbes exposed on an impermeable pavement would be speedily destroyed by the combined action of sunlight and air. The æsthetic objection would, doubtless, be to a great extent overcome by a more systematic and thorough system of scavenging. Indeed, it may be broadly stated, without much fear of contradiction, that an evil street smell is almost invariably the result of neglect on the part of the local authorities. For all that, no positive proof exists against the agency of wooden streets in the spread of infection. Indeed, so far as we know, the only scientific investigation made into the special conditions of wood-paving are those of Dr. Wynter Blyth, who showed there was more ammonia in the under layers of the gutter than of the central blocks. A well-laid paving of hard wood, however, should be practically waterproof, and would not permit the percolation of moisture which presumably lies at the root of the phenomenon ascertained by Dr. Blyth. Further investigation into the facts of the case by scientists is much needed, for the subject involved is one of great practical importance to the community. At present there are no established conclusions, and the ratepayer is consequently too often at the mercy of the interested commercial speculator and of official wire-pullers. The result of this chaotic confusion and bewilderment is to be seen in the patchwork state of the streets of our great cities. The road-area of an average London district, for instance, presents a veritable mosaic of wood, macadam, granite cubes, asphalt, and concrete, that cannot fail to exact an immense unnecessary tax from the unfortunate horses condemned to travel over such constantly varying surfaces. The cost of the annual maintenance and repair of roads is hardly realised by the ordinary citizen, who rarely troubles himself about the administrative economics of his peculiar locality. Still less does he form any adequate conception of the vast sums of money required to carry out the substitution of modern paving for the old macadam roads of a district.

Notes on Current Topics.

A Sanitary Death-Trap.

A FEW weeks since a remarkable action was tried before the Edinburgh Court of Session. It illustrates in a startling manner how householders are at the mercy of landlords and workmen, as regards the wholesome condition of their dwellings. The pursuer claimed damages from a property company through their failure to put a house let to him in proper sanitary repair. The evidence showed that two drains were cut off and sealed by the company's workmen, who, however, did not disconnect the drains from the main sewer. The sealed drains ran, one under the lobby, and the other under the kitchen and sitting-room. One of the disused drains had an opening immediately under the kitchen sink. The pursuer's

family suffered from much illness, and two of his children died of diphtheria. Lord Kincairney, before whom the case was tried, awarded damages to pursuer to the extent of £150 and expenses. His remarks on the scientific evidence are worthy of careful note. One medical man attributed, without any hesitation, the death of the children to the bad drainage. Two other doctors, although they agreed that diphtheria and bad drainage were often concurrent, gave more hesitating evidence. But, said the judge, at present the origin of the disease was a moot point, and it did not matter vitally whether the sewage gas acted directly in producing diphtheria, or indirectly by lowering the system and rendering a person more prone to attack. This appears to be a just and common-sense view of the case. The defendants, it should be noted, made no attempt to bring forward expert evidence to controvert the view that the bad drainage led to the illness.

Lunatic or Criminal?

LAST week an elderly maiden lady was sent to prison for twenty-one days by a London magistrate, under the following extraordinary circumstances. The evidence showed that for upwards of three years she had subjected the congregation of a Clapham church to persistent annoyance. She was in the habit of promenading the aisles during the service, and of singing discordantly, commencing before the rest of the worshippers and continuing after they had ceased. The prisoner had no excuse to offer for her conduct, but complained that the clergy refused to administer to her the Holy Communion. Now, it appears to us that such conduct as that of the accused is not that of a sane and responsible person. Yet the magistrate, by sending this poor eccentric old woman to prison, virtually declared she was responsible for her action in disturbing the service. Then, again, why was the defendant refused admission to the Holy Communion? If on account of her eccentric mental condition, then the clergymen who brought the charge cannot fail to see the injustice of the magistrate's decision. Of course, it is clear that congregations must be protected against disturbers, but it certainly seems on the face of it that this unfortunate lady should have been consigned to a lunatic asylum rather than to a gaol. At any rate, the case should be carefully inquired into, and deserves the immediate attention of the Home Secretary. It has been pointed out in these columns time after time that a great many cases which are sentenced in the police courts offer *prima facie* evidence of insanity. As a rule, magistrates are utterly ignorant of the most elementary facts of mental aberration. What is wanted is an independent official expert in insanity, to whom all doubtful cases should be referred for investigation and report. If some such course were adopted there can be no doubt that the shadow of a grave reproach would be lifted from the police-court administration of this country.

The Irish Conjoint Examinations.

THE return of the Committee of Management for the Dublin Colleges, with respect to the last summer examinations, has just been presented, and no explanation is offered for its issue more than six months after date. The preparation of so meagre a statement could not occupy more than a few hours, and its presentation to the Colleges after such a delay is an absurdity which, it is to be hoped, will not be repeated. The return shows a slight decrease in the number examined, from 219 in July, of 1894, to 212 in July, 1895, the falling off being especially visible in the third and fourth examinations, owing to the operation of the five years system, which encourages the student to waste his third year, inasmuch as there is no examination to be passed in that period. The rejection percentage, taking all the examinations together, reached the high ratio of 57.5 per cent., but the explanation of that high "mortality" is to be found in the preposterous severity of the physiology test at the second and third examinations. The return does not give the proportion of candidates victimised in that subject, but it shows that the rejections at these two examinations at which it is the salient subject were respectively 65.1 and 75.7 per cent., and it is notorious among students and teachers that the physiology and histology tests are responsible for this heavy slaughter. We observe that the Committee of Management proposes to remedy this abnormal severity of the test by defining and limiting the subject by a syllabus, but we do not anticipate that the adoption of such expedient will have any material effect until a root and branch reform of the method of examination is effected. Any examiner who is minded to submit candidates to an unanswerable examination and to frighten and discourage them, can do so as effectually within the scope of a syllabus as in any other way. This part of the examination has been for years a scandal and a blot upon the Dublin conjoint system. We do not believe, no one believes, that the Dublin student presents himself in physiology in so unprepared a state as to justify the persistently excessive rejections, and we submit that it is high time that the colleges should intervene for the protection of the students.

Antiseptic Books.

THE Paris Academy of Medicine has been engaged upon the discussion of a communication by M. du Cazal, in which he records his experiments respecting the danger of infection from books. It goes without saying that he found abundant microbes on the pages of books, especially those lent out from libraries, and that he found it impossible to effectually disinfect them. The sequence, we assume, is that no one should read a book unless it is uncut and fresh from the press, and that, even in that case, the reader will have to run the gauntlet of a lesser army of microbes. The question suggests itself, where is this microbe craze to stop? or at what point does it become ridiculous? Is there any article touched from morning to night in our daily life which is not open to the same objection in a greater or lesser degree than the circulating library

book? The most rabid antisepticist accepts with satisfaction a bank note reeking and saturated with germs, and carries it about with him into every sick chamber into which he enters. Where is the consistency?

Appointment of Registrar of the Branch Medical Council for Ireland.

THE election of a successor to Dr. Heard, the Registrar, who recently resigned, took place on the 16th inst. Several candidates presented themselves, including Mr. Houghton, the Assistant Registrar, Mr. Greenwood Pim, Secretary of the Conjoint Examination Board, and Mr. Wilson, sometime Librarian and Assistant Secretary at the Royal College of Physicians. Mr. Wilson was the only one of these candidates who possesses a medical qualification, and he was eventually elected. We understand that Mr. Houghton has resigned his office as Assistant Registrar, the salary of which office is £50 a year.

The "Mother's Friend."

THE extent of the trade in infant hypnotics may be judged from the evidence presented in a recent prosecution by the Pharmaceutical Society of England against a grocer for selling one of these nostrums. This concoction, which is called the "Mother's True Friend," was a mixture of Epsom salts and morphia, to the amount of one grain of the latter to the ounce of water. The defendant pleaded that he had sold two gallons a week of the liquid for the last twelve years, but he admitted that, for the privilege of doing so, he had paid already £25 as fines to the Pharmaceutical Society upon five separate convictions. He was fined another £5.

The Risks of Anæsthesia.

IT is stated that 61 deaths have occurred within the past year in the United Kingdom, of which 52 were from the administration of chloroform. This would be a fearful indictment against the use of that anæsthetic if we only knew what was the relative proportion of patients submitted to its influence and to the influence of other anæsthetics. In other words, if the number of chloroform cases were fifty-two times the number of nitrous oxide cases chloroform would be no more dangerous, although it might have caused 52 deaths for one death caused by the latter anæsthetic.

The Study of Pharmacy—Important Judgment.

THE Dublin Queen's Bench Court delivered judgment last week upon a question which has been the subject of much controversy for years. The Pharmaceutical Society of Ireland had refused to admit to examination a student who presented a certificate of apprenticeship *not* from a recognisable firm of qualified chemists, but from the manager of the pharmaceutical department of a limited liability company in the general trading line. The candidate appealed to the Court against the decision of the Society, but the result has been unfavourable to him. The judges agreed that the certificate of the manager was not a legal compliance with the regulations, but some of

them expressed their opinion that the regulation might operate harshly towards candidates, and that a more elastic arrangement might be advantageously made.

The Viavi Treatment.

AT an inquest held recently at Brighton it transpired that the deceased had died from apoplexy, although she was only 24 years of age. She had been subjected to the "Viavi" treatment for anæmia, and had taken medicines in accordance therewith, but the agent, who was examined, did not know what those medicines contained. The points in the case worthy of notice were that a sympathetic lady paid out £3 6s. for the Viavi medicines, and that the jury, without having the medicines analysed, returned a white-washing verdict.

The Health of Johannesburg.

NOW that the eyes of the world are concentrated upon Johannesburg, it may be of some interest to refer to the latest reports respecting the salubrity of the city, as testified to by the medical officer of health. The latter holds that the climate of Johannesburg is good and conducive to health. On the other hand, his reports show that the place is most unhealthy, owing to defective sanitation. During the month of October last the total death-rate for all diseases corresponded to 38.4 per 1,000 per annum, or 9.6 per 1,000 more than for the previous month. In the first month named no less than 331 interments took place in the public cemetery, of which 193 were natives and coloured people and 132 Europeans, while six only belonged to the Jewish population. It may here be observed that the total black population in Johannesburg has been estimated at 60,000, and the whites at 70,000. So far as the drainage is concerned, there is no efficient sewerage system, hence the sanitary arrangements are appallingly horrible in some parts of the town. For the most part the bucket system prevails with all its attendant evils. Again, a general consensus of opinion shows that the water supply is very much at fault, that a scarcity often occurs, and that the water is far from wholesome. It is further pointed out that the death-rate among the Kaffirs is exceptionally high, the causes being accidents, pulmonary disorders, and typhoid fever. After all Johannesburg, for many reasons, does not appear to be a desirable place in which to reside at the present time.

Should Medical Men Wear Beards.

THERE is no doubt that the hirsute appendages of men, no matter where they may be, can and do become the convenient resting-places for micro-organisms. It is for this reason that the process of shaving becomes so necessary before the surgeon, a true disciple of Lister, proceeds to cleanse the skin of the part upon which he is about to operate. The recognition of these facts has drawn attention to the alleged inexpediency of medical men wearing beards. A correspondent to an American medical contemporary has pointed out that in a medical man's beard the infection

of zymotic disease can be readily conveyed to healthy households. He even cites cases in which the infection of diphtheria and scarlet fever have been so communicated. The *New York Medical Record* referred to the same subject some time ago, and our contemporary raised a storm around its editorial sanctum by suggesting that medical men would be wise to restrict their beards to modest and sanitary limits. Indignant correspondents, however, wrote to say that they had for years worn long and breezy whiskers and beards, and that they had no intention of depriving themselves of these appendages. After this no more was said on the subject, but since then it has been revived by the correspondent above referred to, in a somewhat active manner. Of course, we do not deny the possibility of infection being conveyed by means of a medical man's beard or whiskers, but such a mode of infection is, to say the least, highly improbable.

The Untruthfulness of Morphinomaniacs

THE mental and moral destruction which occurs in a victim to the morphia habit is a fact which unfortunately has been only too frequently demonstrated. This point has led to some discussion respecting the expediency of rejecting the testimony in a court of law of those who are known to be addicted to the use of morphia. One authority has even gone so far as to say, "I would not believe a man who is a victim of the morphia habit on oath." No doubt the moral obliquity as to truthfulness present in such a person would be perfectly uncontrollable, under any circumstances, and unrestrained, even although he had sworn to tell the truth. But before coming to any definite decision upon the question of receiving or rejecting the evidence of such a witness, it would first of all be only expedient to determine what constitutes a person whose mental and moral capacities have been tainted by the use of morphia.

The Adrenal Treatment of Addison's Disease.

IT must be admitted that the supra-renal-capsule treatment has failed to answer the expectations originally formed of it. In addition to the case read last week by Dr. Ringer, before the Clinical Society, we have received particulars of an unsuccessful case treated by Dr. Murrell, at the Westminster Hospital. The patient was a comparatively young man, and as the symptoms were of less than six months' duration the failure is the more remarkable. There could be no question as to the activity of the preparation employed, as special precautions were taken to obtain a supply of absolutely fresh adrenals. The animals were slaughtered daily in the presence of Dr. Copeland, the house physician, by whom the glands were at once removed and administered to the patient. Both sheep and calves were used, and thanks to the kindly co-operation of a friendly butcher interested in the amelioration of suffering, an ample supply was always at hand. The initial dose was a drachm, but this intensified the nausea and vomiting, and failed to increase the blood pressure. The dose was then reduced to fifteen grains three times a day, but

the pigmentation became more pronounced, and the patient gradually lost flesh and strength, and died on the thirty-seventh day of treatment. The correctness of the diagnosis was confirmed by the post-mortem examination. Addison's disease is of somewhat rare occurrence, but there must be many cases scattered throughout the country, and it would be interesting to learn if other observers have failed to obtain good results from the new treatment, and especially if any untoward effects have been noted. The natural tendency is to report successful cases and to ignore those terminating unfavourably.

"The University of Philadelphia.

DR. BATEMAN, the active general secretary of the Medical Defence Union, did good service in pointing out last week in the *Times* the precise facts in regard to the status of the so-called "University of Philadelphia," of which so much has recently been heard. He states that this so-called university had its Charter revoked in 1879 under the following circumstances: "By the Legislature of 1871, a joint special committee was appointed to investigate the alleged issue of diplomas by the 'American University of Philadelphia' and the 'Philadelphia University of Medicine and Surgery.' This committee, after taking evidence in the City of Philadelphia, recommended that the Charters of the two so-called universities should be revoked, both institutions having been guilty, in the opinion of the committee, of selling their diplomas to persons who had not followed the prescribed course of studies and of violating the franchises granted them." Subsequently proceedings were taken against the Universities and the Charters forfeited. The Charters also of the Electric Medical College of Pennsylvania were similarly revoked on September 30, 1880. It is to be hoped that the newspaper press throughout the country will take note of these facts, and bring home to their readers how American quacks coming to this country are able to deceive the public. Quacks of this ilk can only be successful in their campaigns by means of the fraudulent assumption of titles; without titles they would be "nowhere;" hence, in order to counteract their practices, it is clearly expedient that the public should know all about the value of these American M.D.'s.

Eye Troubles of Bicyclists.

THAT some ocular troubles should be associated with bicycle riding is perhaps not surprising, but so far only two cases of the kind seem to have been placed on record. One is recorded by Dubois in the *Annales d'Oculistique* for last year. The patient was a professional rider, aged twenty-four, who was attacked with a peculiar visual disturbance during a twenty-four hours' race in very cold weather. About the eighteenth hour he noticed that his vision was disturbed, that he steered badly, and that he ran into other machines. A diffuse haziness of both corneæ was found, without superficial lesion. Under the influence of warmth and rest the vision began to improve, and the next day the corneæ had regained their normal

appearance, and the vision its usual acuity. The trouble, in the opinion of the author, was due to the cold—a possible explanation in view of the fact that during the race the thermometer fell to 10° below zero Centigrade. The second case is published in the *Archiv. Med. de Toulouse*, also for last year. Clavelier, under whose care the patient was, records that a man, aged 32, consulted him after he had ridden a race of twelve kilometres, in which a very rapid pace was accomplished in the latter half of the ride. The patient had been seized with severe palpitations, which had scarcely terminated when a sudden diminution in the vision of the left eye supervened, the sight falling to one-fourth. The right eye remained normal. Ophthalmoscopic examination showed traces of numerous retinal hæmorrhages. Examination of the heart yielded nothing, and the urine was perfectly normal. There was no rheumatic, syphilitic, or alcoholic history; no anæmia, and no disease of the digestive organs. The conclusion was then arrived at that in some way the bicycle race had caused the lesions.

The Abolition of the Gargle.

THE length of time which it takes for any scientific fact to receive general recognition is equalled, possibly even exceeded, by the difficulty experienced in inducing practitioners to discard measures or methods which more recent experience has shown to be inadequate, inefficient, or even injurious. It is to be feared that the time-honoured gargle falls into this category, but even its antiquity, coeval though it be with the poultice and the leech, cannot blind us to the fact that it necessarily falls short of the mark when the diseased tissues are on a plane behind the posterior pillars of the fauces. Even a casual study of the conditions which obtain in the act of gargling as usually understood, will show that the fluid is kept in front of the lowered soft palate, so that it is impossible for any effects to be exercised on tissues posterior to that structure. A gargle, as ordinarily employed, is, therefore, only a mouth wash. Under these circumstances, it is really surprising that it should have been reserved for Mr. Lennox Browne to enter a protest against the continuance of a practice which is not only useless but, in presence of actual inflammation, is exceedingly painful, and may be injurious. Mr. Browne describes, however, another method of gargling, using the term gargling in the sense of trickling a fluid through the mouth into the pharynx, which is free from one, at any rate, of the objections already alluded to, viz., the method of Von Troelstch, for which the directions are as follows:—"Take a tablespoonful of the gargle in the mouth, hold it in the back of the throat with the head thrown back, then, closing the nose with the finger and thumb to prevent entrance of air, open the mouth and make the movements of swallowing without letting the liquid go down the throat." By this means the medicated fluid can, it is true, be brought into contact with the pharyngeal tissues, but the process is by no means easy to carry out in an effectual manner, and in the majority of instances it is quite out of the question. Gargles, again, are quite

inadmissible in cases entailing the dorsal decubitus, such as diphtheria, in which cardiac failure has to be sedulously guarded against. Another obvious objection to gargles is that they must perforce comprise only the most harmless ingredients, if we are to avoid subjecting the patient to the danger of poisoning in the not improbable event of any portion of the fluid escaping control and finding its way down the œsophagus. Moreover, solutions thus employed must not contain any considerable quantity of an active ingredient, because they will come into contact with vastly more healthy, than diseased, tissue. The moral is that gargles should give place to more scientific and precise methods of applying topical agents to diseased surfaces in the throat, especially in children, in whom gargling of any sort is virtually an impossibility. The future, therefore, is toward irrigations, sprays, lozenges, and, in the case of children, to medicated confections.

Calomel—A Warning.

OUR contemporary, the *Chemist and Druggist*, calls attention to the liability on the part of calomel to undergo decomposition under certain conditions, with the result of the production of a certain proportion of corrosive sublimate. Reiterated observation and experiment have shown clearly enough that if mixed with sugar and put up in powders an appreciable quantity of the more active salt sooner or later makes its appearance, although the amount, it is comforting to know, has never been large enough to permit of exact estimation of the amount present. The nature of the decomposition is, however, such that the eye can detect the change in a trace of black mercurous oxide, formed simultaneously with the mercuric salt, giving the white calomel a grey tint, and it is quite conceivable that such a powder might produce unwished for effects in an infant. Our contemporary raises the further question as to whether chemically pure calomel is a trustworthy therapeutical agent. As a cholagogue the sublimate is stated to be far more active than the sub-chloride, and it is hinted that the efficacy of calomel in the past may have been dependent on its admixture with or conversion into the more active compound. This is a point which it is worth while clearing up, because, if the effects attributed to calomel are really due to the presence of an impurity, it is as well that we should be made aware of the fact.

The First Female "Master in Surgery."

MISS LOUISA ALDRICH-BLAKE has achieved the distinction of becoming the first Master in Surgery of the University of London. She has, by winning this distinction, capped an honourable career as a student at the London School of Medicine for Women, having distinguished herself in every part of her student course. Miss Blake is Curator of the Anatomical Museum at the Royal Free Hospital, London.

AN epidemic of measles is at present raging in Maidstone, which has necessitated the closing of all the elementary schools in the town.

Typhoid from Ice.

SOME months ago we published an abstract of the report of the Paris municipal analyst which revealed the fact that much of the ice served out in clubs and restaurants is of inconceivably filthy origin and laden with nameless abominations. It is now stated that the military officers at Rennes have suffered from a typhoid epidemic which has been traced to the ice which was used to cool the champagne at a banquet. The ice had been taken from the neighbouring river at a point where the town sewers empty themselves.

Over-zealous Sanitation.

WE have many times deprecated the interference of public analysts in cases of adulteration of a technical and legal character, but which injure nobody and are of homoeopathic dimensions as regards the amount of the adulterant. We note that traders have been prosecuted, within the past week, for selling lemonade containing a sixth of a grain of lead to the pint, and for selling preserved peas with less than a grain of copper to the pound. It must be admitted that if an individual swallowed a keg of lemonade or consumed a dozen tins of preserved peas, he would probably become sick, but it may be doubted that the most gluttonous person would, take enough of either article to harm him in the slightest degree. It is surely not necessary for analysts to go in search of such infinitesimal adulterations, considering that almost every article of consumption is largely sophisticated, and it appears that the only effect of such prosecutions is to bring the law into contempt and to deter sanitary authorities from activity in the suppression of adulteration.

A Bengali Professor.

MR. J. C. BOSE, Professor of Physical Science in the Presidency College, Calcutta, is almost the first Bengali to distinguish himself in the field of original research. A paper he has recently written on the polarisation of light has been accepted for publication by the Royal Society, and a grant, it is understood, is to be made from the funds of the institution to assist the investigations he is conducting in the Presidency College Laboratory.

The Inter-Colonial Medical Congress.

GREAT preparations have been made for the meeting of the Inter-Colonial Medical Congress at Dunedin, New Zealand, in February next. From Australia steamers have been arranged to leave all the chief ports in time for the opening of the Congress. The attractive programme of the "trips" available for those who attend the Congress has probably influenced a good many of the members of the profession in Australia to make their journey to Dunedin. New Zealand seems to abound in scenery of the loveliest description.

Pasteur.

A STATUE is to be erected to Pasteur, in Paris, and the French Government have started the subscription with a contribution of £400.

Infectious Disease in Birmingham.

BIRMINGHAM is particularly unfortunate in its experience of infectious disease, and appears to be in a chronic condition of epidemic visitations. Last week the Health Committee of the Aston Board reported a continued outbreak of measles, in consequence of which a Board School had been closed. Diphtheria had broken out in another school; there had been sixty cases altogether, forty-five of which had been of persons directly or indirectly connected with a certain school, and there had been fourteen deaths among them. Scarlet-fever showed no abatement. All these disquieting reports from a city so advanced in intelligent local administration as the capital of the Midlands, simply emphasises the imperfection of our sanitary preventive methods. From the modern point of view the whole of this lamentable sickness, with its consequent suffering and death, is preventable, and every single life lost in this way is an unnecessary loss to the community.

River Fish and River Pollution.

THE good folks of Carmarthen are bewailing the decrease of salmon in the Towy. Their story is the familiar one of a once prosperous fishery failing steadily beneath the fostering hands of a Board of Conservators. The complaint they make is not without humour, namely, that before the guardian body was created there were many more salmon in the river. The leading Carmarthenshire newspaper asks whether the breeding of fish cannot be reduced to a science as well as the breeding of dogs and horses. Certainly, there is a great future awaiting scientific pisciculture. It would be extremely illogical, however, to turn shoals of fish into water that for some reason or other fails to support its present quota of fish. Nor is it of much use to limit the number of anglers on the river. What we would advise the Carmarthen Bay Board of Conservators to do is to enforce the Rivers Pollution Act to the utmost letter, so as to restore the purity of their beautiful river. If this is done, the salmon will soon regain their former supremacy in the struggle for existence, which is specially keen in river life.

Public Health Examinations.

OF late years the standard of requirements in public health examinations has been considerably raised. It will be of interest, therefore, to the profession generally and to medical officers of health, students of sanitary science, and those who contemplate taking out the D.P.H., to have an idea of the increasing scope and tendency of the examination tests. It is with much pleasure that we publish in another column complete sets of questions lately put to candidates for the diploma in public health in no less than three of our leading Universities—Oxford, Cambridge, and Durham, and at the London Conjoint Board. These papers have been specially forwarded to us for publication by a gentleman who holds two of the qualifications for which they were set, and they will appear in a series extending over the next few weeks.

MISS MARY DARBY STURGE, who passed the examination for the degree of M.D. London, last month, received her early training at Mason College, Birmingham, proceeding afterwards (in 1888) to the London School of Medicine for Women, and the Royal Free Hospital. She took Honours in Anatomy at the First M.B. Examination, and was subsequently appointed Demonstrator of Anatomy at the London School of Medicine for Women.

AN old Anglo-Indian officer attributes the increase of typhoid fever among the young soldiers in India to their pronounced teetotal habits. They drink, he claims, a great deal too much lemonade and other similar beverages, and he is of the opinion that every Englishman under the age of 25 who lands in India should go through a course of whisky and soda.

A MEDICAL Club, Limited, has been founded in Liverpool, with a capital of £1,000 in £2 shares. The objects are to establish and maintain a club for members of the medical profession, in particular those practising in Liverpool and its vicinity. The directors have been decided upon to the number of 15, of whom 10 are general practitioners.

It has been estimated that a case of quadruplets occurs but once in three hundred and fifty thousand to four hundred thousand births. But if the proportion were one in a million, or even a billion, there would always be two persons who would regard the prodigality of Nature as an act of unkindness.

DR. WM. BERRY has been unanimously appointed Medical Officer of Health for the important Borough of Wigan, Lancashire. The appointment is a popular one, as Dr. Berry was born there, is a justice of the peace, and highly respected.

MR. H. A. ALBUTT has been fined at Leeds for using the titles M.R.C.P., L.S.A., his name having been removed from the *Medical Register* some time ago.

WE regret to learn that Dr. C. R. Illingworth is now an inmate of St. Luke's Asylum.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

NEW APPOINTMENTS IN THE UNIVERSITY OF EDINBURGH.—The Edinburgh University Court has appointed Mr. George Berry, M.B., C.M.F.R.C.S.E., &c., senior ophthalmic surgeon to the Royal Infirmary, to the post of Lecturer to the University in Ophthalmology, vacated by the resignation of Dr. Argyll Robertson. Dr. Affleck was appointed an additional examiner in medicine in its bearings to public health.

MEDICAL FEES AND SHIPOWNERS.—An important case affecting doctors and shipowners has recently been decided in Ayr Sheriff Court. The question raised was as to the liability of a shipowner for surgical attendance rendered to a seaman on board ship in a home port. Dr. Charles M. Stewart, of Glasgow, sued the Garnock Steam Shipping Company, Limited, for £1 1s. for professional services rendered to a fireman on board the company's s.s. *Burnock*, who had sustained injuries through falling down into the hold of the steamer while she was lying in the harbour of

Glasgow. The defenders denied liability on the ground that the ship being in a home port the master was not entitled to pledge the shipowner's credit for surgical attendance. The Sheriff, however, found that the Merchant Shipping Act of 1854, section 228, subsection 3 (re-enacted in the Act), and which provides that "the expense of all medicines and surgical or medical advice and attendance given to any master, seaman, or apprentice whilst on board his ship, shall be defrayed by the owner of such ship," applied to the present case; judgment with costs, was given accordingly.

STILL ABOUT THE OYSTERS.—At a meeting of the Stirling Police Commission on the 14th inst. a letter was read from the Junior Health Officer of Glasgow to the Secretary of the Local Government Board, stating that he had been informed by the cook who was engaged at the County Ball that some water which he drew from the tap in the hall kitchen both smelt and tasted badly, and that if the subsoil was exposed to pollution there appeared to him fair grounds for conjecture that the epidemic attributed to oysters might be traced to defective drains. The Master of Works, Stirling, however, submitted a report on the condition of the water-pipes at the Public Hall, in which he states that the service pipe was opened and found to be perfectly dry throughout its whole length, there being no appearance of sewage or subsoil water. The service pipe was perfectly sound and the pressure of water at its maximum. Dr. Wilson, Medical Officer of Health, Stirling, also submitted a report dealing with the whole subject, concluding his report by stating that the cause of the outbreak of the fever still remained a mystery.

EXAMINATION PAPERS FOR THE DIPLOMA IN PUBLIC HEALTH AT THE UNIVERSITIES OF OXFORD, CAMBRIDGE, AND DURHAM, AND THE CONJOINT BOARD OF ENGLAND. (a)

OXFORD, NOVEMBER 25TH, 1895.—PART I.

No. I. — *Chemistry and Physics.*

1. DESCRIBE the treatment of raw sewage (a) by means of slaked lime; and (b) by means of ferrous sulphate or ordinary green vitriol, with or without the supplementary use of lime. What proportions of the respective precipitants are usually employed per 1,000 gallons of raw sewage, and what are the chemical and other effects produced? How do the results compare with those obtainable by sewage irrigation?

2. What are the difficulties attendant on the combustion of house-refuse in the class of furnaces known as "destructors"? What are the conditions requisite for complete combustion; how are they sought to be effected; and with what results?

3. Within what range of proportion is common salt usually met with as a constituent of drinking water? What are the sources of the common salt present in different varieties of drinking-water? Under what circumstances does the presence of a somewhat high proportion of common salt indicate probable sewage contamination?

4. (a) State approximately the relative proportions by volume of oxygen and nitrogen in atmospheric air, and in the air dissolved by uncontaminated river-water. (b) Assuming that at mean temperature, and under an effective pressure of 30 inches or 760 m.m. of mercury 100 volumes of water dissolve approximately 3 volumes of oxygen, what, under standard atmospheric conditions, is approximately the actual volume of oxygen dissolved in 100 volumes of water, in accordance with Dalton's law of partial pressures? (c) What is approximately the weight of oxygen dissolved, under standard atmospheric conditions, in 1,000,000 gallons of water, taking 1 cubic foot of oxygen to weigh 0.115 lb., and 1 cubic foot to equal 6.23 gallons?

5. Set forth and discuss the discordant statements that have been made with regard to the rapidity and extent of the disappearance of contaminating organic matter, taking place in running water. What evidence is there as to the means by which the removal of the organic matter is effected?

(a) Examination for the Degree of Bachelor in Hygiene, and for the Diploma in Public Health (D.P.H.) Durham.

6. In what particulars does the atmosphere of a closely-packed room differ from that of the open country? How far are these differences capable of estimation? What are the chief agencies by which the intermixture of different kinds of air is effected?

N.B. Candidates are not expected to answer more than four questions

No. II.—*Chemistry and Physics (Practical).*

1. Determine the hardness of the specimens of water, A and B.

2. Determine the amount of oxygen absorbed in one hour from "permanganate" in the specimen of water, C.

3. Determine the amount of lead, as metal, present in the specimen of water, D.

4. Determine by means of the specific gravity bottle the specific gravity of the specimen of dilute spirit, E.

CAMBRIDGE, TUESDAY, OCTOBER 1ST, 1895.—PART I.
No. I.

1. Discuss critically the respective values of (1) a chemical and (2) a bacteriological examination of drinking-water.

2. What quantities of carbon-dioxide, water, and combined nitrogen are excreted daily by an adult man? What amount of fresh air is required per diem to maintain in health a person continuously inhabiting a room? What quantity of water does an adult need per diem for drinking, cooking, ablution, and other domestic purposes?

3. Discuss the value of attempts at the disinfection of houses by means of fumigation. What disinfectants are usually employed for this purpose, and how are they respectively prepared? How many grains of sulphur dioxide are evolved by the action of 150 grains of sulphuric acid on copper?

4. Describe the process of bread-making, and explain the changes which take place in the flour. Upon what data would you give an opinion of a sample of flour submitted to you? Explain briefly any analytical procedure you would adopt in order to arrive at an opinion.

5. Explain the various methods in use for the softening of hard water. Describe accurately how you would prepare the reagents for determining the hardness of water, and also how the determination of hardness is made, calculated, and expressed.

6. In a town of 100,000 inhabitants there are 2,600 deaths per annum, of which 350 were ascribed to diseases of the respiratory organs, 250 to phthisis, 110 to diarrhoea, 120 to convulsions, 50 to enteric fever, and 10 to alcoholism. Point out any deviation from the average and any sources of fallacy in those figures.

PART I.—No. II.

1. A cubic foot of air measured at 32 degrees Fah. is allowed to remain at the same barometric pressure of 30 inches in contact with water until saturated at the temperature of 60 degrees Fah. How and to what extent would the volume of the air be changed? Give calculations. (Vapour tension of water at 60 degrees Fah. = 0.52 inch.)

2. What are the meanings of the terms isobars and isothermal lines? In what respects physically and chemically does the atmosphere at the seaside differ from that of inland towns in summer and winter respectively?

3. What means are commonly adopted for the preservation of articles of food for considerable periods, and how and in what way are these methods liable to affect the health of persons habitually consuming such food?

4. Describe the food-stuffs necessary for the maintenance of life. State the quantities of them requisite for an adult for subsistence only, for average work, and for severe labour respectively. How much bread and how much milk, taken together, would suffice for the subsistence diet of a man?

5. Discuss the significance of the presence of compounds of iron, zinc, and magnesium in water supplies, and state what proportions of these are admissible in drinking-water.

6. In what ways may the atmosphere in a house become contaminated with carbonic oxide, and how may its presence be detected in such an atmosphere?

WEDNESDAY, OCTOBER 2ND, 1895,

Practical Chemistry.

1. Make an examination of the sample of water marked A or B, and write your opinion as to its fitness for domestic use, giving reasons. (State the letter on the bottle.)

2. Examine the samples of air marked 1, 2, and 3, and state what, if any, gaseous impurities they contain.

N.B.—Describe in each case the operations you perform, as well as the results obtained.

DURHAM, WEDNESDAY, APRIL 17TH, 1895.

No. III.—*Sanitary Chemistry and Physics.*

[1. Describe and explain how you would prepare a solution of Potassium Permanganate, of such a strength that 1 cc. is equivalent to 1 mgrm. of oxygen

K. = 39.1, Mn. = 55, O = 16, Fe. = 56.

2. In what forms may nitrogen occur in a polluted well-water?

3. How would you recognise the presence of each of the following gases when mixed with air: (a) Sulphur dioxide: (b) carbon monoxide: (c) sulphuretted hydrogen: (d) hydrochloric acid gas.]

[4. What is meant by the "height of the barometer"? In a siphon barometer, in which the section of the limb open to the air is twice that of the closed limb, through what distance will the mercury fall in the closed limb when the "height of the barometer" falls one inch?

5. Explain the relation between the "head" producing circulation of air in a ventilating system and the "flow" of air produced. State the various means available for producing the requisite head.

6. Define the dew-point. Describe Mason's wet and dry bulb hygrometer, and explain how the dew-point is determined by its means.]

Directions:—The answers are to be made up into two sets, indicated by the brackets on the questions. Each set is to bear the Candidate's number.

Practical Chemistry.

Examine a sample of water (A) for poisonous metals (lead).

Standardise a solution of silver nitrate by means of a given solution containing 3.3 grammes sodium chloride per litre, then estimate chlorides in a sample of water (B).

Examine solution C for an acid (nitric). Determine the amount of acid volumetrically by means of a solution of sodium hydroxide of known abnormal strength.

Standardise a solution of soap by means of a solution of calcium salt of known strength. Ascertain the hardness of water (D), using your standardised soap solution.

(The above paper was not printed.)

CONJOINT BOARD OF ENGLAND, JULY 1ST, 1895.—PART I.

1. What is an Isobar? What inferences may be drawn from the examination of Synoptic Charts?

2. Define Latent Heat and Specific Heat. How may the latent and specific heat of the various forms of Water be measured, and what influences do they exert on the meteorology of this country?

3. Describe Bramah's Hydraulic Press. The smaller piston of such a press is half an inch in diameter, the larger piston is ten inches in diameter; a weight of 12 lb. is placed on the small. What will be the weight placed on the larger?

4. Name the salts of Calcium and Magnesium most frequently found in potable water. How would you determine the presence of these salts, and what practical processes would you employ to remove them when present in inconveniently large quantities?

5. What are the processes employed to preserve Meat and Milk? Discuss the advantages and disadvantages of each.

6. In what substances have the organisms causing Diphtheria and Tetanus been discovered? How would you detect each of them, and describe them?

PART II.

1. You are requested to construct a class-room to hold 25 young adults. With a view to economy of construction, artificial ventilation has to be resorted to. State the

initial cubic capacity you would allow, and the amount of fresh air that would have to be introduced per hour; and sketch the general plan you would adopt for warming and ventilation.

2. What are the differences between atmospheric air and the air of soil? How are these changes produced?

3. You have to advise with regard to the Water-supply of a rural town. What data will you require as to the amount necessary, the amount possible to be obtained, and the reserve necessary for storage in case of drought?

4. Describe the process of Bread-making. What deleterious products may arise during its manufacture, and what are the chief adulterations?

5. Describe some of the principal means of treating Sewage, with a view to its best application to land. How would you arrange for the disposal of urine and slop-water on premises used as a dwelling-house distant from any Public Sewer, and what precautions would you recommend to ensure safety to the inhabitants?

6. Describe the construction of the Syphon Barometer, and how would you make an accurate record of its variations?

JULY 3RD, 1895.—PART III.—PRACTICAL CHEMISTRY.

1. Submit the sample of Water marked I. to quantitative and qualitative examination, so as to pass an opinion as to the fitness of the water for drinking and cooking purposes. The reasons for your opinion and the methods by which you arrive at those reasons are to be briefly stated in your report.

[N.B. The total solid matter of the Water and the absorbed Oxygen need not be estimated.]

2. Make a qualitative examination of the samples of Air marked A and B, with the view of detecting gaseous impurities, and report thereon.

THE TWELFTH INTERNATIONAL MEDICAL CONGRESS.

WE have been officially informed that the Executive Committee has now fixed on the 19th of August, 1897, as the first day of the Congress, which will continue for a week thereafter. Moscow, as previously announced, is selected as the meeting place. The Congress will be under the patronage of the Grand Duke Sergius Alexandrovitch. Prof. F. Klein has been elected president, Kojewnikow vice-president, Erismann general secretary, and Filatow treasurer. Every qualified medical man is eligible; but those who do not belong to the profession, if they possess a scientific qualification, will also be admitted. Members can be enrolled by forwarding their visiting card to the treasurer Filatow, accompanied with a remittance for 10 roubles or 25 francs. This entitles the ordinary member to all the privileges of visiting or taking part in all or any one of the sections. The extraordinary member or member with scientific qualification alone, can only visit the section in which he is most interested. The Congress is to be devoted entirely to scientific work, and will be divided into twelve sections. Contributors are requested to forward a copy of the papers they desire to read at the meeting, not later than January 13, 1897. Time allowed for each paper is strictly limited to twenty minutes in reading, while five minutes will be allowed to any wishing to make remarks. The official language of the Congress will be French. In the three plenary meetings any European language will be acknowledged, but the sections are supposed to be conducted in German, French, and Russian.

Correspondence.

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

THE GENERAL MEDICAL COUNCIL ELECTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Nothing astonishes me more than the indifference or, at any rate, the silence of the mass of the Irish medical profession at this moment. Let me remind them that our profession is unhappily divided into the governing

few and the governed many. Let me further remind them that the interests of the many have been and are daily sacrificed to those of the few, and that every ill we labour under is due to those ruling few. Sixpenny dispensaries, and advice free with a pound of tea, mark the lowest depths to which any calling could sink. Yet in the face of all these, one of the ruling few in the person of Mr. Thomson, of Dublin, has the modesty to seek our suffrages, and I note that some of the masses are to be found in his train. Intelligent Englishmen and Scotchmen strove for years to obtain a remedy for the grievances of the bulk of the profession, and they did obtain a partial remedy in 1886, by the addition of six direct representatives to the Medical Council. They intelligently used that power but we in Ireland, like the Roman plebs. of old, elected a patrician. Come now, tell me, ye rural supporters of him, what did he so much as even attempt to do for you during his tenure of office?? There are four men now in the field who appeal to the outraged and much-wronged rank and file. If those four men go to the poll the audacious representative of the oligarchy must win. I appeal to Drs Jacob, Greene, Cuming, and McDonnell to meet in Dublin and to produce their list of promises, and let him who has the largest number of promises be selected to fight the fight for the mass of the profession. I do not think that it ought to be Dublin v. Ferns or Dublin v. Dundalk, but it ought to be the case of one of the working Bees v. one of the Diplomavending Drones who have heretofore battened on our debasement, robbery and degradation.

I am, Sir, yours, &c,

THOMAS LAFFAN.

Cashel, Jan. 13th, 1896.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—As two practitioners have discussed in the Dublin daily papers the claims of individual candidates to succeed Dr. Kidd as Direct Representative of the Irish medical profession, we feel called upon, in justice to Dr. Jacob, to point out to the Poor-law medical officers of Ireland that, whatever claims upon their votes Mr. Thomson may have—and we do not wish to depreciate them—Dr. Jacob's services to those officers transcend such claims tenfold in duration, in earnestness, and in self-sacrificing patience and industry.

It is true that Mr. Thomson acted, three years ago, for the *British Medical Journal* in collating information collected by it with reference to the abuses and hardships of the Poor-law medical system, and that he compiled a useful report on the subject; but for many long years before this was done Dr. Jacob had been persistently engaged in preparing the ground which was subsequently occupied by the *British Medical Journal* and Mr. Thomson in instructing and advising the Poor-law medical officers as to their rights—legal and moral—and as to the means to be employed to obtain redress of their manifold grievances. Under his influence chiefly the Irish Medical Association has been engaged for twenty years before any other champion of these officers took the field in vindicating their legal rights and enlarging and protecting their privileges.

Under the influence, to a great extent, of his untiring and unremunerated labour, additional emoluments to the amount of many thousands a year have accrued to the Poor-law medical officers of Ireland, and these officers have been placed in many respects in a position of independence which was previously unknown either to themselves or their employers.

In all these years let us ask what were Mr. Thomson's services to the Poor-law medical officers? Nay, more, what has he done within the three years since he completed his report which should efface the recollection of Dr. Jacob's work? He was co-opted as a member of the Council of the Irish Medical Association, but he rarely attended its meetings or afforded any assistance in its deliberations, and he is now not even a member of the organisation. Meanwhile Dr. Jacob has been working hard to secure superannuation allowances for these officers, and with his own hand drafted the Bill for the redress of their grievances which was introduced to Parliament in the session of 1894 by Mr. T. W. Russell, M.P.

So much for the relative pretensions of these candidates to represent the working country practitioners. As re-

gards the business of the General Medical Council in regulating education and examination, we need only say that Dr. Jacob was one of those who, before Mr. Thomson occupied any public position, reconstructed and reformed the Irish system of medical qualification, and he thereby acquired familiarity with every detail such as no other candidate can lay claim to.

We are convinced that your sense of justice will secure to us the opportunity of making these facts known, and thus preventing Dr. Jacob's great services from being forgotten or overshadowed.

We are, Sir, yours, &c.,

HENRY W OULTON, M.D., Univ. Dub., L.R.C.S.I.,
Medical Officer No. 1 North City Dispensary.

JOHN P. GARLAND, L.R.C.P.I., L.R.C.S.I., Medical
Officer No. 3 North City Dispensary.

LUNATIC ASYLUMS—THE RELIGIOUS QUESTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of the 8th inst., you kindly inserted a few remarks of mine on this important question. These have been followed by an interesting lecture in your last issue, by Dr. Thos. B. Hyslop, in which he deals with the religious aspect of insanity, and he remarks that "A true and philosophical religion raises the mind above a mere incidental emotionalism." Now, granting the truth of this assertion, the difficulty arises which I for one should be content to leave experts in lunacy to determine—viz., which, out of the multifarious forms of religious belief or superstition which pervades all types of humanity, is "the true and philosophical one"? because it must be evident to all, in the vast majority of cases, that religious belief, of whatever kind, is the result of impressions drilled into the infantile mind through the influence of the maternal ancestry, who, therefore, is to decide whether the maternal inculcations of one individual or another is "the true and philosophic religion." Probably the safest type of mind is that which is grounded on common sense and harnessed and disciplined in search after truth, and therefore less likely to soar in regions of imagination and superstition.

Dr. Hyslop also asserts that, "With no religious and no moral obligation the organism is apt to become a prey to the lusts of the flesh." This, I, am aware, a generally accepted view, but is there not a good deal of fallacy connected with it, and is it not frequently put forward as a dangerous and plausible plea to excuse religious superstition on such grounds? Whatever our personal religious beliefs may be, we are bound, in dealing with insanity, to take into account every factor, and it may be open to question whether the cases of religious enthusiasm which culminate in insanity are not greater than those which arise from intemperance in alcoholic stimulants. No doubt in the old stage-coach days, before the introduction of steam, when the public mind was in a comparatively torpid state, there was some excuse for religious excitement, but since then life in its every phase has changed, and with education, rapid means of transit, public entertainments, free libraries, &c., which afford a healthy stimulus to those who choose to avail themselves of them, there is, I think, no longer any grounds for religious enthusiasm or excitement, which so frequently culminate in mental aberration. But whatever differences of opinion there may be on this point, it is to be hoped our experts in lunacy will speak out in no muffled tone in repressing the danger arising from this source.

I am, Sir, yours, &c.,

CLEMENT H. SERS.

Queen's Rd., Peckham, Jan. 17th, 1896.

THE NOTIFICATION CASE—HADDEN FUND.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly insert in your next issue enclosed list of subscribers to the above Fund? In answer to many inquiries, I may say that Dr. Hadden was unable to recover any costs from the plaintiff, so that his expenses have been very great. The decision of the full Court on Dr. Hadden's appeal is of such importance to the entire

profession that I would ask all who wish to support the movement to do so without delay.

I am, Sir, yours, &c.,

JAMES CRAIG, Hon. Treas.

23 York Street, Dublin.

£ s. d.		£ s.	
Dr. J. W. Moere (Dublin) ...	1 1 0	Dr. W. A. Wright (Dalkey) ...	1 1 0
Sir Thornley Stoker, Pres., R.C.S.I. (Dublin) ...	1 1 0	Dr. W. R. Huggard (Davos Platz) ...	1 1 0
Dr. E. H. Bennett (Dublin) ...	1 1 0	Dr. David Hadden (Wexford) ...	1 1 0
Mr. H. R. Swanzy (Dublin) ...	1 1 0	Sir Charles Cameron (Dublin) ...	1 1 0
Mr. Kendal Franks (Dublin) ...	1 1 0	Sir P. C. Smyly (Dublin) ...	1 1 0
Dr. W. G. Smith (Dublin) ...	1 1 0	Dr. J. M. Finny (Dublin) ...	1 1 0
Dr. Wallace Beatty (Dublin) ...	1 1 0	Dr. J. F. Pollock (Blackrock) ...	1 1 0
Dr. Duffey (Dublin) ...	1 1 0	Dr. S. R. Mason (Dublin) ...	1 1 0
Dr. O'Carroll (Dublin) ...	1 1 0	Dr. P. W. Maxwell (Dublin) ...	1 1 0
Dr. Parsons (Dublin) ...	0 10 6	Dr. W. Moore, Physician in Ordinary to the Queen ...	1 1 0
Mr. F. T. Heuston (Dublin) ...	1 1 0	Mr. J. B. Story (Dublin) ...	1 1 0
Mr. J. H. Scott (Dublin) ...	1 1 0	Mr. E. S. O'Grady (Dublin) ...	1 1 0
Dr. C. E. Fitzgerald (Dublin) ...	1 1 0	Dr. J. J. Cranny (Dublin) ...	1 1 0
Dr. H. C. Tweedy (Dublin) ...	1 1 0	Dr. John Murphy (Dublin) ...	1 1 0
Sir William Stokes (Dublin) ...	1 1 0	Dr. C. B. Ball (Dublin) ...	1 1 0
Dr. Bernard (Derry) ...	1 1 0	Sir J. Banks, K.C.B. (Dublin) ...	1 1 0
Dr. Drury (Dublin) ...	1 1 0	Dr. Horne (Dublin) ...	1 1 0
Dr. Harley (Dublin) ...	1 1 0	Dr. Paton (Finglas) ...	1 1 0
Dr. Craig (Dublin) ...	1 1 0	Dr. Pim (Chapelizod) ...	1 1 0
Dr. Little (Dublin) ...	1 1 0	Dr. Starkey (Dublin) ...	1 1 0
Dr. Grimshaw, Pres., R.C.P.I. ...	1 1 0	Dr. Joseph Nelson (Belfast) ...	1 1 0
Dr. F. W. Kidd (Dublin) ...	1 1 0	Dr. Fitzmaurice (Dunmanway) ...	0 2 0
Sir C. Nixon (Dublin) ...	1 1 0	Dr. Westropp (Lisdoonvarna) ...	0 10 6
Mr. Wm. Thomson (Dublin) ...	1 1 0	Dr. Ryan (Baillieborough) ...	0 10 0
Mr. Arthur Benson (Dublin) ...	1 1 0	Dr. Finegan (Mullingar) ...	1 1 0
Dr. M'Cutcheon (Dublin) ...	1 1 0	Dr. Jefferson (Lisburn) ...	0 10 6
Dr. Joseph Redmond (Dublin) ...	1 1 0		
Dr. Bewley (Dublin) ...	1 1 0		

DR. CARTER'S THERMO-INHALER FOR ETHER.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Referring to some corrections made by Dr. Dudley Buxton in your last week's issue, we, who had the great pleasure of manufacturing the inhaler in conjunction with Dr. Carter, are much pleased to see it criticised in the MEDICAL PRESS AND CIRCULAR. As, however, general statements are unsatisfactory, Dr. Dudley Buxton would greatly oblige by pointing out in your next week's issue, each of the many grave defects which he considers and, it appears, found in practice inherent in its construction. This information forthcoming may enable us to explain in a plain and, we believe, satisfactory way the cause of the difference of opinion held and expressed by Dr. Dudley Buxton to that held by Dr. Carter and ourselves regarding mechanics in the administration of anaesthetics.

Meanwhile we enclose a table of Dr. Carter's first 22 cases of normal etherisations effected by means of the inhaler under discussion, showing an unprecedented uniformity in the quantity of ether expended on an average per minute, viz.:

In the first series of 18 administrations	31.5 minims.
„ second „	4 „ 31.4 „

Are the uniform results obtained by Dr. Carter in his cases of 85 and 86 facts consistent with the general statements made by your correspondent?

Thanking you in anticipation for inserting this letter in your next week's issue,

We are, Sir, yours, &c.,

KROHNE AND SESEMANN.

London, January 18th, 1896.

Literature.

TURNER'S GUIDE TO THE MEDICAL AND DENTAL PROFESSIONS. (a)

THIS little book may be strongly recommended to all those about to enter the medical or dental professions, except to those very rare examples in the ranks of medicine, men of fortune, who are not likely to be mainly or entirely dependent upon their calling for a livelihood. The book gives full information and is a trustworthy guide in all matters bearing upon a start in professional life. It clearly explains the commercial details as to purchasing and selling practices, partnerships, &c., details on which the average professional man, through lack of business training, is commonly in sore need of guidance. If we have any fault with the book, it is that these objects which it admirably fulfills are not clearly indicated in its principal title.

ANDERSON ON DISEASES OF THE SKIN. (b)

THE second edition of this important work is considerably larger than the original volume. It contains a number of articles specially contributed, as, for example, one by Prof. Unna on Eczema seborrhoicum. The text is illustrated by numerous illustrations and by several well-executed chromo-lithographs. It deals systematically with diseases of the skin, a subject which has of late years attained considerable importance, and is firmly dovetailed into the literature not only of general medicine, but also of other highly-developed specialties. There is no need to discuss exhaustively the contents of the present volume. The author has presented a general view of the subject, and has incorporated the results of his own wide experience. Indeed, the individuality of the Scotch methods and teaching is traceable throughout these pages. As a work of reference the book might perhaps be made more valuable by condensing some parts and enlarging others. The interesting condition of Plica Polonica, for instance, deserves more than a couple of lines. Again, we fail to find any mention of the important group of associated symptoms known as Raynaud's Disease. The author has wisely placed a description of various rare dermatoses to an appendix. The book is well mounted, and should be on the shelves of every practitioner of medicine who is interested in dermatology.

STOCKEN'S DENTAL MATERIA MEDICA. (c)

THIS little book has been in earlier editions favourably reviewed in the MEDICAL PRESS AND CIRCULAR, and calls for little notice now. It probably contains enough information on the subject for the practice of dentistry in which the role of materia medica has a very small place indeed. It is the salutary rule among dentists, including those medically qualified never to prescribe other than strictly local medication. Dentists need practically a knowledge merely of the properties and uses of such drugs as are employed in local applications within and without the teeth, or in the cavity of the mouth, as antiseptic, or other forms of lotions and gargles. This knowledge may be acquired from Messrs. Stocken's book.

(a) "Guide to the Medical and Dental Professions, with a Chapter on Lady Doctors by Miss F. M. Strutt-Cavell." By Percival Turner. London: Baillière, Tindall, & Cox.

(b) "Diseases of the Skin." By T. McCall Anderson, M.D., Professor of Clinical Medicine, Glasgow. 2nd Edition. London: Chas. Griffin & Co.

(c) "Dental Materia Medica and Therapeutics." By J. Stocken, L.D.S. Revised by Leslie S. Stocken, L.R.C.P. and J. O. Butcher, L.D.S., &c. Fourth Edition. London: Lewis, 1895.

New Articles.

ELASTIC CLOTH BANDAGES AND BELTS.

SOME time since we received from the Kieringill's Patent Hygienic and Elastic Cloth Syndicate, Limited, samples of materials for underclothing and elastic belts. We have taken advantage of the interval to put the latter to a practical test, and we are now enabled to speak from experience. The materials comprise ribbed and unribbed cloths, the former being lighter in texture and better adapted for summer use or in hot climates. These cloths can be made up into vests or used in the shape of chest protectors, belts, and the like. They have a soft velvety surface, are extremely elastic, and their texture allows of free cutaneous ventilation, while securing adequate warmth; and, in addition, garments and other articles made thereof can be washed with soap in hot water without detriment to their structure or elasticity. In the form of bandages the cloth affords a uniform and comfortable mechanical support, and its porosity, by facilitating perspiration, obviates the disagreeable sensations associated with the use of ordinary elastic bandages, than which moreover it is cheaper, and it can be efficiently cleaned when required.

Belts made of this material, whether for men or women, are ideally comfortable, and such belts are incomparably superior to similar articles made of the materials usually employed. Those submitted to us were neatly made and finished off in the most workmanlike manner. Their elasticity does not appear to have suffered appreciably even after two washings, and we cannot imagine anyone who has given these a trial ever reverting to the old-fashioned appliances.

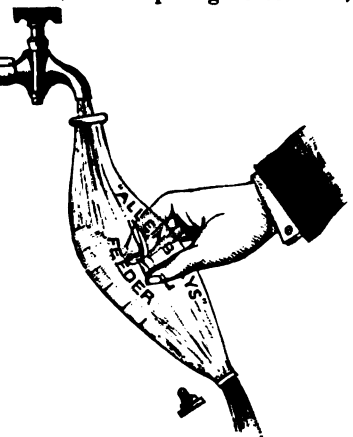
The materials lend themselves to compressive appliances of every description, and we are promised a lady's corset which will fulfil a long felt want, among lady cyclists. They are intended to be worn next to the skin, for which their softness of texture and pliability admirably adapt them. The elasticity, moreover, can be increased or diminished in the course of manufacture according to the purpose for which the particular cloth is to be used.

THE "ALLENBURYS" BABY FEEDER.

THIS, the most modern form of the feeding-bottle dear to our infancy, represents a period of evolution extending over many years, during which the ingenuity of inventors has been ransacked in the endeavour to obviate the inconvenience and the dangers of the original feeding-bottle. The "Allenburys" feeder consists of simply a bottle, a valve, and a teat. The bottle, which is graduated to show the amount of fluid introduced, has an opening at both ends,



and it can be thoroughly and easily cleaned by running water through it from a tap. *Verb. sap.* The teat, being of pure rubber, can be turned inside out, thus rendering perfect cleansing possible. The valve stopper has a slit, which allows air to enter as the fluid is withdrawn, and the flow can be regulated by modifying the dimensions of the slit. Verily, the baby of the present day has much to be thankful



for, because, if some mothers still wantonly renounce the pleasurable duty of suckling their offspring, they have, as an alternative, a feeding-bottle which, with ordinary care, is incapable of harbouring the germs of

decomposition, thus averting the colic which past generations of handfed babies have had to grin and bear.

Medical News.

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

A QUARTERLY court of the Directors of this Society was held January 8th, Dr. Pollock in the Chair. Three new members were elected, and the deaths of five reported. There were no fresh applications for grants. It was resolved that a sum of £1,162 be distributed among the 51 widows, the 8 orphans, and the 4 orphans on the Copeland Fund. The expenses of the quarter were £76. The Christmas present, £452, had been given on December 20th. A further sum of £500 had been received from the executors of Miss Parpus, making in all £3,000.

British Medical Benevolent Fund.

THE Annual General Meeting of subscribers to this fund was held on Tuesday, January 14th, at the residence of the Treasurer. The chair was taken by Mr. J. T. Mould, F.R.C.S., Vice-president, in the absence of Sir James Paget, Bart., President, unavoidably prevented from presiding. Amongst the subscribers present were Drs. Sidney Phillips, Bright, Baines, Felce, Bowles, Holman, and Lowe, and Messrs. Parker Young, Page Kiallmark, Roche Lynch, Byam, Morgan, and Howard Marsh; the Treasurer, Sir Wm. Broadbent, Bart.; and the Honorary Secretaries, Dr. Samuel West (finance) and Mr. Edward East (cases). The financial statement was submitted and the report of the Committee read, and from them it appeared that subscriptions, £991 8s., and donations, £700 18s. 8d., together, £1,692 3s. 8d. had been received, the income from investments amounting to £2,333. £1,548 had been distributed in grants, and 107 annuitants had received £2,114 6s. 8d. The distribution had been effected mainly through the agency of the Cheque Bank in monthly instalments, a mode found by the Committee exceedingly advantageous. Eighteen new annuitants had been elected to supply vacancies caused by death, and grants had been made to 158 applicants, the total number of applications received being 212. Three legacies had been received during the year—£500 from the estate of the late T. M. Stone, Esq., £45 from that of Miss Wallace, and £300 from the late Miss Brigstocke. During the year the trustees had asked to be relieved from the responsibility which they had borne for so long, and had resigned their office. Their resignation was received by the Committee with regret and an expression of thanks for their services in that capacity. Sir William Broadbent, Mr. John H. Morgan, and Dr. Samuel West had accepted office in their place. Several changes in the useful office of Hon. Local Secretary had taken place. Dr. Markham Skerritt had been succeeded by Dr. Michell Clarke, at Bristol. Dr. Duncan succeeded Dr. Miller at Dundee, and new Secretaries had been appointed for Tottenham, Hampstead, and Kilburn, viz., Dr. G. A. Wateon, J. W. Pilcher, Esq., and Dr. Thurton, and Mrs. E. E. Palmer had accepted the post of Lady Collector at Norwich. Dr. Baxter Forman, Dr. Marmaduke Prickett, and Mr. Edward East joined the Committee, and Sir Henry Acland, Sir Edward Sievking, and Mr. Herbert Page were appointed Vice-Presidents. Mr. Edward East resigned his appointment as Secretary for cases, and received the thanks of the meeting for his long services, and is succeeded by Mr. Joseph White, 6 Southwell Gardens, S. W. Votes of thanks were passed by acclamation to the Treasurer, Secretaries, Auditors, and to the Medical Press, and Mr. Mould was thanked for his services to the fund and for his conduct in the chair.

The British Gynaecological Society.

The following is the result of the ballot for officers of the above Society:—

Honorary President: R. Barnes, M.D., F.R.C.P. (London). President: Clement Godson, M.D., M.R.C.P. (London). Vice-Presidents: C. H. Bennett, M.D.

(London), Professor J. W. Byers, M.D. (Belfast), H. Macnaughton-Jones, M.D. (London), Leith Napier, M.D. (London), A. A. Raach, M.D. (London), Professor W. L. Reid, M.D. (Glasgow), Professor A. W. Mayo Robson, F.R.C.S. (Leeds), C. H. F. Routh, M.D., M.R.C.P. (London), J. W. Taylor, F.R.C.S. (Birmingham), Professor J. Wallace, M.D. (Liverpool), W. Gill Wylie, M.D. (New York). Treasurer: J. A. Mansell-Moullin, M.D. (London). Librarian: George Granville Bantock, M.D. (London). Council: Dudley Buxton, M.D. (London), T. Kilner Clarke, F.R.C.S. (Huddersfield), E. Temison Collins, F.R.C.S. (Cardiff), W. Dingley, M.R.C.S. (London), T. B. Gimsdale, M.B. (Liverpool), F. N. Haultain, M.D., F.R.C.P. Ed. (Edinburgh), W. Balls Headley, M.D., F.R.C.P. (Melbourne), P. L. Hebert, M.D. (London), R. A. Hodgson, M.R.C.S. (London), F. Bowdeman Jessett, F.R.C.S. (London), Lewis Jones, M.D. (London), J. Macpherson Lawrie, M.D. (Weymouth), Henry Lewis, M.D. (Folkestone), R. Marsden Low, M.B. (London), J. J. Macan, M.D. (London), H. Michie, M.B., (Nottingham), J. R. Morison, F.R.C.S. (Newcastle), James Oliver, M.D. (London), H. W. F. Powell, F.R.C.S. Ed. (London), T. Savage, M.D., F.R.C.S. (Birmingham), Professor A. J. Smith, M.D. (Dublin), S. Sunderland, M.D. (London), W. Travers, M.D., F.R.C.S. (London), A. Wallace, M.D. (London). Editor of Journal: Leith Napier, M.D., F.R.S. Ed. Honorary Secretaries: F. F. Schacht, M.D. (London), John Shaw, M.D. (London).

The Harveian Society.

THE following gentlemen were elected to office at the last meeting of this Society:—

President: Mr. J. Knowsley Thornton, M.B., C.M. Vice-Presidents: Dr. W. Hill, Dr. E. Clifford Beale, Mr. E. W. Roughton, Dr. Lamb. Treasurer: Mr. H. Cripps Lawrence. Council: Sir John Williams, Bart., Mr. R. S. Armstrong, Mr. E. Bartlett, Mr. Peyton Beale, Dr. Boxall, Mr. Henry Davis, Mr. George Eastes, Dr. L. Guthrie, Mr. F. W. Hazel, Mr. S. Harlbut, Mr. Henry Juler, Dr. J. E. Squire. Hon. Secretaries: Dr. Cagney, Dr. F. W. Cock.

Society of Members of the Royal College of Surgeons of England.

A MEETING of the Executive Committee of this Society was held on the 16th inst., at which the following resolution was carried unanimously, and ordered to be communicated to the medical journals:—"The Executive Committee of the Society M.R.C.S. desires to thank the Fellows most heartily for their recent vote affirming the principle of the direct representation of Members upon the Council, and the Committee hope that this vote will mark the commencement of a new era, in which the Fellows and Members will work together for the good of the College.

Compulsory Notification Fees for Ireland.

WE note that the Local Government Board for Ireland has intimated to the Lurgan Town Commissioners that they are at liberty to pay to the medical officer of the workhouse the munificent fee of one shilling for notifying to the medical officer of health any case of infectious disease which occurs in the workhouse. It appears that the Act of Parliament which fixes the fee payable to a private practitioner at 2s. 6d. does not allow more than 1s. for a public medical officer.

The Health of Ireland.

THE last quarter of the year which has just closed is reported by the Registrar-General to have been exceptionally healthy, the death-rate for Dublin being for that period 23.9, or 2.9 below the average. This ratio compares with 18.0 for London, 19.2 for Glasgow, and 17.1 for Edinburgh for the same quarter. The improved health of the city has been due to the exceptional small number of zymotic deaths, which numbered 36 per cent. below average. There was a rapid declension in the frequency of small pox. The ratio for the 15 towns outside Dublin was 22.8 per 1,000 of population, measles having been severe in Belfast and scarlatina in other towns.

Notices to Correspondents, Short Letters, &c.

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

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

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

GENERAL PRACTITIONER (Leeds).—A good English artificial eye will last about twelve months. Although glass-eyes of foreign manufacture are cheaper, they will not stand wear as long as English made eyes. It is the solvent action of the tears upon the glass that causes glass-eyes to become rough and unsuitable for further use. A large manufacturer has stated that about 50,000 of these appliances are used up annually.

BE CAREFUL OF SODA WATER!

MARK TWAIN has been giving a lecture on soda water. He said that he could not recommend it as a steady drink. After drinking thirty-eight bottles he found himself full of gas and as tight as a balloon. He had only one article of clothing left that he could wear, and that was his umbrella.

MR. C. C. L.—The matter shall be carefully considered, but we think you have taken an extreme view of your neighbour's position.

DR. SCHWARTZ, (Constantinople).—Paper received.

M.R.C.S., L.R.C.P. (Crewkerne).—Pure cow's milk should have a specific gravity of 1.030, and should yield from ten to fourteen volumes per cent. of cream, and never less than three per cent. by weight. The normal amount of water should be about eighty-seven per cent.

THE ARMY MEDICAL SERVICE.

A COMPETITIVE examination for seventeen commissions in the Army Medical Staff will be held on the 7th February and following days. Particulars thereof will be found in our advertisement columns.

DR. DOCKRELL.—The paper is a fairly wide one, well suited to test the candidate's knowledge.

A MEDICAL CLUB FOR LIVERPOOL.

A LIMITED company has been formed in Liverpool, with a capital of £1,000, for the purpose of starting a medical club. There are fifteen directors, all medical practitioners in the city.

A MEMBER.—We do not intend to take sides in the contention; it is a purely commercial question between opposing interests and we think it a mistake to have raised it in the first instance.

MEDICAL DEFENCE INSURANCE.

THE defence of the profession in respect of its "character and financial interests" has been taken up by a company recently formed in London with a capital of £10,000. It is to combine insurance in its function, but of what nature does not transpire save that it is not to be insurance on life. The first subscriber is a chemist.

DR. MORTIMER has missed the point contended for, if he will re-read the article it will be readily seen.

A QUACK'S LABEL CASE.

WE chronicled in our last number the conviction of John Ferdinand, M.D., U.S.A., who has been for some time in illegal practice. The said individual has felt aggrieved because a legitimate practitioner referred to him as "a damnable liar, a daylight robber, and one of the worst impostors that ever came to London." Of course this was hardly polite language to use even when referring to a quack, and so the matter had to be threshed out at the Sheriff's Court on Friday last. Ferdinand sought £2,000 damages, and received 6s.

DR. FLEMING (Liverpool).—No information upon the subject has so far reached us. If our correspondent will forward us the papers we will be glad to comply with his request.

SOCIETY OF ANESTHETISTS.

THE secretary of this society asks us to point out that Mr. G. Hewlett Bailey, President, was in the chair at the meeting reported in our columns in the 8th inst., not Mr. F. Woodhouse Braine, whose term of office has expired.

F.R.C.S.L.—The offices of the General Medical Council are at 299 Oxford Street, London, W.

HINTS TO A CYCLIST.

Do not be stubborn with a balky wheel. If the front wheel gets in a rat going east, and the hind wheel in another going west, dismount and argue the matter standing, unless you are tired and want to lie down by the roadside without making the effort to do so unassisted. Keep your lamp lit when riding at night. The boy who thought he was safe because he had a parlour-match in his pocket came home with a spoke in his wheel which didn't belong there.—*Harpur.*

Meetings of the Societies.

WEDNESDAY, JAN. 22ND.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND.—5

p.m. Cases by Drs. Stowers, Abraham, Walsh, and others. Dr. Eddowes: Warts of the Feet.
HUNTERIAN SOCIETY.—8 p.m. Clinical Evening. Sir Hugh Beavor: Hemiplegic Tremor. Dr. Fred. J. Smith: (1) Hemianopsia; (2) Motor Aphasia. Mr. Wm. Fettes: Cuticular Diseases for Diagnosis. Dr. J. F. Woods: Cervical Neuralgia treated by Suggestion without Hypnotic Sleep. And other cases.
SOCIETY OF ARTS.—8 p.m. Mr. Frank W. Grierson: Supply of Sea-water to London.

FRIDAY, JAN. 24TH.

CLINICAL SOCIETY OF LONDON.—Dr. A. Wilson: A Girl after Menigitis in Hystero-epileptic state with Dual Existence. Dr. Norman Dalton: Myopathic Muscular Atrophy in an Adult. Mr. J. E. Lunn: Suppuration of the Shoulder-joint in a Man aged sixty-three. Twice Succeeded Excision of the Temporo-maxillary Joint for Arthritis Deformans, Charcot's Disease of Shoulder-joint. Mr. H. Paterson: A Case of Extensive Skin Grafting. Mr. H. B. Robinson: Birth Injury to Upper Extremity of Femur. Mr. C. Mansell Moulin: Impaired Growth of Lower Epiphysis of Tibia consequent on a Strain. Mr. Raymond Johnson: Case of Traumatic Orbital Aneurysm.

Vacancies.

Bootle Borough Hospital.—Senior House Surgeon. Salary £80 per annum, with board, washing, &c. Applications to be addressed "Chairman," Bootle Borough Hospital, Bootle.
Bradford Infirmary.—Dispensary Surgeon. Salary £100 per annum, with board and residence. Applications endorsed "Dispensary Surgeon," before Jan. 27th.
Dorset County Hospital, Dorchester.—House Surgeon. Salary £70, with board and residence. Further particulars of W. E. Groves, Icenway, Dorchester, Clerk to the Committee.
Samaritan Free Hospital for Women and Children, London.—Surgeon to the Out-Department. Applications and testimonials to be sent to the Secretary not later than Feb. 4th.
The Middlesex Hospital Medical School.—Lectureships on Anatomy and Physiology. Applications to the Dean of the Medical School, from whom all further information may be obtained.
Tower Hamlets' Dispensary.—Resident Medical Officer. Salary £120 per annum, furnished rooms, coals gas, and attendance. Applications to the Secretary, Tower Hamlets' White Horse Street, Stepney.

Appointments.

BARKER, G. C., M.A. Camb., M.D. Brux., L.R.C.P. Lond., M.R.C.S. Physician to the Brighton and Bove Dispensary.
GARRAD, F. W., M.B., B.C. Cantab., House Surgeon to the Worsfold and South Warwickshire Hospital, Leamington.
GILES, B. O'H., M.B., Ch.B. Ad., Health Officer to the Wyndham Shire Victoria, Australia.
GREENE, Dr. T., of Green Lawn, Ennis, Assistant Medical Officer to the Ennis District Lunatic Asylum.
HENRY, G. W., L.R.C.P. Lond., M.R.C.S., Medical Officer of Health by the Minehead Urban District Council.
HOLDEN, J. S., M.D. Irel., L.R.C.S. Edin., Medical Officer of Health by the Belcham and Melford Rural District Council.
JUNSTONE, W. E., M.A., M.B., C.M. Edin., House Surgeon to the Darlington Hospital and Dispensary.
MANN, E. P., M.D., D.P.H. Camb., Assistant Medical Officer for Liverpool.
PHILLIPS, J. N., L.R.C.P. Lond., M.R.C.S., Medical Officer of Health for the Cannock Rural Sanitary District.
PORTER, W. S., M.D. Durh., L.R.C.P. Lond., M.R.C.S., Examiner of Lunatics for Shrewsbury.
REID, G. M., M.B., Ch.M. Aberd., Health Officer for the Heytesbury Shire, Victoria, Australia.
STRANGE, A., L.R.C.P. Lond., M.R.C.S., Assistant Medical Officer for the Infirmary of the Whitechapel Union.

Births.

HOWELL.—Jan 13th at Middlesbrough-on-Tees, the wife of R. Edw. Howell, M.B. Edin., M.R.C.S. L.R.C.P., of a daughter.
HUMPHREYS.—Jan. 15th, at 50 Fairholme Road, West Kensington, the wife of Charles Lyle Humphreys, M.D., of a son.
PARR-DUDLEY.—Jan. 15th, at The Grove, Cossington, Leicester, the wife of Arthur D. Parr-Dudley, M.R.C.S., L.R.C.P., of a son.
SANDERS.—Jan 9th, at Châlet St. Vincent, Cannes, the wife of Gordon Sanders, M.B., F.R.C.P. Edin., of a son.
WOOLLETT.—Jan. 16th, at 35 Telford Avenue, Streatham Hill, London, the wife of C. J. Woollett, M.D. Lond., F.R.C.S. Eng., of a daughter.

Marriages.

COATES—FREE AND.—Jan 11th, at the Cathedral, Chichester. William Coates, M.R.C.S., L.R.C.P., Ingleside, Whalley Range, Manchester, to Leonora Stillewail, sixth daughter of the late Frederic John Freeland, of Chichester.
SHAW—LOND.—Jan. 16th, at Hove Parish Church, George Shaw, F.B. Lond., of The Drive, Hove, to Annie Louise, third daughter of C. W. Lord, Esq., of The Drive, late of Acton Hall, Sudbury.

Deaths.

TUPPEN.—Jan. 9th, at Nagasaki, West Cliff Road, W., Bournemouth, Harry Stacey Tuppen, M.A., M.B. Camb., aged 34 years.
WATTS.—Jan. 7th, Robert George Watts, M.A., M.D. St. And., Albion House, Quadrant Road, Canonbury, aged 62 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXII.

WEDNESDAY, JANUARY 29, 1896.

No. 5.

Original Communications.

A SERIES OF CASES

OF

INTESTINAL RESECTION.

BY HERBERT W. ALLINGHAM, F.R.C.S.,

Surgeon to the Great Northern Hospital, Assistant Surgeon to St. George's Hospital.

IN this paper will be recorded all the cases in which I have resected portions of the intestines, although the results, as will be seen, are not as satisfactory as one could wish; still, I feel, that only by narrating both successful and unsuccessful cases is it possible to arrive at any definite conclusion as to the correct way of treating cases of this kind under the various conditions which they may present. After narrating the cases, I shall discuss them and endeavour to indicate the procedure which I shall adopt in the future.

CASE I. Resection of Stricture of the Sigmoid Flexure.—(A full report of this case appeared in the *Clinical Society's Transactions* for 1893.) In October, 1892, I saw, in consultation with Dr. William Neale, Mrs. S., *æt.* 54. The patient had always been subject to constipation, especially during the last year. For six weeks the bowels had ceased to act, and for a month before that they had acted with difficulty. Purgatives and enemata only caused the occasional passage of a little flatus and one liquid motion. She had never passed blood or slime.

When we saw her she had vomited for some days. The abdomen was greatly distended. There was no growth to be felt, and an examination *per rectum* revealed nothing.

As the length of time of the obstruction seemed to indicate that the stricture was low down in the large intestine, it was agreed to make an incision in the left inguinal region for the purpose of examining the colon in opening it, if it was distended.

I made an incision three inches long, about an inch inside the left antero-superior spine of the ilium, opened the peritoneal cavity, and found that the large intestine was greatly distended. The gut was brought up to the inguinal opening, and when the hand was inserted into the peritoneal cavity a mass was felt in Douglas's pouch. This was brought to the inguinal opening, and was found to be a malignant growth in the sigmoid flexure. This growth and about fourteen inches of the gut were pulled through the inguinal incision, the parietal peritoneum was stitched to the skin all around the abdominal incision, and the mass of sigmoid flexure and growth was fixed outside the belly wall. The gut was then opened above the cancerous mass, but, as no *feces* passed away, the intestine had to be opened below the growth, and *feces* were at once discharged. A Paul's tube was inserted, and was kept there for three days.

Ten days after the operation the mass of gut and the growth were clamped and cut away, the mass removed weighing ten and a half ounces. In a month's time the patient was quite recovered, the bowels acting daily from the inguinal opening. I have seen this patient lately, and advised that the artificial anus be

resected, and a cure effected. She said that she was so comfortable with the colotomy that she did not feel inclined to run any further risk.

CASE II. Resection of Stricture of Descending Colon.—(This case was published in full in the *Medical Society's Transactions* for 1894.) William C., *æt.* 30, was admitted into the Great Northern Hospital, on January 9th, 1893. No family history of cancer or phthisis—never had typhoid or resided in any foreign parts. For the last two years had suffered from constipation, and about six months prior to this attack had had abdominal obstruction lasting for about a week, relieved by purgatives and enemata.

For the last ten days before admission he had not had an action of the bowels. On admission the abdomen was greatly distended, no tumour to be felt; nothing had passed by the rectum even after repeated enemata, no rectal stricture. On January 11th, the abdomen was opened in the middle line below the umbilicus, and the cæcum and small intestines were found to be enormously distended. The intestines were so stretched that I was afraid very carefully to explore the abdominal cavity for fear of bursting the guts. Accordingly, the cæcum was well drawn into the wound in the belly-wall, opened, and a quantity of *fecal* matter came away. When more than two quarts of liquid *feces* had escaped, the opening in the cæcum was closed with pressure forceps. The cæcum was then thoroughly washed and returned into the abdomen, and the part of the cæcum around the clip on the opening was carefully sutured to the edges of the abdominal wound about its lower part.

The next day, as the cæcum seemed well glued up to the belly-wall and the cavity thoroughly blocked off by lymph, the clip on the opening in the cæcum was removed. From this time the patient made an uninterrupted recovery, the bowels acting daily by the artificial anus, nothing whatever passing by the rectum. On May 29th he returned to the hospital greatly improved in health; he was fat and looking well. The bowels acted daily by the artificial anus, in fact the *feces* were constantly running away.

On May 31st I made an incision five inches long along the left *linea semilunaris*, meaning to hunt carefully through the sigmoid flexure and all the colon to find the cause of the obstruction and remove it if possible. I introduced my hand, and commenced by passing the sigmoid flexure through my fingers. This being normal, I continued my search up the descending colon, and about its centre found a hard tight stricture. The gut above and below the stricture was secured by india-rubber tubes passed through the mesentery. A large piece of the gut and the stricture between the tubes (about four inches in length) was then excised. The proximal and distal openings in the gut were carefully joined over a Mayo Robson's bobbin, the mucous membrane of the intestines being first sutured together as described by Mayo Robson by silk sutures, and lastly, the serous surfaces of the gut united with Lembert's sutures.

The patient recovered without interruption from this resection, and on June 14th I closed the opening in the cæcum.

On the 21st of June the wound in the cæcum was healed, the bowels acting by the rectum.

The patient remained in perfect health until Sept. 18th, when he returned to the hospital complaining of pain in the abdomen and of being sick. The abdomen was distended. As after several doses of castor oil and injections, he was no better, on September 24th, I determined to explore again the part where the stricture had been resected, thinking that perhaps the gut had contracted at the seat of resection. Accordingly, an incision was made parallel to the one about the left linea semilunaris, but a little inside it. When the abdomen was opened, it was found that the peritoneum was studded with hard nodules, and that there were masses in the walls of the small intestines, and great thickening and nodulation of the mesentery generally. The part where the resection was done was perfect—no stricture or contraction whatever. The patient recovered from operation, and stayed in the hospital until October 13th. He was taken to his home at Southampton, and was placed under the care of Dr. Robert Walch, to whom I am greatly indebted for the post-mortem examination and the specimens. The patient died on November 9th, ten months after the first operation.

CASE III. Resection of Inguinal Artificial Anus.—(This case was published in full in the *Lancet*, June 23rd, 1894.) A woman, *æt.* 48, came under the care of my colleague, Dr. C. E. Beevor, at the Great Northern Hospital, on March, 8th, 1894. About three months before she was suddenly seized with pains in the abdomen after a cup of tea, and was treated for dyspepsia. Ever since that attack she had had violent abdominal pains from time to time. A fortnight ago, she noticed her abdomen swollen. She had been sick several times the last fortnight, and had constant griping pains about the abdomen. On her admission to hospital the abdomen was found to be considerably distended, principally over the lower part. Deep palpation excited peristaltic action, and the distended coils stood out very distinctly through the abdominal wall. Per rectum and vaginam, nothing abnormal was to be felt. On March 10th, at the request of Dr. Beevor, I saw her, and, concluding from the history that there was some obstruction in the large intestine, decided to open the abdomen in the left inguinal region. This I did, and found the sigmoid flexure greatly distended. Before, however, fixing it to the abdominal wall and opening it, I determined to explore the abdomen with the hand, in order to (if possible) find out the nature of the stricture. Accordingly the inguinal incision was slightly enlarged, and then the hand was passed into the abdomen, the pelvis being thoroughly explored. To my surprise, no growth or band could be found about the intestine in the pelvis. Accordingly the search was pursued along the descending and transverse colon; there again, nothing was found. The sigmoid flexure being so distended, I thought I might have overlooked some band in the pelvis, or that the distension and symptoms were due to an over-distended and so paralysed gut. Presuming this to be the case, the large gut was fixed to the incision and opened. A Paul's tube was inserted into the gut. The next morning, March 11th, nothing had passed through the Paul's tube. Accordingly, I decided to open the abdomen on the right side over the cæcum. This was done by a vertical incision about the right linea semilunaris. The cæcum was found to be greatly distended. I passed my hand into the abdomen and explored the cæcum and the ascending and transverse colon, but was unable to find any cause for the obstruction. Here, again, as on the left side, the large gut was found to be distended. This being the case, I determined not to be misled again by the distended appearance of the large gut, so resolved to investigate the small intestine. The small intestine was traced upwards, and at about the juncture of the jejunum with the ileum, were found two coils of gut firmly adherent to one another to the extent of

about two inches. The adhesions were firm and old, and it was with great difficulty that one loop was separated from the other. When the coils were separated, in one was found a stricture about half an inch broad at the part where it had been adherent to the other coil. This stricture was treated by enteroplasty. The patient recovered, and all the motions passed by the inguinal colotomy opening. The spur about the colotomy opening, being well formed, prevented any motion passing beyond it, and so on to the rectum. The spur about the opening began to get more prominent, in spite of an attempt to reduce it by pressure with the finger daily. This being the case, it appeared to me useless to attempt any plastic operation to close the artificial anus. On April 16th the patient was put under chloroform. The skin around the artificial anus was divided and the peritoneum opened, and the gut pulled well out of the abdomen. The sigmoid flexure having a fairly long mesentery, it was easily drawn out of the abdomen. Two drainage-tubes were passed through the mesentery and secured with clip-forceps around the gut, about three inches above and below the artificial anus. Above four inches of the gut, with the anal opening, were then cut away. Then a Mayo Robson's bobbin was inserted between the ends of the divided gut, and the gut united over it in the usual manner. On the 27th some glutinous material was seen in the motions (bobbin?). She was seen again lately (July, 1895), and she was quite well in every respect.

CASE IV. Resection of Stricture of Sigmoid Flexure.—I saw, with Dr. Tyson, a Mr. G., *æt.* 67, who gave the following history. He had always suffered from constipation, but for the last six months his trouble had become much worse, the bowels never acting without strong purgatives. It was not uncommon for him to go a fortnight or longer without an action. There was no history of cancer. He had lost flesh and at times suffered from severe colic pains. Upon examination, the abdomen was rather distended, having a doughy feel. There was dulness along the course of the large intestine, and about the sigmoid flexure there was a hardish mass, rather tender to the touch. An examination per rectum revealed nothing.

An inspection of *fæces* passed after a strong purge, showed them to be liquid and offensive, but not containing blood or slime. After having him under observation for about ten days, and trying the effect of purgatives, belladonna, &c., without any result, on May 15th, 1894, I opened the abdomen on the left side, the centre of the incision being about an inch from the left anterior superior spine of the ilium. On opening the abdomen there was found at the upper part of the sigmoid flexure a hard, annular, malignant stricture. The intestines above the stricture were distended with doughy *fæces*. As the mesentery appeared to be free of malignant disease, and there was no evidence of enlargement of glands about the abdomen, I decided to resect the stricture. Drainage-tubes were passed through the mesentery, so as to constrict the intestine above and below the stricture, which was then removed. The ends of the gut were then united by Mounsell's method. The gut was washed and returned into the abdomen, and the abdominal wound was closed in the usual way. There was no sickness; the temperature that night was 102°; the patient slept, and he passed water; the pulse was 88; the abdomen was not distended or tender.

On May 16th he had had a good night. The pulse was 84; the tongue was moist; the temperature 99°; there was no pain whatever, and the facial aspect was good.

On May 17th, in the morning, the report was that he had had a good night, the temperature was 99°, there was no pain, the pulse was 88, the tongue was moist, there was no tenderness or distension about the abdomen: at 10³⁰ a.m. the patient said that he felt

rumbling about his stomach, and described a sudden burst of wind, accompanied with great pain in the abdomen. The pulse became rapid, the aspect changed, the abdomen soon became tympanitic and tender, and he died late that night. Evidently some of the stitches gave way.

CASE V. Resection of Stricture of Ascending Colon.—John R., *æt.* 66, was admitted into the Great Northern Hospital. Three months previously he had diarrhoea and pains in the abdomen. The pain had continued more or less ever since. For the last fourteen days he had been constipated, and the pain was growing much worse.

On admission the abdomen was distended and tense, with marked peristaltic contractions and great griping abdominal pain.

As I thought from the history of diarrhoea that the stricture might be low down in the large intestine, on May 23rd, 1894, an incision was made in the left inguinal region. On introducing the hand into the abdomen, the sigmoid flexure, descending and transverse colons were found to be empty. A hard mass was felt in the ascending colon. Accordingly the left inguinal abdominal opening was closed, the patient was turned over on to his left side, and an incision was made for right lumbar colotomy. The ascending colon was found and drawn out of the wound, and towards its upper part was a hard, localised growth. This was drawn out of the wound, the bowel clamped above and below, and the growth resected. The distal end of the colon was closed and stitched to the end of the wound. The proximal end was left open, and a Paul's tube was fixed in it. The bowel was stitched to the end of the wound.

The patient made an uninterrupted recovery, the bowels acting daily from the lumbar opening. On June 20th I opened the abdomen in the middle line and anastomosed the transverse colon to the ileum about 13 inches from the cæcum with a Mayo Robson's bobbin. By thus anastomosing the small intestine to the transverse colon I hoped that I should, at a later date, be able to close the right lumbar opening. The patient recovered from this operation, some of the faeces passing from the lumbar opening, others passing down to the rectum.

On September 26th an endeavour was made to close the colotomy opening, an incision being made round the colotomy opening, including the edge of the skin, about $\frac{1}{2}$ inch in breadth, and the gut was freed all round with some difficulty, and was well drawn out of the lumbar wound. The end of the gut, including the skin, was cut off. The end of the gut was next firmly sutured up, and its peritoneal surfaces were brought into contact by Lembert's sutures. The skin edges were then united, the blind end of the gut being left near the surface, so that if leaking took place the faeces might find their way outside the belly.

On October 2nd I was sorry to notice that the lumbar wound had broken down and that some faeces were leaking. This leaking continued, some of the faeces escaping by this opening, and others passing by the rectum.

He was kept in the hospital till January 25th, 1895. The opening in the lumbar region had contracted up to quite a small fistula, but some faeces still escaped by that orifice. He was then discharged, his general health being good. I have not heard of him since.

(To be concluded in our next.)

THE Islington Vestry has just caused two buildings to be erected in the parish in which to accommodate, free of charge, families among whom dangerous infectious disease has appeared, and who have been compelled to leave their dwellings for the purpose of enabling the sanitary authority to disinfect the same.

Lectures

ON

THE DIAGNOSIS OF INSANITY.

By THEO. B. HYSLOP, M.D.,

Lecturer on Mental Diseases to St. Mary's Hospital Medical School,
Assistant Physician to Bethlem Royal Hospital.

LECTURE V.

Insanity in Children.—Attacks of insanity in children are sometimes caused by sudden changes in temperature, or by over-exposure to the sun. In children, as in adults, the neuroses following sunstroke are somewhat similar to, and have much in common with, the traumatic neuroses. The chief clinical features in children whose mental perversions had been attributed to sunstroke are:—(a) absence of bodily infirmity; (b) full development and comparatively normal dimensions of the muscular and osseous systems (including the shape of the head, jaws, and teeth); (c) special affections of speech, either of a temporary character immediately following the attack, or as a continued impairment or failure in development of the faculty; (d) frequent occurrence of fits immediately after the attacks, lasting for a short period, but not continued through life; (e) defective or perverted moral states, as seen in various grades, from mere disobedience, to propensities peculiar, dangerous, or even homicidal, and sometimes, though rarely, habits of a degraded nature; (f) limited mental capacity, with failure to improve much by the ordinary educational methods; (g) attachments, antipathies, and peculiarities, which are in most cases retained through life; also an absolute inability to compete with their fellow beings, or to look after their own interests.

Head injuries, affections of the peripheral nerves, diseases of the throat, nose, or ears, digestive troubles, and the presence of intestinal worms, also tend to act directly or indirectly on the nerve centres and cause insanity. Of febrile diseases, scarlet, typhoid, and rheumatic fevers, and measles, are apt to be attended by grave mental disturbances. Whether the psychological disorders are the direct result of the noxious influence of the specific disease-germs, or whether only indirectly owing to nutritive disturbance, is at present doubtful. Spitzka believes in the former theory on the grounds that (a) analogous affections, such as the progressive sopor following diphtheria, are accompanied by evidences of microparasitic invasion of the nerve-centres; (b) the psychological results of post-febrile insanity are different from those resulting from simple nutritive disturbance; (c) the organic nervous diseases exceptionally following essential and exanthematous fevers are usually multilocular, and indicate the operation of an irritant distinct from a mere deprivation of nutriment.

At puberty, individuals of both sexes are prone to break down mentally, and more especially so if there is an inherited tendency. The majority of cases are of the maniacal and exalted types. Another feature is the tendency to remission and periodic recurrence of the symptoms. Such patients seldom become actually delirious. The relation of menstrual derangements to the mental state is inconstant. Usually there is impoverishment of the blood in adolescent and pubescent insanity.

Puerperal Insanity.—The puerperal period is fraught with danger to individuals who are predisposed to neuroses. The causes of puerperal insanity may be grouped as follows:—

(1) Predisposing:

(a) Heredity.

(b) Expectancy (a woman who has had a previous attack of puerperal insanity may dwell on that fact and predispose herself to another attack).

- (2) Exciting :
- (a) Physical causes, such as debility, consequent on labour, or prolonged lactation.
 - (b) Suppression of the lochia or milk, with consequent blood poisoning.
 - (c) Subinvolution of the uterus, metrorrhagia, or leucorrhœa which may act as exciting factors.

I agree with Dr. Savage in believing that there is no well-defined form of insanity deserving the name of puerperal insanity. Mental disorders may arise at any time from the earliest stages of pregnancy to late periods of weaning. The condition of the patient at the time of the onset of the mental symptoms has much to do with the nature of the case. Thus, a patient who is undergoing a natural pregnancy or labour, but who is subjected to some sudden shock or worry, is, in my opinion, more likely to suffer from an acute mental disturbance of a maniacal nature. A patient, on the other hand, exhausted by the drain on her system, subjected to many worries and cares, is more likely to be melancholic. A diagnosis of the true nature of the case can only be made by taking into account all the possible factors of causation. An acute onset due to outside existing factors is more favourable as regards the length of the illness, than a gradual onset due to physical exhaustion. In the former state the patient frequently recovers within a few months, whereas in the latter the period may extend to a year or even more. Some of these patients do not entirely recover in asylums, and it is only after returning to their homes that they gradually regain their mental power. Some cases do not recover. The prognosis is influenced by several considerations. The puerperal state may be the means of determining an incurable state to which the individual was predisposed by heredity. It must be remembered, however, that hereditary predisposition, although unfavourable to permanent recovery does not necessarily imply that the patient will not recover from the first attack. As a rule, puerperal insanity is very curable. Perversions of the moral character, and impulsive tendencies, are far from being symptoms of incurability. Alternations of excitement and depression are usually unfavourable signs. Remissions and relapses are common, but the patients sometimes ultimately recover from them. Perhaps the most unfavourable symptoms are the development of delusions of persecution, or of grandeur, the systematic growth of hallucinations, especially those of hearing, the recovery of physical health, unaccompanied by improvement of the mental condition.

There is no uniform rule with regard to the return of the menses. Some melancholiacs pass into a condition of mania on the return of menstruation; others pass into dementia, in spite of the restoration of physical health. Restoration of sleep is a good sign, whilst prolonged insomnia is unfavourable. The terminations of puerperal insanity are therefore either (a) complete and early recovery, (b) prolonged and gradual recovery, (c) permanent partial weak-mindedness, (d) chronic delusional insanity, (e) dementia, or (f) death, due to the acuteness of the attack or to intercurrent affections.

The *menopause* is an important epoch in the life of women. The factors causing insanity at this period may be grouped as follows:—(1) Predisposing: (a) Heredity—the actual attack of insanity being determined by causes operating at the time; (b) previous attacks of insanity; (c) the physical and psychical transformations associated with the termination of the reproductive period. (2) Exciting causes, as (a) worry or anxiety, (b) accidental circumstances, such as shock, bodily disease, &c.; (c) sudden cessation of the menstruation, producing physical ill-health. In some cases, it must be remembered, the physical change

and the mental affection may be merely coincidental, and not necessarily causal.

The mental condition at the climacterium is usually one of subacute melancholia or mild mania. Many patients recover with the restitution of their physical health; others however, do not recover, but pass into a chronic delusional state, usually with ideas of persecution. When the condition is one of mild mania or subacute melancholia the prognosis is generally favourable. Illusions or hallucinations of any of the senses, and more especially of common sensation, together with a tendency to form delusions as to persecution, form unfavourable indications as to curability.

Senile Insanity.—Abnormal mental manifestations in old age may arise in connection with slowly developing constitutional changes, or with atheromatous degeneration of the vascular system, and an increasing atrophy of all the organs. The symptoms may be functional or organic. The functional disorders may resemble the affections of earlier life in every particular. Hypochondriasis, melancholia, mania, and delusional states are common types of disorder in the senile person, and these affections may be recovered from, just as in youth. Affections associated with organic senile degeneration are usually progressive in nature and indicate arterial degeneration and disintegration of the nerve structures. Interstitial change or gross cerebral disease such as occurs in chronic cerebral atrophy with sclerosis, hæmorrhage, or softening from thrombi, may be attended by an attack of melancholia, mania, convulsions, epilepsy, or dementia. The condition of the memory in senile cases is of great importance. In progressive degeneration the memory undergoes retrogression, and recent events tend to become obliterated. I have seen several cases of senile mania in which many years of the individuals' memories have been entirely obliterated. One patient, aged 79, maintained that his age was 35, and failed to recollect events of more recent years. Another patient, aged 67, maintained that he could remember being a child, but that he never grew up, in fact, he still regarded himself as a child in spite of a grey beard and other indications of his advanced age. Another patient maintained that he was still in Ireland, and that he had never been on the sea in his life. He had, in reality, crossed over to England some fifteen years previously, but had forgotten the circumstance; he also failed to recall events since that period. We are all acquainted with the features of old age, and know how the aged person delights in recalling the events of his youth. He dwells in the past, and entertains those around him with anecdotes of childhood. He also fails to remember that he had recently told the same story, consequently the tendency to repetition is characteristic. Some senile persons are so solicitous as to the welfare of their stomach and bowels that their minds constantly dwell upon their own digestive faculties. One sees the more characteristic manifestations of this type in asylums, and associated with this tendency is the readiness to become hypochondriacal and hypersensitive as to the functions of the digestive tract.

The main features of senility, therefore, tend to group themselves into three main types, which have been termed respectively, *dotage*, *anecdote*, and *table d'hôte*-age. Before leaving the subject of senility, mention must be made of a symptom which is one of vital importance, namely, the occurrence of sexual excess as an indication of brain decay. The victims of senile brain decay are not uncommonly the victims also of morbid sexual propensities. Thus, some men, who have held their passions well under control during earlier life, become sexually erotic, and indulge their morbid propensities to the fullest extent. Not a few of such unfortunate beings bring discredit and shame

upon a hitherto blameless life, and involve themselves in troubles which end in ruin and disgrace. The early recognition of such morbid tendencies ought to be the duty of every medical man, and were more careful attention given to this subject, I feel sure that the mind of society would not suffer in the future so much as it has done in the past from the narration of revolting sexual details.

In studying the previous history of the insane, it is essential that we should take some account of the previous illnesses of the patients. I propose, therefore, to deal with such affections as fevers, malaria, rheumatism, gout, anæmia, syphilis, tuberculosis, cancer, anæmia, chlorosis, diabetes, goitre, &c., and when considering these subjects it will readily be seen how they may modify the diagnosis and prognosis in cases of insanity in which they have been factors of causation.

Febrile Affections are not uncommonly complicated with, or followed by, mental disturbances. The mental disorder may appear as the earliest symptom; more commonly, however, it appears during a later stage of the fever, especially during convalescence. Bristowe and Murchison have recorded cases in which acute mania occurred as the earliest symptom of typhoid fever. There has mentioned acute mania as occurring before an attack of pneumonia, and Greenfield the occurrence of melancholia followed by general excitement with hallucinations of sight and hearing appearing and subsiding *pari passu* with an attack of pneumonia. The symptomatic delirium or febrile delirium is often difficult to distinguish from true insanity, and almost any of the affective states of mental disorder may be completely simulated in febrile delirium. The intensity of the fever bears no constant relation in the production of insanity. Nasse classified the mental affections originating in fever according as they are the immediate result of the fever itself, as they constitute a prolongation of the delirium when the fever has subsided, or as they arise during convalescence. With regard to the first two conditions we are in want of data; the actual relation of high temperature to delirium is but imperfectly known.

The forms of acute disease commonly followed by insanity are the specific infectious fevers, intermittent fevers, and long agues (especially if they be quartan, and this forms *sui generis* a peculiar form of mania), erysipelas, acute pyrexia of phlogoses, articular rheumatism, acute angina, diphtheria, erythema nodosum, miliary roseola, purpura, febrile urticaria, guttural herpes, &c. Of the forms of acute disease enteric fevers, pneumonia and rheumatism are nearly on an equality as causes. (a)

At present we cannot demonstrate any definite relation between the forms of insanity and the nature of the febrile disease: nor do we know the relative frequency of the various forms of mental disorder after any particular class of diseases. This subject, however, is of such importance that it may be advisable to repeat what I have already said in the "Dictionary of Psychological Medicine." There believes the commonest form of insanity consists in the sudden onset of acute maniacal delirium, characterised by great agitation with hallucination of sight and hearing, its duration varying from fifteen hours to three or four days, and the termination often occurring as abruptly as the onset. This form occurs chiefly after rapid acute diseases, such as pneumonia and tonsillitis and much more rarely after typhoid fever.

One point of clinical interest to be noted is, that after typhoid, typhus, small-pox, scarlatina, cholera, diphtheria, influenza, or malaria, there may be physical symptoms which, when associated with insanity, closely simulate general paralysis of the insane. The general

constitutional disturbances and degeneration of the tissues of the body (especially of the cerebro-spinal system) which occur in pellagra, are frequently attended by morbid mental states. These mental states, however, have nothing unusual or characteristic in their nature to distinguish them from those of other exhaustive diseases. Influenza has frequently proved itself to be a determining cause of insanity, and this more readily in individuals who are predisposed to neurosis.

Considered *seriatim*, after typhoid the cerebral condition may be one of torpor mingled with agitation and hallucinations. This condition may be transitory, or may pass from melancholia into mania and chronic dementia. In many of the more chronic cases, especially those which arise early, there is often great moral perversion with extreme irritability of temper, sometimes there is weakened memory or general apathy and failure to form clear conceptions as to the objective significance of things. Conditions of confusion, anærgia, ambitious monomania, and partial dementia are not uncommonly developed during convalescence. These conditions may be temporary and curable, and they may present no difficulties from a diagnostic point of view. There are other conditions, however, which do present considerable difficulties, and to these I now desire to draw your attention. Occasionally, typhoid fever is attended by symptoms which closely resemble those of acute delirious mania. These are dry tongue, sordes on the teeth and lips, constipation or diarrhoea, foul and offensive stools, quick pulse, temperature 100° or even 105°, prostration, low muttering, delirium, &c. Sometimes an accurate diagnosis is almost impossible. The chief points for guidance are the mode of onset of the symptoms, the presence of the characteristic rash of typhoid, the temperature curve, and the presence of abdominal pain in typhoid, &c. Ehrlich's test, or the Diazo reaction with the urine in cases of typhoid is not confined to such cases; hence, as a diagnostic sign, it is at present of only comparative value. A careful consideration of the case is of the utmost value, for in acute delirious mania it is important to administer stimulants and to give an abundance of easily assimilated food, which, in the case of typhoid might prove disastrous.

A form of insanity has been described by many writers, in which there are many physical symptoms closely resembling those of general paralysis. These symptoms may be affections of speech, or staxy of movement. The speech is sometimes slow, and exhibits a characteristic drawl; the syllables are articulated in a monotonous tone, and with a nasal twang. The affections of the motor system may further be evidenced by muscular weakness, with or without tremors or tremblings of the lips, facial muscles, or even limbs. Westphal has described a peculiar trembling of the head when unsupported in a case in which there were no lip tremors, and in which sensation was unaffected. The pathology of this condition is little known. In chronic cases terminated by death in asylums, anæmia of the brain, or atrophy of the cortical substance, opacity of the pia mater, and excess of the subarachnoid fluid have been found. Jaccoud ascribes the paraplegia following typhoid to congestion of the cord.

In connection with these cases, it is important to remember that they resemble general paralysis in some respects only, i.e., they do not run the usual course of general paralysis, but may become chronic in the form of partial dementia, dementia, or of paralysis associated with insanity, and termed by some "pseudo-general paralysis."

MEMORIALS to the Home Secretary are being signed in Cardiff in favour of the appointment of a woman doctor at the local gaol, in addition to the usual medical officer.

(a) "Post-Febrile Insanity." By Hyalop, in Tuke's Dictionary of Psychological Medicine.

TREATMENT OF UTERINE RETRODISPLACEMENTS. BY VAGINO-FIXATION.

WITH REPORTS OF CASES.

By FREDERICK HOLME WIGGIN, M.D.,

Gynecological Surgeon to the New York City Hospital.

THERE are numerous cases of uterine retrodisplacements giving rise to symptoms which for various reasons are not amenable to the ordinary routine treatment of massage, followed by the application of the tampon or pessary, and for these several operative procedures have been devised. The principal ones are, that known as the Alexander (Liverpool) operation, suspensio uteri, brought forward largely by Howard Kelly, of Baltimore, and that of Mackenrodt, of Berlin.

To this latter operation it is the purpose of this paper to particularly call attention. The simplicity of its technique, the safety, ease, and rapidity with which it can be performed, and the good results obtained, make it, in the writer's opinion, a formidable rival of the other methods mentioned for the relief of the class of cases under consideration. The technique described will be that employed in the cases about to be narrated. The patient is prepared as for a vaginal hysterectomy and is placed on the table in the dorsal position with the thighs flexed and held in place by a clover crutch. As in this class of cases there is more or less endometritis, it is well to begin the operation by curetting the uterus with a sharp curette, gauze not being placed in the cavity. Any existing laceration of the cervix should be repaired, sutures of catgut being used. These steps having been taken, the cervix is grasped and drawn downward and forward by the aid of a pair of bullet forceps. Then a portion of the anterior vaginal wall about three-quarters of an inch below the meatus urinarius is taken up in the same way and drawn forward and upward, thus stretching the wall. An incision is made beginning at the last-named point and continuing to the cervix. If this wall is more or less prolapsed, the incision, instead of being straight, should be oval, allowing for the removal of sufficient tissue to overcome this defect when the sutures which close the vaginal wound are placed. These flaps are dissected from the inferior surface of the bladder into which a sound is passed and by its aid the thickness of the bladder wall is estimated and its lower border defined. A needle threaded with pedicle silk is passed through the inferior edge of either flap and tied, the ends being kept long. These serve as retractors, and the flaps being held aside, a curved transverse incision is made at the cervico-vesical junction. The bladder is freely separated from the uterus by blunt dissection with the finger, the vesico-uterine fold of peritoneum being divided by the aid of scissors. The patient's hips are elevated, which allows the bladder and intestines to gravitate from the uterus, the fundus of which is brought into view and is seized by a pair of bullet forceps and drawn forward. The ovaries and tubes are inspected after any existing adhesions have been broken up and if diseased are removed. A suture of pedicle silk (No. 12) is passed by means of a curved Hagedorn needle through the left vaginal flap at a point slightly distant from its superior margin, then through the muscular tissue of the anterior uterine wall close to the fundus and then through the right vaginal flap near its upper margin. A second suture of silkworm gut is passed in the same way about one-third of an inch below the first. The uterus being well anteverted, the first suture is tied loosely in the ordinary way and the second is passed through an opening in a small lead shield and is fastened by a perforated shot, which is closed by pinching it with a pair of artery clamps. The balance of the wound in the anterior vaginal wall, after free irrigation with saline solution and the application of hydrogen dioxide if there is much oozing, is closed by means of interrupted sutures of horse hair and the wound is sealed by painting it over with a 10 per cent. solution of iodoform in ether. A small quantity of gauze is placed in the vagina for the purpose of effecting drainage, and an antiseptic pad is applied to the vulva. The time occupied by the operation is usually twenty minutes. The patient's

urine is drawn by the aid of a new catheter, which should preferably be a short one of glass to which is attached a rubber tube, till it can be voided voluntarily, which is generally at the end of the third day. The vaginal gauze is removed about this time, and is not replaced. A daily douche of a weak bichloride solution is given, after which the iodoform solution is again painted over the wound. The vaginal sutures are removed at the end of a week, or sooner, if they begin to cut the tissues. The sutures which hold the uterus in place are allowed to remain for as long a time as is possible. The patient is retained in the horizontal position for two weeks, and is then allowed to assume a sitting posture, and at the end of the third or fourth week is permitted to leave the bed and move about.

CASE I. *Oophorectomy and Vaginal Fixation.*—C. R., a single woman, *æt.* 20, was admitted to hospital on Oct. 27th, 1894. She stated that her first menstrual period occurred during her sixteenth year, that it had been somewhat painful, but regular, and of the monthly type. She had never been pregnant. For the past eighteen months she had had constant pain in her back. She had recently suffered from vaginitis, and since this attack her menstrual periods had been accompanied by severe pain. A bimanual vaginal examination revealed an enlarged tender, and retroplaced uterus, also bilateral enlargement, and tenderness of the tubes and ovaries. On November 7th, after proper preparation, the patient having been placed under ether anaesthesia, the uterus was drawn forward and after dilatation of the cervix its cavity was curetted and irrigated. The anterior vaginal wall was incised, the bladder separated, and the uterus anteverted, as previously described. Both ovaries were found to be somewhat adherent and cystic, and were removed. The pelvic cavity was flushed with hot saline solution, and the uterus was attached to the anterior vaginal wall, and the vaginal wound closed, drainage not being employed. The patient's convalescence was uneventful. Her highest bodily temperature, 100.4° F., occurring on the second day, the highest pulse rate was 90, and her respirations 24, all becoming normal on the third day and remaining so. The patient was catheterised till the evening of the second day, when she voided her urine voluntarily. The wound healed primarily. On the twenty-ninth day the uterine sutures were removed. The uterus was found to be anterior. The patient had had no pain or bladder symptoms.

CASE II. *Vagino-Fixation.*—B. A., a widow, *æt.* 34, was admitted to hospital on Sep. 4th, 1894. She stated that her first menstrual period occurred during her sixteenth year, and that it has been painless, regular and of the monthly type; she had had no miscarriages. One year ago she had given birth to a child. About nine months later menstruation had become irregular and painful and of late she had had a constant pain in her back and left side. A vaginal examination revealed a retroplaced and tender uterus.

As it was evident that the patient was suffering from endometritis, an operation was advised, consented to, and was performed on November 27th, 1894. The uterus, after curettage and irrigation of its cavity and the usual incision of the vaginal wall, was anteverted and its fundus attached to the wall. The patient's convalescence was uneventful. She voided her urine naturally on the third day. Her highest bodily temperature was 99.4°, her pulse ranging from 80 to 97. On December 4th, it was noted that the vaginal wound had healed primarily, that the patient had complained of no pain or bladder symptoms. On the thirty-first day the deep sutures were removed and the uterus was forward in a good position. The following day the patient was allowed to leave the bed. Her menstruation recurred on January 1st, lasting four days and was almost free from pain.

CASE III. *Trachelorrhaphy — Oophorectomy — Vagino-Fixation.*—H. D., a single woman, was admitted to hospital on Nov. 16th, 1895. She stated that her first menstrual period had occurred during her nineteenth year and that it had been somewhat irregular. She had been costive. She had recently been confined, since which time she had had a constant dull pain in her side and back radiating into her lower extremities. On making abdominal pressure a localized tenderness was found to exist in the right inguinal region. Vaginal examina-

tion revealed an enlarged retroplaced and tender uterus with a cervical laceration on its right side, also an enlarged and tender tube and ovary on the same side. The operation was performed on the 24th of January and consisted of a trachelorrhaphy. Curettage followed by the incision of the anterior vaginal wall, anteversion of the uterus, the removal of the right tube and ovary and the fixation of the fundus to the anterior vaginal wall. The patient's highest bodily temperature following the operation was 100° F., on the day following that on which the operation took place and became normal on the afternoon of the succeeding day. The patient voided her urine normally on the fourth day. The patient complained of no pain or bladder symptoms.

CASE IV. Amputation of the Cervix and Vagino-Fixation.—T. P., a single woman, was admitted to hospital on Dec. 10th, 1894. She stated that her first menstrual period occurred during her fifteenth year, that it had been regular and of the monthly type, but accompanied by severe pain. She had given birth to one child seven years previously. About three months prior to her admission she had had an instrumental abortion performed. This had given rise to a severe pelvic pain which was accompanied by a bloody vaginal discharge. A bimanual vaginal examination revealed an enlarged and tender uterus with an hypertrophied cervix. An operation was advised and was performed on Dec. 11th, and consisted of curettage, amputation of the cervix and fixation of the uterine fundus to the anterior vaginal wall. The patient's highest bodily temperature 100.2° F., was on the day following that on which the operation was performed. The patient passed her urine voluntarily on the fourth day. The vaginal wound healed primarily. There were no bladder symptoms. On the 38th day the uterine sutures were removed and the patient was allowed to sit up. On Jan. 30th, 1895, it was noted that the patient had had no pain or bladder symptoms, that the uterus was anterior and that her menstruation following the operation, while rather profuse had been painless.

The notes of several other cases in which similar operations were performed, from Oct. 1894, to Feb. 1895, have unfortunately been lost but their stories were of the same tenor as the foregoing. It is unfortunate that these patients could not have been observed for a longer period of time but it has been shown that this operation is not one of difficult performance, that it permits of the examination of the uterus and its adnexa and their removal even if somewhat adherent. If, however, bilateral disease of these organs exists, the writer's experience leads him to believe that instead of fixation of the uterus following their removal a hysterectomy should be performed. That vagino-fixation is followed by little constitutional disturbance and no danger to life, so far there having been no fatal cases recorded; that it can be quickly performed; that it places the uterus in good position; that it is not usually followed by pain or bladder symptoms; that it leaves no scar or liability to hernia and that it lessens the danger of intestinal adhesions. Others have found that the uterus placed anteriorly by this operation remained in good position even after pregnancy and delivery at full term.

While more time must elapse before we can pass final judgement on the value of this procedure, the writer believes that it will eventually be recognised as the proper means of treatment for many cases of uterine retrodisplacements which give rise to symptoms.

Selected Formula.

The following prescriptions are taken chiefly from Dr. Murrell's forthcoming work on "Pharmacology and Therapeutics," an advance copy of which is before us:—

IODIDE OF SODIUM MIXTURE.

Iodide of Sodium, 15 grains;
Water, half-an-ounce.

To be taken in a cup of black coffee at bed-time in cases of asthma.

BENZOL DROPS.

Benzol, three drachms.
Oil of Peppermint, one drachm;
Olive Oil, two ounces.

Ten drops on sugar every four hours in chronic bronchial catarrh.

APOMORPHINE MIXTURE.

Solution of Apomorphine (1 in 50), 10 minims;
Dilute nitro-hydrochloric acid, 5 minims;
Tincture of Virginian Prune, 20 minims;
Syrup of Virginian Prune, 20 minims;
Water to an ounce.

A useful expectorant in cases of chronic bronchitis and winter cough.

AMBER MIXTURE.

Oil of Amber, 10 minims.
Powdered Gum Acacia, 1 drachm.
Syrup of Orange Flower, 2 drachms.
Oil of Anise, 3 minims.
Water to an ounce.

Useful in chronic bronchial catarrh, and in whooping-cough.

SENECIO MIXTURE.

Tincture of Senecio, 1 drachm.
Syrup of Lemons, 15 minims.
Spirit of Chloroform, 15 minims.
Water to an ounce.

For amenorrhœa. To be taken three times a day for four days before the time of the expected period. Either the Senecio Jacobœa or the Senecio vulgaris may be used.

PARALDEHYDE MIXTURE.

Paraldehyde, half-an-ounce;
Tincture of Vanilla, 20 minims;
Rectified Spirit, half-an-ounce;
Syrup, one ounce;
Water to four ounces.

A tablespoonful at bed-time in cases of sleeplessness.

ANTISPASMODIC DROPS.

Oil of Cajeput, two drachms;
Oil of Cloves, half-a-drachm;
Oil of Peppermint, half-a-drachm;
Rectified Spirit to two ounces.

Ten drops occasionally on sugar for flatulence.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, JANUARY 24TH, 1896.

The President, Dr. BUZZARD, in the Chair.

CLINICAL EVENING.

ARTHRITIS DEFORMANS WITH CLOSURE OF THE JAW FROM ANKYLOSIS OF BOTH TEMPORO-MAXILLARY ARTICULATIONS.

DR. JOHN R. LUNN showed a patient, æt. 45, a cabman, who was admitted into St. Marylebone Infirmary July 17th, 1894. Past history: Twenty-five years ago he had rheumatic fever, and from that time most of his joints began to be affected, the knees being the first to become swollen. Two years later his jaw became stiff, and for the last twelve months he has been unable to separate his teeth at all or to take solid food. On admission: It was noticed that both the patient's knees were swollen, and distended with fluid, osteophytic outgrowths surrounded the joints, and most of the articulations in the body were affected with rheumatic arthritis; his neck was stiff, and it could not be turned towards the right or left. Both hip-joints were stiff, and the jaw could not be opened. The upper row of teeth overlapped the lower ones, the latter were loose. On August 18th, 1894, the patient was put under CH Cl₂, and considerable force was used to try and open his mouth, but without success. An incision, two inches long, was then made on the right side in a vertical direction, a finger's breadth in front of the ear; after tying a few bleeding vessels, bone was hit upon, and was thought to be the neck of the condyle, but was the zygomatic process of the malar bone; the neck of the jaw was then divided, but there was no movement of the jaw after its division, so a wedge-shaped piece of bone was freely chiselled out, and the wound was temporarily plugged.

A similar process was gone through on the left side with the exception that the incision on the latter was oblique instead of vertical; a considerable portion of the parotid gland over-laying the maxilla. The jaw was then forcibly opened by the screw-gag so that the teeth were separated an inch. Two teeth were accidentally forced out during the operation. Both wounds were closed and healed by primary union. A wooden gag was put between the teeth and was tied in the mouth to keep the teeth apart, the whole operation lasted nearly two hours.

HYSTERO-EPILEPSY—A CASE REPRESENTING THE CONDITION OF DUAL EXISTENCE.

Dr. ALBERT WILSON, of Leytonstone, showed a girl, *et. 12*, who, in April, 1895, had severe influenza, followed by meningitis and mania. After six weeks the cephalalgia disappeared, and muscular symptoms developed—twitchings, opisthotonos, with lividity and coma. She had many fits a day. In June, 1895, the old symptoms subsided and a fresh train of phenomena appeared. When in apparently her normal state she would suddenly shake, turn a somersault, and enter a new and different mental state. Her memory for all events during health was quite gone—even forgetting the names of things, of the parts of her body, and her own name and identity, and those of her parents. But she would remember in one such fit what happened in a previous one. Thus was established a complete dual existence. By education she learned the names of most things, but always employed baby pronunciation. She would write backwards and that quickly. When these attacks developed she lost all power of walking or standing till about August, 1895. At the early stage she had fits of catalepsy—chiefly rigidity of the flexora. At times she had five or six fits a day, lasting a few minutes, and at her worst period they lasted for days. She recovers from them quite suddenly, is never surprised at her surroundings, but is very composed, and says she remembers nothing of what transpired during the attack. The most striking feature showed itself once when she had severe toothache during an attack. He gave chloroform, and removed two teeth. On regaining consciousness she recognised that the teeth and pain were gone. Her father hypnotised her and brought her to the normal state, when she made the discovery of the blood and the loss of the teeth, but never remembered the previous pain or his giving her chloroform. She had then been in the abnormal state for about three days. There have been many variations, and she has four different existences besides the normal—(1) "Nib" for "old Nick" when she has had violent passion, and biting, and slides down the banisters. (2) "Dreadful wicked thing"—when everything is reversed—black being white, asleep being awake, the head being the foot, and so on. (3) "Allie," when she is amiable and good. (4) Her ordinary fits, as already described. Other phenomena occasionally occur. Thus, she is at times completely deaf and dumb, or there may be loss of memory, so that she does not know during the fits those whom she ordinarily knows. The last three or four weeks a fresh phase has occurred. She is now (in January, 1896) living mentally in July 1895, this having followed on a mental blank of a fortnight's duration. This is shown by her imagining events to have just happened which happened in July, and other circumstances. Her general health and nutrition are good. She has not yet menstruated. Treatment has been rest and quiet and fresh air. Tea and coffee cause attacks of mania. The thyroid treatment has had no apparent effect.

Dr. ALTHEUS said the case resembled those recorded as instances of "double consciousness" in patients who after a brief period of unconsciousness changed in character from reticent and morose to gay and merry, with apparently higher faculties than before. Then, after another period of unconsciousness the character changed back again. In a case of the kind recorded by a French author it was ultimately thought to be an example of somnambulism. Somnambulism, he pointed out, was comparatively frequent in children, especially girls, and it was conceivable that a slight exaggeration of this aberration might determine symptoms similar to those described. In another recorded case in which the patient when 24 years of age suddenly developed this curious quality of personality. She was usually short-sighted and used spectacles, but in the alternative condition she would fling her spectacles

away and developed wonderful visual powers. After two or three hours in this condition she would fall asleep and wake up her former self. These alternations continued for several years. He pointed out everyone led dual existences more or less. There was a waking and a sleeping (dreaming) condition and they were not the same drunk as sober. Moreover, one could often remember things in one condition which one was quite unable to recall in the other. It seemed as if there were two separate cerebral centres concerned which came alternately into play.

Dr. ORMEROD asked whether the author was in a position to affirm that the original attack, which was the starting point of the symptoms, was really meningitis. He suggested that it might have been a febrile attack with nervous symptoms due to the same cause as the symptoms in question, which, for want of a better name, one would be inclined to call hysterical.

Dr. ROBERT JONES observed that these cases of double consciousness usually came on suddenly, often after epilepsy. He mentioned the case of a patient who lapsed after an epileptic attack into a condition in which she remembered nothing of what happened to her previously, and *vice versa*, and he recalled a case of the kind that had been placed on record in which this condition of forgetfulness of events in the ordinary condition lasted for a year, and on the patient having another fit and becoming restored to her ordinary self the events of that year were, so to speak, blotted out. He remarked that when the author's patient tried mirror writing she did not begin as usual with the first letter of the name but wrote backwards, beginning with the last letter. This made him think that she was acting under the influence of "suggestion." The patient appeared to be unduly precocious, and she apparently acted on suggestion rather than from epilepsy or genuine dual consciousness.

Dr. WILSON, in reply, said he did not attend her during the alleged attack of meningitis, when she had a rise of temperature followed by headache and she became very intolerant of light and sound. There was also some delirium and excitement, and he thought probably there was some meningitis. When first asked to try mirror writing she was quite unable to originate an idea and could only copy. He did not think she was acting under suggestion now. He had been very particular at first not to discuss her case before her, but later on when this was done by others it did not seem to make any difference.

A CASE OF MYOPATHIC MUSCULAR ATROPHY IN THE ADULT.

Dr. NORMAN DALTON showed a patient who was quite well until twenty years of age. There was no family history of any trouble of the kind. At present he presented marked indications of general muscular atrophy. When put on his back and told to rise, he first turned on his right elbow and on to the palm of his right hand. Then he got on all fours, but could not rise any more without the aid of a chair. The pectorales majores were atrophied at the lower part, but intact above. The serrati were intact, but the deltoids were weak.

A CASE OF EXTENSIVE SKIN GRAFTING.

Mr. H. PATERSON showed a man, *et. 58*, who, in consequence of extensive cellulitis, lost the skin from the entire front of the thigh and leg. He had recourse to large grafts by Thiersch's method, some of the flaps measuring 5 by 3½ inches. The result had been extremely successful.

Mr. A. PEARCE GOULD asked whether the author had discovered the necessity of keeping these patients recumbent for a long time after cicatrisation had taken place. He pointed out that some surgeons had expressed great dissatisfaction with this mode of treatment, because after healing, the newly-formed tissue easily broke down again. In his own experience that was due to the patient having been allowed to get up too soon.

Mr. PATERSON, in reply, admitted that this had been his experience. The cases that broke down were those in which, healing having taken place, the patients refused to remain in bed.

SUPPURATION OF THE LEFT SHOULDER-JOINT, WITH ARTHRITIS DEFORMANS.

Dr. J. R. LUNN showed a man, *et. 66*, admitted November 27th, 1893, with chronic arthritis deformans and

swelling of left shoulder-joint. He had enjoyed good health until fifteen years ago, when he had his first attack of rheumatism. Since then he had repeated attacks in most of his joints. On admission the man appeared to be ill. He was feverish, restless, and inclined to be delirious. He complained of intense pain in the left shoulder-joint with limited movements, which was very large, tense, and very painful to touch. His temperature was 103.2°; pulse, 110. He was treated with rest, ice-bag, and salicylate of soda, but he did not improve. His temperature rose higher, and he begged for something to be done. The joint was tapped by an exploring needle, and pus was withdrawn. On December 3rd an incision was made in front of the left shoulder-joint, commencing at the outer side of the coracoid process, pus was let out, and the joint explored with the fingers, and a counter opening made behind. The head of the humerus was rough and diseased, which was curetted with Barker's gouge, and the shoulder-joint being washed out with hot water. Iodoform emulsion was introduced, and the incision closed in front, and a small drainage tube was fastened in the posterior wound, which was removed the following day and the wounds healed very soon, and the patient rapidly recovered. In June, 1894, the same shoulder again began to swell and his temperature rose to 102.4° and the man seemed as bad as ever, the pus was again let out and the joint treated as before. Since the second operation the patient has enjoyed good health. He has now marked wasting of the left deltoid muscle and other muscles about the joint, the movements are very limited. He can only abduct his arm slightly, and can raise his arm nearly to a right angle to his trunk, but has no power to keep it there.

A CASE OF TRAUMATIC ORBITAL ANEURISM.

Mr. RAYMOND JOHNSON showed a woman, *st.* 44, who fell on the back of her head four months ago, and was unconscious for seven hours. On recovering she vomited, and at once noticed that the left eye was blood-shot, and the eyelids swollen. On the following day she noticed a buzzing noise in the left side of the head, and this had been continuous ever since. Then the eye became unusually prominent. During the four weeks she had been under observation there had not been any change. The principal points were the prominence of the left eye, without congestion of the conjunctiva or distension of the veins. No pulsation could be either seen or felt, but around the orbit a loud murmur was audible. This was continuous, but was influenced by the rapidity of the heart beat. There was no evidence of neuritis, and no obvious dilatation of the veins of the fundus. Vision was normal except for diplopia, which was dependent upon paralysis of the sixth nerve. He had called it a case of traumatic orbital aneurism, but in the absence of the usual indications he admitted that the diagnosis was open to discussion. He thought that probably there was aneurismal varix of the internal carotid artery and cavernous sinus. The fall probably caused a fissured fracture of the base of the skull, for hæmorrhage at the back of the orbit was noticed within a few hours of the accident. He mentioned that she was at present nursing her child, who had double proptosis, due to a neoplasm in the interior of the skull. Compression of the left carotid did not cause the noise or the proptosis to subside, though both were somewhat lessened thereby.

Mr. GOULD remarked that under the circumstances a communication between the internal carotid and the cavernous sinus would be extraordinary. It must in any case be very minute or there must be some other special condition for the artery to communicate with the vein without causing dilatation of the veins. He pointed out that these cases often got well spontaneously with rest, and he recalled a case at Middlesex Hospital two years ago of a man who came in immediately after the injury with symptoms of acute obstruction of the cavernous sinus, pulsation, proptosis, interference with vision, and a loud bruit. Under rest in bed, without any particular treatment, he ultimately quite recovered.

Mr. W. G. SPENCER doubted the existence of a direct communication between the internal carotid and the cavernous sinus, but suggested that there might be a communication with one of the smaller branches. This would explain the absence of venous distension.

Mr. BOWLBY observed that the diagnosis of these cases was rendered more difficult by the fact that in some nothing whatever was found to account for the symptoms. He remembered one such case, worse than this one, which got perfectly well without treatment. The paralysis of the sixth nerve seemed to point to actual pressure. He thought there might possibly be a communication between the carotid artery and the sinus, probably very minute. Under any circumstances, he said they would probably all agree that the treatment should be of the nature of "masterly inactivity."

IMPAIRED GROWTH OF LOWER EPIPHYSIS OF TIBIA
CONSEQUENT ON STRAIN.

Mr. MANSELL-MOULLIN showed a lad who five years ago, got his foot in a wheel, and it was severely twisted. He was confined to bed for some weeks, and the case was treated as a simple sprain. The lower end of the fibula had gone on growing but the growth of the lower part of the shaft, as well as the epiphysis, of the tibia had not grown and there had resulted an extraordinary malleolar projection twisting the foot into a position of *falce talipes*. He could only walk a short distance and that with great suffering so that something seemed to be required in the way of operative treatment. He suggested excising about an inch of the fibula and bringing the foot into the normal position.

THREE CASES OF PSEUDO-HYPERTROPHIC PALSY.

Dr. FLETCHER LITTLE showed three brothers, respectively 5, 10 and 13, years of age, all suffering from pseudo-hypertrophic palsy. They were the only children and there was no history of nervous disease in the family. The eldest had been suffering for seven years, the second for three years and the youngest for nine months. The two older boys were quite unable to walk. The second had contracture of both the lower limbs.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF PATHOLOGY.

MEETING HELD FRIDAY, JAN. 3RD, 1896.

The President, Dr. CONOLLY NORMAN, in the Chair.

LEUCÆMIA SPLENICA. (LIVING EXHIBIT.)

Dr. DENHAM showed the case of a gentleman from Kilkenny suffering from a very large splenic tumour. He was *æt.* 41, with a good family history, and had always enjoyed good health. Five years ago he returned from Queensland, where he had resided some years. The patient first observed the tumour six months ago, and was treated for indigestion. He came under his (Dr. Denham's) care at the beginning of December. He (Dr. Denham) had made four examinations of the blood with Gower's hæmatometer at intervals of a week, with the following results:—

	Red corpuscles.	White corpuscles.
1st -	70 per cent.	9 per cent.
2nd -	73 "	8 "
3rd -	82 "	2 "
4th -	85 "	2 "

Dr. M'Weeney had made stained preparations, which were under the microscope. In these numerous eosinophile cells were to be seen, but Dr. M'Weeney had been unable to find any myelogenic cells. It was remarkable that notwithstanding the size of the tumour and the altered condition of the blood the patient enjoyed very fair health, suffering little or no discomfort. Slight constipation and breathlessness only on severe exertion. The fact that under treatment the number of white corpuscles had markedly diminished, and that no blood marrow cells were discoverable, gave the case decidedly a less hopeless appearance.

CANCER OF THE LIVER.

Dr. PURSER exhibited a specimen of columnar-celled cancer of the liver, which was remarkably firm in its mode of growth. The morbid mass filled the portal vein from about an inch below its bifurcation, to branches so small that they could be barely followed by the naked eye. No primary growth could be detected, unless a small nodule in the mucous membrane of the gall bladder could be

taken as such. The bile duct was flattened by the growth in the portal vein, but did not seem to have been the starting point of the tumour. In places hemorrhage had occurred into the alveoli of the cancer, but there were few signs of degeneration.

Dr. M'WEENEY thought, from the examination he had just made, that the growth was one of papillary adenoma, in the sense in which that term is used by Ziegler. He traced delicate strands of connective tissue running outwards towards the periphery. It was a remarkable fact, he thought, that Professor Purser did not find any primary growth. He remarked on the case of a man from whose chin a tumour was removed—a week after the operation he died, and a *post-mortem* revealed a nodule in the fissure of the liver, but the nodule did not implicate the substance of the organ. He considered the filling up of the portal vein and its branches in the case under consideration as very singular. He contrasted the growth with a growth of supra-renal structure in the substance of the kidney, two instances of which he, on a former occasion, had brought before the Academy.

The PRESIDENT wished to ascertain what was the vascular supply of the growth, and whence came the hemorrhage referred to.

Dr. PURSER, in reply to Dr. M'Weeney, said that the tumour most certainly was not a papilloma. It might be called an adenoma, but he considered the difference between so-called malignant adenoma and cancer was not very great. In reply to the President, he said that the tumour had a blood supply of its own—a fact sufficient to explain the hemorrhage. Whether the blood-vessels of the tumour were derived from the hepatic artery he (Dr. Purser) could not say.

Dr. M'WEENEY said he did not assert that the tumour was a papilloma. What he did say was that he believed that it was a papillary adenoma in the sense in which Ziegler used that term.

The PRESIDENT at this point vacated the chair, which was occupied by Dr. Purser during the remainder of the proceedings.

CANCER OF GALL-BLADDER.

Dr. CONOLLY NORMAN described, as a pendant to Dr. Purser's case, three cases of cancer of the gall bladder. In all three the interest was chiefly clinical. In the first the liver was greatly enlarged. The border was sharply defined, and the right lobe was extremely and uniformly hard. The patient was not jaundiced, was not markedly constipated; there was no absence of bile from the motions. The *post-mortem* revealed some degree of adhesive peritonitis over the surface of the liver, the right lobe of which was infiltrated with cancerous growth. The left lobe was studded with a growth manifestly of the same nature. The gall bladder was filled with rosy pus, and contained sixteen small faceted stones. A rough and ulcerated mass projected into the viscus, but did no damage to the cystic duct. In most of its aspects the case was an ordinary one; still the entire absence of jaundice was remarkable. Microscopic examination proved that the case was one of the usual columnar-celled epithelial variety. He (Dr. C. Norman) knew no *ante-mortem* symptoms by which a diagnosis of cancer of the gall bladder could be arrived at in such a case. *Second case.*—A woman, forty years of age, had suffered for some months from constipation and abdominal pain. There was no fever. The pain, she said, was most marked at night, and she attributed it to the fact that there were demons in her inside. On the 8th of September, 1895, she got a severe attack of vomiting. On examination she was found to present an enlarged area of hepatic dulness. There was also found a well-defined small knob in the position of the gall bladder. The diagnosis was made of gall-stones. The patient suffered from obstinate constipation. There was slight jaundice which never increased. Vomiting continued very troublesome, but was never feculent. Though the diagnosis of gall-stones was ventured upon, it was not deemed expedient to take any operative measures against this condition. She died on the 28th of September. The *post-mortem* appearances were as follows:—There was a good deal of general peritonitis. At the notch for the gall bladder there was, in the substance of the liver, a mass of cancerous infiltration. The point of interest to

him (Dr. Norman) was that he made the mistake of supposing that this hard, small knob was something in the gall bladder. *Third case.*—An old woman, about sixty years of age, who got a rather sudden attack of jaundice. On examination the liver was found to be enlarged, and at a point corresponding to the notch of the gall bladder there was a large, pear-shaped prominence, easily felt by the hand, and diagnosed to be a gall bladder full of stones. She gradually became more and more deeply jaundiced, but the area of hepatic dulness became less. She never had hematemesis. She died apparently from exhaustion. The *post-mortem* revealed no traces of previous peritonitis, and the tumour felt *ante-mortem* proved to be the gall bladder, but its distension was due to a cancerous mass blocking up the ducts and not to gall-stones.

The Section then adjourned.

LIVERPOOL MEDICAL SOCIETY.

MEETING HELD FRIDAY, JANUARY 16TH, 1896.

The President, DR. CATON, in the Chair.

CASES.

MR. NEWBOLT reported a case of "Traumatic Epilepsy" resulting from a compound fracture of the skull. The original injury occurred on Dec. 13th, 1888, at Boston, U.S. The man was trephined and bone and brain substance were removed. He remained well for two years, except for the presence of hemianopia. At the end of this time epileptic fits commenced and occurred at intervals, varying from two weeks to two months and a half. The fits invariably started in the left wrist and the injury was on the right side. On admission there was a depression of the right side of the skull, three-quarters of an inch deep, two inches from above downwards, and one and a half inches from before backwards, the centre of the depression being about two inches above the right ear. At the bottom of this depression there was pulsation. Mr. Newbolt trephined over the wrist centre and finding nothing, removed the bone between the trephine centre and the original depression. The edges of the depression were pared and the adherent parts separated and a sharp spicule of bone found in the anterior cornu removed. The bone was replaced and the wound entirely closed, everything did well. The man had no fit for seven months when he had a slight one; another, seven months later; and a third, four months after this, so that there is, so far, decided improvement. Patient was shown.

Mr. ROBERT JONES related a case of "Rapid Gangrene of a Hernial Sac." The patient, a man, *æt.* 48, had been ruptured for some months, and had worn a truse. With this exception he had been perfectly well until December 18th, 1895. On this date the hernia came down and he vomited, at the same time suffering intense agony. The gut was reduced without the slightest difficulty by a neighbouring surgeon; the patient, however, was not relieved, and was admitted to the Southern Hospital. On admission, the hernia was down, and was again reduced with ease, but as the symptoms became intensified it was decided to operate. Five hours after the first onset of symptoms the sac was exposed; it was perfectly black, though it partially retained its consistence and its shining peritoneal appearance. On opening it, thick and curdy discharge containing particles of vegetable matter, somewhat like pieces of grape skin escaped. The bowel was congested and otherwise sound, but on lifting it up carefully a tear, $\frac{3}{4}$ in. long, was found on its posterior aspect, apparently of quite recent occurrence. There was no abnormal constriction at the internal ring, but a quantity of discharge escaped from the peritoneal cavity, and the gangrene of the sac extended to the internal abdominal ring. The sac was excised, the tear in the gut closed with sutures, and the abdominal cavity washed out, but the man only survived a few hours. *Post-mortem*, the intestines were greatly distended, much congested, and here and there bathed with purulent fluid. The sutured portion was quite watertight. This case, as far as could be discovered, was unique in surgical literature. It was extraordinary that a hernial sac, not strangulated, should slough in less than five hours

without the participation in the process of any of its contents, and is suggestive of micro-organism.

Mr. R. H. MURRAY showed two children upon whom he had operated for "Extroversion of the Bladder." He had used lateral skin flaps so arranged that their raw surfaces were next the bladder mucous membrane. He greatly preferred this method to the more usual plan of a reversed skin flap, as it was much more simple and there was no fear of phosphatic deposit, which, however, was a frequent cause of annoyance when the reversed skin flap was employed, owing to the increased growth of hair in this flap.

Mr. RUSHTON PARKER remarked that a number of years ago he had operated successfully in three cases of boys, by a method devised and described by Mr. Greig Smith in the *British Medical Journal*, a great improvement on the plan of the late Mr. John Wood. A pear-shaped flap of skin was dissected off the abdomen and turned down as a front lining to the bladder and urethra. The raw surface of this flap was then covered with skin detached from the sides of the previous wound, and stretched to meet over it. The result in each case was union almost throughout by first intention, the patients sitting in a hip-bath of warm boracic lotion. In a fourth boy he had failed, owing to sloughing of the entire flaps, due apparently to absence of subcutaneous fat, although the operation was perfectly satisfactory. In a female child he had also done a very satisfactory operation, but the child died in two days from summer diarrhoea. He complimented Mr. Murray upon the good results attained by him in the examples of Trendelenburg's operation exhibited at the meeting.

Mr. ARTHUR WILSON had performed the operation advocated by Mr. Murray, but not with such success. He thought, however, that it was the best of the operations now advocated, but that a certain selection in the cases would be necessary. He suggested that for those in the better classes it would be found that a skilful surgical mechanician was as useful as the surgeon.

Dr. IMLACH asked the surgeons who had practical experience of the operation, what age they preferred the child to be, whether they would always operate at once or wait until the child was two years old or more? He had recently advised a mother, with an infant only six weeks old, to wait at least six months.

Mr. ARTHUR WILSON showed the lungs from a case of sarcoma, the primary growth being over the internal condyle of the femur. The specimen demonstrated with how small a quantity of healthy lung tissue it was possible to aerate the blood.

Dr. BUCHANAN read a paper on

LEUCOCYTHÆMIA.

After giving a brief *resumé* of etiology and clinical features of the disease. The histology of the normal blood discussed, particularly in relation to the leucocytes, introducing the classification of Wharton Jones, Max Schultzze, and Ehrlich; the latter's methods of examination were discussed relative to the chemistry of dyes and solvents of the same. Finally, as a basis for comparison in diseased conditions, the classification of the wandering cells of mammalia as laid down by Kanthack and Hardy was adopted. Comparing blood in six cases of leukæmia, examined by the most approved methods, two forms may be recognised, possessing definite hæmatological features.

1) Characterised by: Great leucocytosis and the presence of certain cellular elements not usually found in normal blood: (a) Large atypical eosinophile cells, with coarse granules, in extraordinary numbers; (b) Large unicolor cells, "myelocytic," similar to normal marrow cells; (c) Transitional forms from (b) through (a) to the ordinary finely granular eosinophile cell, the latter variably increased or diminished; (d) Forms of (c) devoid of granules, and many so shrunken as to suggest a retrogressive change; (e) Lymphocytes and small basophile cells in the later stages, with many atypical large basophile cells: these are found in cases accompanied by enlargement of lymphatic glands; (f) Many nucleated red blood corpuscles of the megaloblastic and normoblastic type. (2) Lymphatic form, great leucocytosis with: (a) Small lymphocytes in great abundance; (b) Large hyaline cells increased; (c) Transition forms from "a" through "b" to large atypical basophile cells; (d) Nucleated red blood corpuscles numerous; (e) Eosinophiles, coarse and fine

diminished; (f) also of myelocytes. Mixed types of both exist. Class 2 may be associated with Class 1 in the latter stages. Class 2. Earl. Two pure cases were illustrated. The use of colour preparations of the blood is necessary to distinguish either form, and to differentiate the disease from any other associated with similar clinical signs. Two cases of greatly enlarged spleen and lymphatic glands were illustrated, showing none of the above peculiarities in the blood.

Dr. GLYNN remarked upon the rarity of the lymphatic form of leukæmia and considered it curious that it should be so, since, if the disease originated in some form of irritation, the lymph glands seemed more likely to be exposed to such irritation than the spleen or bone marrow. He had examined the blood in several cases of pneumonia, with the view of determining the existence or otherwise, of leucocytosis, but so far had not formed a definite opinion as to the value of this procedure as an aid to prognosis in such cases.

Dr. ABRAM said that Virchow had long ago shown that the thymus was persistent in leukæmia, and that this no doubt explained the presence of a mediastinal growth in leukæmia. He admitted that Ehrlich's neutro-phil-granule was really a feebly oxyphil granule, but thought the destruction of feebly and strongly oxyphil granules was useful, as the former were mainly increased in leucocytosis, the latter in leukæmia. He agreed with Prof. Sherrington that the strongly oxyphil mono-nucleated cell represented the marrow cell and the more readily because it showed no amoeboid movement. Leukæmic blood is deficient in alkali and contains no lecithin. He drew attention to the excess of uric acid formed in the urine of leukæmic patients, and pointed out that this phenomenon agreed with the view of Horbaczewski that uric acid was derived from breaking down white corpuscles.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL ASSOCIATION.

MEETING HELD FRIDAY, JAN. 17TH.

The President, Dr. STOKER, in the Chair.

Mr. LENNOX BROWNE read a paper suggesting the abolition of gargling in the treatment of Diseases of the Throat, in which he showed that fluids were not brought into contact with the posterior surface of the pharynx if used as gargles in the ordinary way, and also expressed his opinion that silver nitrate swabbings were useless, if not absolutely harmful.

Drs. GRANT and MACNAUGHTON-JONES took part in the discussion.

The PRESIDENT showed the following cases, treated by oxygen gas.

A Case of Chlorotic Ozæna.—The patient had suffered for two years from a very offensive discharge and smell from her nose. The oxygen was applied every alternate hour during the day, and on the third day the offensive smell had disappeared. She had been sixteen days under treatment and neither crusts nor discharge were to be seen.

A Case of Syphilitic Ozæna.—Patient had been bad for five years, and had lost the septum and all the turbinated bodies, and there was a large opening into the right antrum. During last August she was treated for four weeks by oxygen being passed into her nose every alternate hour during the day. At the end of that period neither smell nor crusts remained, and now, after the lapse of several months, without further local treatment, she remains free from any sign or symptom of ozæna.

A Case of Purulent Middle Ear Disease.—The patient, a girl, æt. 13, had suffered for seven years with disease of the middle ears, accompanied by profuse discharge, smell, and constant pain, and there was great swelling and ozæna. She was very deaf and there was great bagginess and swelling of the meatus. She had now been nine weeks under treatment, oxygen having been used three hours daily at intervals. At the end of the first week the discharge, pain, and smell had almost disappeared, and now all that remained was a little watery discharge from the outer part of the meatus. Her hearing is vastly better, and she can now hear a watch at two feet, that she could only hear at two inches, eight weeks

ago. Before oxygen was begun, almost every other known form of treatment had been tried but without success.

Dr. ST. GEORGE REID showed cultures of various organisms treated so as to represent the conditions obtained in oxygen treatment.

Drs. Grant, Macnaughton-Jones, and Milligan also joined in the discussion.

Dr. MILLIGAN related the notes of a case of

COCHLEA APOPLEXY.

The patient, a man, *æt.* 42, retired to rest in his usual good health, but woke up the following morning with severe tinnitus in his left ear, upon which side [also he was perfectly deaf. His previous health had been good. Syphilis was denied, but an attack of gonorrhœa twenty years previously was admitted. The patient was a hard-working business man, consumed a considerable quantity of alcohol and had a large appetite. His arterial tension was somewhat high, and the small vessels of his face distended. There was no nausea, no vertiginous attacks, and his power of calligraphy was perfect. Upon testing with various tuning-forks, it was found that the higher tonic limits was abolished and that he was unable to hear any note from a Galton's whistle. He was put upon a mild diet and small doses of alcohol. Iodide and bromide of potassium were also ordered, and free counter-irritation over the left mastoid processes. Subsequently hypodermic injections of pilocarpine were tried, but nothing gave the least relief. Dr. Milligan showed a rhinolith removed from the right nasal passage of a young woman. It was discovered quite accidentally, and was found to lie between the inferior turbinated body and the septum. There was no history of the previous introduction into the nose of any foreign body, and its presence caused no inconvenience. It was removed by means of a pair of forceps. Dr. Milligan also showed microscopic sections of a tubercular mass removed from the right nasal passage of a man who had previously suffered from *lupus nasi*, and also sections of a fibro-connective tissue growth removed from the vault of the naso-pharynx of a boy, *æt.* 11. Scattered throughout the fibrous bundles were islets of somewhat active round-celled growth as if there was a tendency to malignant degeneration.

Dr. PEGLER showed a section of a polypoid growth from the surface of the membrana tympani. It contained hairs embedded in its substance. Mr. Lake and Dr. Milligan considered it an ordinary fibrous polypus.

Mr. MAYO COLLIER opened a discussion on

THE CAUSES AND CONSEQUENCES OF CHRONIC NASAL OBSTRUCTION,

and exhibited a number of casts and patients with great distortion of palates and upper jaws. They illustrated the more serious effects of neglected obstruction of the growing skull. The arguments were placed before the meeting under the following propositions:—(1) That the physiological functions of the normal nose are essential to the well-being of the respiratory apparatus. (2) That stenosis of the nasal respiratory tract, in varying degrees, is present in a large percentage of civilised beings. (3) That stenosis of the nasal chambers are seldom or never hereditary. (4) That temporary nasal obstruction precedes and determines chronic nasal obstruction in most cases. (5) That temporary and permanent nasal obstruction induce, sooner or later, collapse of one or more of the walls of the nasal chambers. (6) That most of the commoner diseases of the nose, naso-pharynx, larynx, and ear, are subsequent to and consequent on chronic nasal obstruction.

The opening was well received, and led to an animated discussion.

THE HUNTERIAN SOCIETY.

CLINICAL MEETING HELD WEDNESDAY, JANUARY, 22ND.

The President, MR. CHARLES J. SYMONDS, F.R.C.S., in the Chair.

DR. SHADWELL showed a case of unilateral spasm of the face in a woman; there was a history of previous hemiplegia of the same side. The spasms came on after confinement.

Sir HUGH BEEVOR showed a case of tremor of the hand

in a girl of 16; the movements were athetoid in character and probably functional in origin.

Dr. F. J. SMITH, Dr. DAVIES, Dr. COTMAN, and Dr. RAWES discussed these cases.

Dr. WOODS then showed two cases of post-herpetic neuralgia of some years' standing, which he had treated with very marked improvement by suggestion.

Sir H. BEEVOR said these cases were two of his, previously shown at the Society, and corroborated the statements of Dr. Woods as to their improvement, which was indeed manifest to all the Fellows present.

Dr. FRED. J. SMITH showed—(1) a case of hemianopsia; (2) a case of motor aphasia; and discussed the seat and nature of the lesions.

Dr. HOPE GRANT shewed a case of seborrhœic eczema in a man of 30.

Dr. ETTLES showed a case of severe acne.

Mr. OPENSHAW showed—(1) a case of congenital dislocation of the hip; (2) a microcephalic idiot with talipes; (3) a case of Potts' fracture, with dislocation of the foot backwards.

A case of contracture of the arm following severe injury, and treated by division of tendons above the wrist, was shown for Mr. TUBBY.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Jan, 25th, 1896.

THEOBROMINE.

DR. HUCHARD, the great authority on cardiac affections, spoke on the properties of theobromine before the meeting of the Hospital Society. He said that for the last two years he had employed theobromine as a diuretic in cardiac and renal affections, and considered it to be much superior in this respect to digitalis and caffeine. His mode of prescribing it was to give the first day six powders of ten grains each, the second day eight powders, and the third day, ten. This dose, which he considered a maximum, he continued for three more days. Sometimes, in order to prolong the diuretic effect, he gave the day following one-fiftieth of a grain of digitaline. Theobromine is not toxic nor does it injure the renal epithelium; it is especially useful in interstitial nephritis and those heart diseases complicated with kidney lesions.

A RING ON THE PENIS FOR FOURTEEN YEARS!

A most extraordinary case of a ring buried in the penis for fourteen years has been reported in the *Bulletin Medical* by Dr. Lefaive. In September last he was called to a patient who complained of not being able to urinate except by drops and with exquisite suffering. On being questioned the patient confessed that when 12 years old and at school he passed his penis through a brass curtain ring. The organ having swelled considerably the ring could not be withdrawn. In spite of his sufferings the boy kept the matter quiet. By degrees the ring ate its way through the skin into a circular groove, and in course of time the parts healed completely over it, so that it was lost to sight, his sufferings being all the while intolerable! Twelve years afterwards the patient married, but at the first attempt to fulfil his marital duties, the penis became greatly inflamed and contact very painful. He bore valiantly with his infirmity for two years longer, but at last had to appeal for medical aid. When examined, the prepuce and the glans were found to be enormously swollen and of a phlegmonous aspect. It was impossible to find the meatus and all attempt at catheterism increased the agony. About the middle of the penis could be seen a circular white band representing a cicatrix and at this point could be felt the ring embracing the cavernous bodies.

After having chloroformed the patient Dr. Leflaive made a longitudinal incision through the dense cicatricial tissue, which gave issue to a certain amount of pus; at the bottom of the wound could be seen the ring. A director was passed under it and the foreign body was cut through by means of a bone forceps and thus removed. The patient recovered very quickly.

In commenting on this almost incredible case the author observed that nowhere could be found in the annals of medicine a case in which a metallic ring had been buried in the penis for fourteen years without calling for surgical interference.

HERR RONTGEN'S SENSATIONAL DISCOVERY.

Herr Rontgen, of the University of Würzburg to whose discovery, a new conducting agent of light, you have already drawn attention, is attracting considerable attention in French medical circles. We now know that to arrive at this unexpected discovery the *savant* employed tubes of glass in which the void was as perfectly made as possible. Through these tubes a current of induction was passed and it was by the prolonged light of the electric spark that Prof. Rontgen was able to photograph a series of *invisible* objects, such as copper coins in a wooden box tightly closed, and the bones of the hand of a person who was working with him in his laboratory. In both cases the effect was marvellous; the photographic proofs showed distinctly the money and the nails of the box, but of the wood there was no trace; in that of the hand all the bones could be plainly counted, it was that of a skeleton and not of a living person.

M. Poincaré, the illustrious mathematician, presented last week to the Academy of Sciences at Paris, a certain number of these photographic proofs, which, naturally excited no small amount of curiosity.

Prof. Lannelongue thinks that this discovery will be of immense advantage to surgeons as by it it will be possible to localise foreign bodies, as bullets in the muscular tissue and calculi in the bladder, without having to use the sound. He proposes to try it in his hospital service.

FOREIGN DOCTORS.

A press campaign has been set on foot within the last few weeks against the invasion of foreign students, and especially those who intend, after obtaining the diploma of Doctor of Medicine, to live and practise in the country. The actual number of foreign students in the medical faculties of France is 1,200, of which 1,000 are in Paris alone. In Germany the numbers are four times as many. Nevertheless, our French *confrères* believe that the principle of protectionism should extend to the Universities, and many propositions have been formulated to check the zeal of foreign competition on their own ground. The *Gazette des Hôpitaux*, for instance, proposes that the diploma of Doctor be granted to any foreigner who passes the necessary examinations as a purely honorary title, and without the right to practise in France.

Another paper suggests that a decree should be promulgated to the effect that "no person can practise medicine in France unless he be French born or naturalised." It is very possible that this movement may take a practical shape, and that the M.D. France will, in the near future, constitute, in fact, only an honorary title for foreigners. The result is not difficult to foresee.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Jan. 24th.

THE MEDICAL SOCIETY.

THE first meeting of the year was held on the 8th inst., when nearly all the officers of the former year were re-elected—Prof. Virohow as President, and Herren v. Bergmann, Senator, and Abraham as Vice-presidents. Although no decision has yet been reached as to the employment of the Bleichröder legacy, which, it will be remembered, amounted to a million marks, and was intended for the benefit of consumptive patients, the subject of an institution for the special treatment of tuberculosis has not been lost sight of. In fact, such institutions founded by the city are in actual existence, but their sites have been unfortunately selected. They have been erected on the city drainage fields at Malchow and Blankenfelde, and not unnaturally the nature of their surroundings has marred their usefulness. Patients object to be treated in such localities, and the consequence is that the institutions are left severely alone. The present position of the subject, therefore, is not a satisfactory one, and a desire has been felt in more than one quarter to improve it. Two distinct committees have already been formed for the furtherance of the object aimed at—viz., the best treatment for tuberculous patients in suitable localities. The first committee has been formed under the protection of the Imperial Chancellor, and in connection with the Red Cross Society, with the object of erecting and supporting in various parts of Germany institutions for the treatment of sufferers from tuberculosis. A second committee under the direction of Prof. Leyden, Charité Director Spinola, Geheimrath Althoff, of the Cultusministerium, and Prof. B. Fraenkel will take special charge of the city of Berlin, and Mark Brandenburg to provide it with institutions for a similar purpose for those of limited means. A considerable sum has already been subscribed for the purpose. These institutions will be entirely for sufferers without means, or with limited means; those who are able to provide all treatment for themselves will be left to their own resources.

At the meeting of the Hufeland Society, Hr. Schleich read a note on

THE THERAPEUTIC USE OF ANÆSTHETISING FLUIDS.

He said it was known that Karl Hüter had injected a 3 per cent. solution of carbolic acid into the neurilemma in a case of sciatica in a patient who had suffered from a very painful and intractable form of the disease with the result that it had not returned twelve years after the treatment. Solution of methyl violet showed a similar action depending on its anæsthetising power. In the speaker's first attempts at injecting such solutions his object was, by continuous mechanical pressure by the fluids injected, to produce atrophy of the part. Since 1893, he had treated inoperable tumours in this way, and found that, in addition to the atrophy thus brought about, a distinct allaying of pain was observed. Even a shrinkage in *nevi* was observed after the "hydraulic tissue massage." He had treated many cases of *tic-douloureux* and trigeminal neuralgia successfully by such injections. He had used hydrochlorates for the injections. In one case of gout, in which the pain did not return for a year, it was possible that some chemical change contributed to the result. If fresh solutions made from recently treated

salt were made use of there was never any after pain, and no injurious results had ever followed.

THE COLLECTIVE INVESTIGATION INTO THE SERUM TREATMENT OF DIPHTHERIA.

The Imperial Health Office has just issued its report for the second quarter of last year. In that period 2,130 sheets were returned, from which the following figures were obtained:—In 1,278 cases the diagnosis was confirmed bacteriologically. Out of the total number 1,812 or 85.1 per cent. recovered, and 306 or 14.3 per cent. died. When the hopeless cases are taken out of the calculation, i.e., such as died within 12 hours of the commencement of the treatment, the mortality is reduced to 13.3 per cent. This rate is lower than even that of the previous quarter. A comparison of this rate with that of previous years will show that a decided change for the better has taken place whatever be its cause. Since 1883 the mortality in diphtheria has been as follows:—

1883 ... 28.9 per cent.	1899 ... 25.4 per cent.
1884 ... 25.2 „	1890 ... 28.6 „
1885 ... 23.4 „	1891 ... 27.1 „
1886 ... 24.5 „	1892 ... 29.6 „
1887 ... 23.7 „	1893 ... 30.1 „
1888 ... 28.0 „	

In the first quarter of 1895 it was 17.3, and in the second 14.4 per cent., and for the half year 15.9 per cent., and amongst those cases in which the injections were begun on the first or second day of the disease the mortality was 6.4 per cent.

In the *Deutsch Med. Wochenschr.*, 50/95, Prof. Brieger has an article on

THE TYPHOID BACILLUS.

It is known that Elsner discovered a method of cultivating the typhoid bacillus on a nutrient soil to which potassic iodide had been added, and Prof. Brieger has been recently engaged in putting the method of diagnosis provided by the process into practice. The results obtained were "extremely" satisfactory as in all the suspected cases of typhoid the bacteriological investigation confirmed the diagnosis within 48 hours. That it really was the typhoid bacillus that was being cultivated was proved by Pfeiffer's test. A moment's consideration will show the great value of such a discovery, especially when a method of distinguishing the bacterium coli from the typhoid bacillus, and which grows with it, has been discovered. This method of diagnosis was employed in eleven cases. That three out of the eleven cases were those of nurses shows the necessity of having the dejecta of those having dealings with typhoid cases examined when illness of any form makes itself evident.

THE NEW PHOTOGRAPHY.

At the meeting of the Society fur Innere Medizin of the 6th inst. Hr. Jastrowitz made a reference to the discovery of Prof. W. C. Röntgen, of Würzburg, and drew attention to the vast importance this wonderful discovery would have in medicine. He showed a photogramme taken by Prof. Röntgen that Prof. Goldstein, of the Observatory, had placed at his disposal. On it was shown the skeleton of the human hand plainly shown, even to the finest details, surrounded by the shadowy but still easily recognisable soft parts. *The photogramme was taken from a living man.* He then explained the method in which the photograph was taken as communicated to the Würzburg Physical Society. The discoverer was discharging a Ruhmkorff apparatus through a tube containing no air

This tube was covered with a dark paper or cardboard, so that the luminosity occurring at the cathode at the discharge could not be seen. As he was working in a dark room he noticed a fluorescence lighted up on a plate charged with barium platino-cyanur when the discharge from the cathode took place, whichever side of the plate was turned to the tube. It was evident that rays that were invisible to the human eye passed through the dark paper to the plate. This happened even when the plate was removed a distance of 2 metres. The fluorescence lighted up at every discharge. He then replaced the paper by other and various media, by an oak board 2 to 3 centimetres thick, by a book of 1,000 pages, by thin metallic plates, by india-rubber plates, and the rays passed through all.

As the discoverer continued his investigations with the structure of these rays he found them possessed of active chemical properties, and he was able to take the photogramme shown. The rays passed through the soft parts and were arrested by the denser bones whence a distinct image of them was formed on the sensitive plate. He photographed the contents of a wooden box. He photographed from one room into another, the door being closed; in short, he could see through closed doors and into closed chests, for the rays passed through the wood. This will surely be a wonderful aid in cases difficult of diagnosis.

Austria

[FROM OUR OWN CORRESPONDENT.]

Vienna, Jan. 24th, 1896.

ÆTIOLOGY OF LEPROSY.

KAPOSI resumed his clinical lecture by reviewing the different opinions which have been entertained in the past concerning the ætiology of this persistent disease. All our rational opinions must be founded on its pathology, but the morbid changes observed have been variously interpreted. For a long time the disease was conclusively shown to be hereditary, which was satisfactorily admitted from the histories obtained of families residing in districts where the genealogy of different stocks could be traced in the registers of different parishes. Danielsen and Boeck have spent much time in endeavouring to disprove or establish this doctrine. The latter followed healthy children, who had been born of leprous parents, to America, who after a time had settled on that Continent, and became afflicted with the disease. There may be a certain amount of error in connection with this question of heredity, as many of the families had intermarried and resided in the same neighbourhood for generations, thus fixing the transmission temporarily, as we find it disappearing in many districts without any apparent cause, which would not occur if heredity was the base of transmission. Climate and seaboard residences have also been accused of producing the disease, but when we find inhabitants of Lebanon far removed from sea or low elevations being attacked, we are forced to change our opinion concerning this origin. We have another strong proof against heredity, which long survived in cases of people who had reached their fortieth and fiftieth years, who had always enjoyed perfect health and having descended from a healthy stock, subsequently decided to visit St. Louis or Rio Janeiro where leprosy is prevalent, and returning home after a short residence, become afflicted with the

disease. We have many cases recorded of this nature where healthy people visit affected countries returning home with the disease. These facts point strongly to an infectious character which may be miasmatic in its origin, but of this we cannot say more. Following this part of the investigation the bacillus lepræ has been isolated and is affirmed to be regularly found in the morbid patients as the bacillus of tuberculosis is found in the sputum. But another difficulty presents itself in the feebleness of infection. Animals have been operated on by vaccinating with the bacillus lepræ, but the results have always been negative. We are not, however, justified in accepting these results as conclusive against transmission, seeing that syphilis cannot be produced in animals any more than leprosy. We have on record cases where the human subject has been inoculated and continued perfectly healthy. There is another interesting case of a culprit who was condemned to death, and having the sentence commuted to a vaccination experiment with leprosy; he remained perfectly free from the disease for three years after operation; but on cutting out the skin at the seat of vaccination the bacillus lepræ could be found in abundance. In the course of eight years after leprosy showed itself. This case, though carefully observed, is found to be of little value when we consider that he was transported to a neighbourhood where the disease was epidemic, and it was further shown that he had descended from a leprosy family. We have another class of cases to relate where medical men, their wives, and families have gone to leprosy districts and established leprosy hospitals, there associated with the diseased people, and no transmissions of leprosy have been observed. There are many nurses who have attended to patients of this class without any bad results.

Not long ago the medical world was startled by an announcement that leprosy was rapidly increasing. It is needless to add that this is a fallacy which often occurs when public attention is earnestly applied to investigate a subject long forgotten or neglected by its unobtrusive presence. At the present time official regulations are stringent, and closely scrutinise subjects that would in all probability have escaped notice had some fertile mind not inflamed the enthusiast to collect statistics. These numbers are greatly increased by the accuracy of diagnosis in our own time as compared with the past. We are now convinced that many obscure cases were unrecognised, and thus escaped the vigilant eye of the accurate statistician.

With regard to the treatment of these lepers it is argued that isolation is the primordial agent in the remedy. Nothing could be more opposed to the truth as daily experience amply testifies to the low infectivity of the disease. The bacillus may be transmitted by wounds, but it is denied admission to a new host if this condition be absent. It should be clearly understood that there is a difference between "infection" and "contagion." We all know that pityriasis versicolor depends upon the fungus microsporon furfur, but none of us would venture to affirm that the disease was infectious though it might be granted that it was contagious. All our experience shows that it is a difficult task to make the micro-organism strike and develop in a new soil after it has been transferred, which should convince us that the disease is not infectious. It seems more reasonable, if we had fewer of them, to lock up all the syphilitic subjects in order to banish an easier transmitted disease.

HUTCHINSON'S SUMMER ERUPTION.

Prof. Jarisch showed a case of this character to the Dermatological Gesellschaft, and added that this disease was not of recent date, although Bazin appears to have been the first to isolate it under the name of *Hydroa Vacciniforme* which Hutchinson later renamed *Summer Eruption*. The patient appeared to have both ears shrunken or eaten away, while the surface had a smooth blue coloured appearance with notches here and there making deep depressions. According to the history of the patient the progress of the disease stood still during the winter, but under the influence of the sun's rays in summer both ears became intensely red, inflamed, and swollen, forming nodules and vesicles, subsequently forming scabs that fell off leaving deep crater-like pits. The hands also bore testimony of a similar phenomenon as deep indentations and thickening are still prominently visible.

The Operating Theatres.

MIDDLESEX HOSPITAL.

ILIO-Psoas Abscess.—Mr. PEARCE GOULD operated on a woman, æt. 34, who had been admitted with a fluctuating swelling in the right iliac fossa, which had slowly grown during the previous twelve months. The tumour consisted of a superficial portion the size of a duck's egg bulging forwards above the outer part of the iliac crest. Deep in the iliac fossa fulness was detected extending back to the brim of the pelvis and towards the sacral promontory; fluid could be displaced between these two parts of the swelling. There was no extension of the abscess into the thigh, and no signs of disease of the spine, sacro-iliac joint, ilium, or pelvic organs, nor was there any evidence that pus had reached the iliac fossa, the pleura, the kidney, or the peri-cæcal peritoneum. Mr. Gould pointed out that the absence of the known signs of disease of the spine and sacro-iliac joint did not enable him to negative the existence of either of these diseases as the origin of the tubercular abscess before him. He opened the abscess by an incision two inches long into the superficial swelling parallel to and just above the front of the iliac crest. A large amount of very thick curdy pus escaped. He found that at the bottom of the superficial cavity there was an opening that just admitted his finger into the deeper abscess, which appeared to be behind the psoas muscle and extended to the sacro-iliac joint, the front of which was bare. With a flushing spoon he carefully and systematically removed the entire lining of the abscess, and after a prolonged flushing of the cavity with bichloride of mercury solution he wiped it out with antiseptic swabs and removed in so doing several portions of the scraped-off lining of the abscess which had not been brought away by the very free flushing. He then applied iodoform paste to the exposed tissues and closed the wound without drainage. Mr. Gould alluded to the importance of wiping out such cavities after even the most thorough flushing if the surgeon wished to make sure of removing all the tubercular tissue, upon such complete removal the success of the treatment depended. Although the sacro-iliac joint was exposed in the wall of the abscess it was not impossible, he thought, that the treatment adopted might be entirely successful; the issue would depend upon the extent and activity of the disease of that joint. Should the abscess refill, and it became plain that the disease in

the joint was active, he should propose to arthrectomise the joint in the way advocated by Mr. Golding Bird.

ST. THOMAS'S HOSPITAL.

GASTROSTOMY.—Mr. BATTLE operated on a man, set. 60, who had a malignant stricture of the lower part of the œsophagus from which he had been suffering for some six months. He was unable to swallow solid food of any kind, but could still swallow fluids; he did not suffer any pain, but was emaciating rapidly and losing strength. No bougie could be passed through the stricture. One had been passed on a former visit about a fortnight before. There were no signs of disease elsewhere, and the patient agreed to submit to operation after the nature of it had been explained to him. It was decided to perform the operation in two stages, and by a method which permitted of quick operation. The oblique incision was made in the usual situation parallel to the left lower ribs and deepened down to the rectus muscle, the fibres of which were separated, and the remainder of the incision continued in the longitudinal direction. The abdominal wall was unusually thick for a case of gastrostomy, as there had been comparatively little loss of the subcutaneous tissue. The stomach was easily found and drawn into the wound. The portion selected for the opening was carried to the extreme right of the oblique incision, and then two stitches passed through the peritoneum and walls of the stomach, one above and the other below, so as to shut off the peritoneal cavity. The highest point selected for the opening was drawn through a Senn's bone plate and transfixed with two hare-lip pins, which did not, however, enter the interior of the stomach. A trocar and cannula were then passed between the pins into the stomach, and on withdrawal of the trocar a number one catheter was introduced through the cannula into the stomach, and the cannula withdrawn over it. A stitch was then passed through part of the stomach wall, and the ends tied round the catheter. The external wound was closed with interrupted sutures, the bone plate being left across the upper part and at right angles to it. Cyanide gauze was applied to the wound, and a many-tailed bandage put on. The end of the catheter was plugged and brought into the cotton wool of the dressing. Two points, Mr. Battle said, were of importance in performing the operation: first of all, by going between the fibres of the rectus muscle, he hoped to obtain a kind of sphincter action; secondly, by carrying the opening as high up as possible, he hoped that further obstacles to the escape of gastric contents would be presented as the mouth into the stomach would be considerably higher than was usually the case after gastrostomy. The patient's great complaint after this operation is of the irritation caused by the escape of gastric juice, which produces troublesome eczema and much soreness for some distance round the opening.

It is not often that the Local Government Board has to deal with cases of cholera in England, but last week an official report reached the authorities that a steamship, the *Garlands*, had put into Holyhead harbour with several cases of cholera on board. Two of the crew had died from the disease during the voyage from the Black Sea to Constantinople. Dr. Thorne Thorne promptly despatched Dr. T. Thomson, one of the medical inspectors, to Holyhead, and after ample disinfection of the ship had been carried out, the *Garlands* was allowed to proceed to Barrow-in-Furness, where she will be closely watched by the local medical officers and the authorities of that port, in view of any outbreak of the disease.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 29, 1896.

THE DEATH OF PRINCE HENRY AND ITS LESSONS.

DURING the past week the news of the death of Prince Henry of Battenberg created a profound sensation among the inhabitants of his adopted country, Great Britain. It was known that the Prince had reached the scene of operations up country, and had witnessed the consummation of the bloodless campaign against King Premph of Ashanti. On January 10th a telegram was sent to England stating that Prince Henry was suffering from a slight attack of fever, and had gone back to the base of operations. Five days later a Renter's telegram stated that his temperature was lower after a restless night, and that he would continue his journey to the coast. On the 17th it was further announced that he had embarked on the cruiser *Blonde* for Madeira, and that, although weak, his symptoms were not grave. Three days later, however, he died at sea, and the cruiser *Blonde* put into Sierra Leone on Wednesday last in order to telegraph home. The sad news, it need hardly be said, caused the deepest consternation and grief in the Royal household. No words of ours can add to the widespread national sympathy which has been expressed with the calamity that has overtaken the Queen and the Princess Beatrice. At such a time of bereavement silence is often far more eloquent than speech. On

the other hand, from a medical point of view, many points naturally present themselves to our consideration, and it would be mere affectation to avoid their discussion because of the nature of the sad event to which they owe their present prominence. As to the course of the Prince's illness, everyone who is familiar with tropical sickness will recognise the fact that nothing is more common than for relapses to occur when a patient has been brought down to the coast or after he has got out to sea. Furthermore, it is a fact that strong persons succumb to tropical disease as readily as the weak. When we come to consider the nature of malaria itself, we are compelled to admit our almost complete ignorance upon many points of its etiology and pathology, as well as our inability to treat the condition with any certainty from a curative standpoint. Speaking generally, it seems clear that the group of acute specific fevers known as malarial are due to a poison that emanates from marshy lands, more especially in hot countries. This particular poison may be carried for long distances by the wind, but its progress may be stopped by such obstacles as a belt of trees, a broad sheet of water, or a chain of hills. The *materies morbi* is now generally regarded as being a protozoon, the *plasmodiaise malaricæ*, which was first demonstrated by Laveran in 1882. This parasite is found in the blood, where it invades and disintegrates the red blood cells, but its causal relationship to malaria has not yet been proved. If the protozoon flourish in damp districts, it seems likely that it may, in common with the micro-organisms of cholera and other specific affections, enter the body through the medium of drinking water. All that can be said at present on these and other points is that a great deal can be done in the way of prevention. The truth of that statement may be found in a comparison of two recent campaigns in malarial countries, namely, Madagascar and Ashanti. In Madagascar the French army was badly equipped from a medical point of view and the soldiers had to undergo great hardships and exposure in the dense tropical forests. As a result their ranks were simply decimated by malaria. In our own march to Ashanti, on the other hand every possible precaution was taken to secure the safety of our soldiers. The camps were prepared beforehand at certain intervals along the line of march, and the soldiers slept in huts raised several feet above the ground. In consequence of these measures the general health of our troops has been excellent. It has been elsewhere remarked that one good result that may accrue from the lamented death of Prince Henry is the more careful study that the subject of malaria will probably receive. Now that a fresh impetus has been given to the investigation of tropical disease by the appointment of special lecturers in some of our chief medical schools we may look for much information and valuable progress in that direction. One may confidently assume that the working out of knotty points in the diseases peculiar to the tropics would sooner or later throw many a sidelight on the numberless obscure problems that lie around us on every hand in our own northern clime.

A CRUCIAL POINT IN SANITARY PROGRESS.

Of late years London has been making great strides in the onward march of preventive medicine, a fact upon which the inhabitants of the greatest and richest city in the world may well be congratulated. In various ways, however, the metropolis is a laggard in the scientific race, and compares unfavourably with many provincial towns, such as, for instance, Newcastle and Glasgow. There can be little doubt that the lack of intelligent public interest has lain at the root of this lamentable backwardness in a matter so deeply affecting the welfare of the community as the administration of sanitary affairs. Until recently Londoners have been content to leave the management of their roads, of their water-supply, of their sanitation, of their Poor-law service, in the hands of local bodies, which were only too often corrupt nests of nepotism and jobbery. With the advent of the London County Council, however, and an awakening of general interest in municipal matters, the promise of a purer and a fairer future was gladly welcomed by the sanitary reformer. But the day of full salvation is not yet with us. In many of our metropolitan districts, rich and poor alike, the Vestrymen or Councillors are chosen by small hole and corner cliques, and are elected as local rulers and administrators of vast sums of money without even the formality of a public election. For such a travesty of representative local government the citizens have themselves to thank. The voters hold the key to the situation, and if they choose to organise their ranks, nothing would be easier than to return to the Vestries men of good standing and unblemished character, in whose hands the public weal would oust all mere party purposes and the sordid filching and diversion of the ratepayers' money, which is, perhaps, best described by the terse and expressive term "jobbery." Turning to details of practical health work, we are at once struck with the importance of the sanitary inspector, who is, as it were, the policeman of preventive medicine. As the servant, first of the medical officer and then of the Vestry or Council, it is his duty to investigate and to report upon the multifarious details that are brought within the purview of local health committees. Sanitary inspectors as a whole, we are glad to believe, constitute an honourable and useful body of public servants. On the other hand, it is matter of common knowledge that a certain number of them are unfit for their position, and may be regarded as inheriting the traditions of the bad old days of vestrydom. But, apart from the black sheep, it may be fairly questioned whether the whole position taken up by the sanitary inspectors does not require serious consideration. The claims of these subordinate officials, as it would appear from a perusal of the reports of their Association meetings, have grown until the Lilliputian body imagines itself nothing less than a giant of Brobdignag. The Sanitary Inspector, as pictured by the Association, is in future to become a kind of inspector, lawyer, medical officer of health, doctor, and engineer, who is to act under and report to the Vestry; to carry on his own scientific investigations; to be his own hygienic law-

giver; and to fulfil the office of guide, counsellor, and moving spirit generally in the public health administration of the parish to which he has been appointed. Without doubt, this aggressive attitude, so far as London is concerned, has been allowed to spring up by the apathy of the medical officers of health known as "half-time" men, who leave the main part of their public work to be discharged by their inspectors, while they themselves are engrossed by the busy cares of general medical practice. A case in point is to be found in the heart of London, where only a few months since the authorities of one of the most crowded districts chose a medical officer of health, who was permitted not only to carry on private practice, but to hold a similar "half-time" post in another metropolitan parish. And this arrangement, *mirabile dictu*, was sanctioned by the Local Government Board. Under such circumstances, it seems hardly possible that the medical officer of health can be otherwise than at the mercy of his inspectors, and it is a matter for congratulation that evil results are not more frequently heard of. During the past few weeks London has had an object-lesson as to the possibilities of the case in the person of a sub-inspector of a Southern district. This official was known to have written to a house-agent, asking for full particulars as to certain houses in the parish and what commission on sale the agent was prepared to pay. He was subsequently requested to resign by the health committee of his Vestry, which he did. Shortly afterwards he brought forward a charge implicating his former chief inspector in offences of a similar nature. The chief inspector was exonerated by his Vestry, but the matter appears to us none the less imperatively to demand a further inquiry by the Local Government Board into the whole circumstances of the case. 'In no other way can the confidence of the public and of the medical profession be restored as regards the purity of local sanitary administration. The fact that the chief official in question is President of the Sanitary Inspectors' Association makes it all the more necessary that a searching departmental inquiry should be undertaken forthwith. In making that demand we confidently assume that the main body of the inspectors, upon whose honesty and good faith we rely implicitly, will be with us in seeking to clear up the grave stigma which has been cast upon them in the person of their President. In the interests of the future of the public health service we suggest that such an inquiry might conveniently be extended or supplemented so as to take into consideration the position and powers of what we have ventured to call our "sanitary police." Our own view on the question is simple, and has been more than once emphatically recorded in these columns. To put the matter in a nutshell, it is that the choice and control of his subordinate sanitary inspectors should be centred absolutely in the Medical Officer of Health. Past experience has proved over and over again that of all men the sanitary inspector is best fitted to serve two masters.

INFANT MORTALITY.

THE great waste of infant life which at present obtains in the Metropolis and other parts of the kingdom is a scandal and a disgrace to our civilisation. To say that such waste is unpreventable is simply to argue against the logic of facts. That it can and should be prevented is indisputable, and no sensible person who has paid any attention to the subject can deny that if the Legislature were to take it properly in hand a better order of things could soon be made to prevail. There are societies at work which have for their object the protection of little children against cruelty, and it seems somewhat curious that they have not included in the sphere of their usefulness some measures for the prevention of the causes which lead to the enormous mortality among infants. Surely the officers of these societies must come in contact with the many deleterious influences concerned in the production of the excessive infant death-rate. Who, better than they, would be in a position to see the evils which prevail, or better qualified to draw attention to them in the proper quarters? As a matter of fact, this question of infant mortality is becoming more and more serious every year. During last year no less than 22,000 children under twelve months of age died in London alone. The total number of deaths in the metropolis for the same period was 86,940; in other words, upwards of 25 per cent. of the death-rate occurred among children who had not passed the first year of their life. The seriousness of this position of affairs, in our opinion, calls for a public inquiry. The matter should be brought under the notice of Parliament early in the coming session, and a Royal Commission asked for with a view to ascertaining all the evidence in connection therewith, and the passing of some legislative enactment by which this waste of life would be much curtailed. Within the past week or so two important references have been made to this subject. Dr. Rabagliati pointed out in a public lecture delivered in Bradford that in that town the birth-rate was lower than in other Yorkshire towns, and that of all the children born in Bradford in 1894 one in five died under the age of one year. These facts, were so remarkable that he could not avoid asking the question, "Is this civilisation; can it be that we who pride ourselves on being in the van of civilisation can be so reckless of our children's lives that we lose one-fifth of those born before they are a year old?" The other reference to the subject occurs in the report just issued, of Dr. Waldo, Medical Officer of Health for St. George's, Southwark. He points out that the highest infant mortality is in the Strand, Holborn, St. George's in the East, St. George's (Southwark), Limehouse and Clerkenwell, where one out of every five children born dies before it is twelve months old. This statement it will be seen represents exactly the condition of affairs which prevails at Bradford. In Dr. Waldo's opinion the causes of infant deaths in his district are: (1) Bad environment, such as insanitary conditions, overcrowding, and absence of parks and open spaces; (2) improper and insufficient food; (3) mismanagement by mothers

through ignorance ; (4) early marriages ; (5) debility of mothers ; (6) maternal neglect, due to mothers being more or less employed away from home in factories and workshops ; (7) the use of opiates, usually in the form of patent medicines, given to lull or satisfy the hunger of the child. Two important suggestions are made for the remedying in some degree of these defects. The first is the establishment of "open breathing spaces," and secondly "crèches," or day nurseries for the better protection of infants during the hours that they are deprived of the maternal care. This latter suggestion introduces an important question. It would be well if every parish had its crèche, in the same way as there is attached to every large union an infirmary for the treatment of sick paupers. The union crèche might be an institution provided out of the rates—but partly self-supporting by the sums charged for the care of the children. Under this plan there would be the certainty that the children would be properly looked after, and a marked diminution in the infant mortality rate would follow as a matter of course.

Notes on Current Topics.

Diphtheria Bacilli and Their Products.

A PAPER read by Drs. Kanthack and Stephens at the last meeting of the Pathological Society of London throws a new light on the production of the diphtheria toxin within the living organism. On the strength of the very interesting researches carried out by Dr. Sidney Martin it was believed that the bacillus developed exclusively in the false membranes which form in the throat, and the presence of poisonous albumoses in the viscera was explained on the assumption of the elaboration by the diphtheria bacillus, located in the throat, of a ferment or ferments which acted on the tissue proteid and converted it into the albumoses aforesaid. The more recent investigations of Drs. Kanthack and Stephens confirm the observations of others that, as a matter of fact, the bacillus is often to be found in the organs, especially in the lungs and spleen. Their investigations, it is true, were carried out on the subjects of fatal diphtheria, with laryngeal complications, and this may possibly account for the presence of the bacillus in the lungs. Broncho-pneumonia, it is well known, is a fairly frequent and always dangerous complication of diphtheria, and in the light of this discovery of the ubiquity of the pathogenic organism it is highly probable that the pulmonary disease is really of diphtheritic origin. It is possibly only in the most severe cases that the bacillus breaks bounds and wanders far and wide through the tissues and enters the lymphatic and blood circulations, but this is a point which demands further inquiry. The fact has an important clinical and therapeutical bearing, because it follows that the quantity of toxin requiring to be neutralised is far greater than has hitherto been supposed, and this points to the desirability of employing antitoxin freely in large doses in all cases which manifest any degree of severity.

The Bacteriological Diphtheria Test.

THE experiment now being carried out in Marylebone of furnishing apparatus and opportunity for free bacteriological examination in doubtful diphtheria will be watched with much interest by all who are interested in public health progress. Its results during the quarter have been as follows :—Twenty-one cases of presumed diphtheria have been examined, and of these 11, or rather more than half, showed the typical microphyte. The actual number of cases of diphtheria notified during the period in question was 75, of which number 41 were removed to hospital. These figures show a marked increase over the corresponding period of 1894, when 67 cases were officially reported. In view of the alarming spread of this fatal, but quite preventable disease, Dr. Wynter Blyth is to be congratulated on his action in affording medical men in his district an opportunity of arriving at an absolute and early diagnosis in doubtful cases of sore throat.

Remarkable Death of a Medical Practitioner.

THE death of a medical practitioner, Mr. John Robinson, of Bridlington Quay, Yorkshire, last week under peculiar circumstances has been largely commented on in the local press. Briefly, the facts are as follows :—Mr. Robinson had under his care a young man suffering from some slight ailment for whom he prescribed a bottle of medicine. After one dose, however, owing to the "agonising effects" caused, the patient refused to take any more of the mixture. This surprised his medical attendant, but it led to the latter taking the bottle away and promising to send another mixture of less strength than the first. However, the same effects were produced in the patient after a single dose of the second medicine, and again he declined to take any more. This having been brought under the notice of Mr. Robinson, he visited the patient, and stated that the prescription from which the medicine had been prepared was one that he was accustomed to use every day, and that he himself would not object to swallowing the whole of the contents of the bottle at once. Suiting the action to his word, he called for some water and proceeded to pour out a large dose of the mixture, which he promptly swallowed. Soon afterwards he began to feel ill. He accordingly proceeded home at once, and sent for two *confrères*. Everything that was possible was done for him ; but the symptoms of poisoning rapidly developed, and death took place two hours later. His belief, at first, was that the medicine had contained a strong dose of tincture of ginger, but before he died he expressed the opinion that aconite had somehow been dispensed by mistake in the mixture. Mr. Robinson had been forty years in practice in Bridlington, and had reached the age of sixty-four.

The Sale of Poisonous Fly-Papers.

THE enterprise and activity of the Pharmaceutical Society of Great Britain in prosecuting unlicensed sellers of poisonous preparations has very properly been extended in the direction of bringing actions against grocers who deal in poisonous fly-papers. A case of this description was heard last week in the

Bloomsbury County Court. The action was brought in respect to the sale of twenty-five fly-papers, the composition of which on analysis showed an average of eight grains of arsenic in each. Dr. Thomas Stevenson, analyst to the Home Office, was called for the prosecution, and agreed with the analysis that had been made; and he also pointed out that two grains of arsenic was a fatal dose for an adult. The only defence made was that wall-papers, posters, and various fabrics contained arsenic. But the judge declined to admit this evidence, and gave judgment for the plaintiffs, namely, £5 and costs. In regard to poisonous fly-papers, the use to which they are put for suicidal purposes has been repeatedly brought under public notice, and it is, therefore, highly essential that their sale should be restricted, at all events to those tradesmen whose business it is to deal in drugs.

The Direct Representation for Ireland in the General Medical Council.

We understand that it has been arranged that notice of the forthcoming election shall be issued on the 1st of February—that the Rescript shall be presented on the 12th—that the nominations of candidates shall be handed in, at the latest, on the 15th—that the voting shall take place between the 20th and 27th, and that the result will be declared on the 2nd of March. Meanwhile the manœuvring of parties is interesting. Mr. Thomson, Dr. Jacob, and Professor Cuming are, at present, apparently at rest, but no doubt every nerve is being strained to exercise private influence on voters. Dr. MacDonnell's party, on the other hand, are making herculean efforts to get other candidates out of the field, which, indeed, it is wise of them to do. With this purpose they are flooding the newspapers with adjurations to the "provincial" candidates (in which category they include only Dr. MacDonnell, Professor Cuming, and Dr. Greene), to take a preliminary plebiscite for the purpose of deciding who shall withdraw and who shall go to the poll. It is to be supposed that they know pretty well that Professor Cuming, being pledged to the Belfast School, cannot withdraw, and their plebiscite could, therefore, only result in a poll between their own candidate, Dr. MacDonnell, and Dr. Greene, in which, without a shadow of doubt, Dr. MacDonnell would come out with a lead, thus acquiring all Dr. Greene's votes without much trouble. We desire to speak with every respect of the anxiety of certain of the country practitioners to send one of themselves to the General Medical Council, but if this aspiration is only a sentiment it seems unwise to lose the game for the sake of gratifying it. A provincial is, in respect of that fact, neither better nor worse than a townsman. What would be the fate of a government which selected its ministers, not for special aptitude or experience, but because they lived in Birmingham, or Cork, or Glasgow? It is, thus, neither a recommendation nor a detraction that a candidate lives in any particular place, the only question to consider is whether he is the very best person who can be had to represent the special interests of the country doctor. If he is not the right

man he cannot be so even if he resided in the moon. Some may think that it would be better to have a mediocre provincialist than a specially qualified townsman, and then the question arises whether the mediocrity can be secured by any means. If it appears that he cannot succeed what is the sense of voting for him, and thus placing the coveted position in the hands of the townsman whom it is desired to keep out? The provincial idea is an excellent sentiment upon which it is not wise to wreck the cause.

The Weather, Influenza, and Disease.

It is hardly realised, as yet, how seriously the repeated attacks of influenza during the last six years may have modified the incidence of disease for that period. At no other period of the world's history, and we can go as far back as 1173 in this respect, have so many attacks of this malady followed each other in such quick succession. If we remember that the poison of influenza acts vigorously on nearly all the systems of the body, we may easily conclude that the constantly recurring outbreaks which have scourged this country in common with most of the civilised countries of the globe must have had a great influence on the public health. In a paper read at the Royal Society of Edinburgh on Monday, last week, Dr. Lockhart Gillespie summarised the results of an inquiry into the effect of the weather and of influenza on the admissions into the medical wards of the Edinburgh Royal Infirmary. He found that the type of weather, *i. e.*, cyclonic or anti-cyclonic, had had a very considerable influence on the admissions of certain diseases. Patients with respiratory disorders were admitted in greater numbers during cyclonic weather, although those suffering from acute pneumonia were in the majority when the conditions were anti-cyclonic. Cases of acute rheumatism, chorea, and digestive diseases were more numerous in anti-cyclonic weather. With regard to influenza, he pointed out that this scourge had been epidemic in Edinburgh during 68 weeks in the last six years, or one week in every four and a half. From the infirmary records it was clear that coincident with the onset of the attacks a great increase occurred in the number of respiratory cases admitted, especially in cases of pneumonia, but that the figures for the periods following the epidemics were almost of greater importance, showing, as they did, a very considerable increase in the number of heart and nervous cases. The importance of this latter fact lay in the insidious onset of these sequelæ, generally after the patient had left the doctor's hands for the original malady, if, indeed, he had ever been treated for it. An examination into the weather conditions before and during the epidemic periods showed that the six attacks, as a rule, had been preceded by cyclonic, cold, and wet weather, had commenced in anti-cyclonic, cold, and dry weather, had persisted in weather which was normal for the time of the year, and had declined under cyclonic, wet, and warmer conditions. No suggestion was made that the type of weather had anything more to do with the onset of the malady in epidemic form than to afford facilities for its rapid

spread. The four previous attacks for 1848-49, 1851, 1855, 1857-58, exhibited the same peculiarities with regard to the nature of the cases admitted into the infirmary, the percentages to the total admissions being in all these instances remarkably similar.

Death from Accident or from Fatty Degeneration of the Heart?

A CASE which presents some very interesting medical points was decided in the Scottish Court of Session last week. A man, aged about 45, who had previously enjoyed excellent health, fell off the bridge of a steamer, a distance of about 9 feet. He was a stout man, of about 15 stone. When picked up he was found to be insensible. On recovering consciousness, he began to spit blood, and later, he was found to have a broken rib. Subcutaneous emphysema made its appearance a day or two afterwards. Five days after the accident he died suddenly with symptoms which pointed rather to asphyxia than to syncope. At a post-mortem examination the broken rib, with some congestion of the lung, was discovered—and a fatty heart. A certificate was granted to the effect that the death was due to syncope from the effects of fatty degeneration of the heart accelerated by an accident. The deceased had been insured in the Scottish Accident Insurance Company for £1,000. On applying for payment of this sum his trustees were met with a refusal, the company alleging that one of the terms of the policy, to the effect that death by disease, if accelerated by an accident, rendered it void, precluded the trustees from recovering the sum. At the trial the onus was laid on the company to prove that the man did die of a fattily degenerated heart, the other side suggesting that the heart was only infiltrated with fat, as was to be expected in a stout man of that age, and that his active habits and uniform health precluded or rendered very improbable the pre-existence of such an extreme degree of fatty degeneration as was described. A great point was made of the difficulty in diagnosing between fatty degeneration and infiltration without the aid of the microscope, which had not been used in this case. Judgment was given against the Insurance Company, with expenses. The point which seemed to strike the judge more than anything else was the question, where insurance companies would stop under the condition inserted in their policies, which has been mentioned above. It certainly should be better known that in the policies of some insurance offices such conditions are present, for there are few men above forty who have not got some little thing wrong with them, which might be held to precipitate the fatal result after an accident, and which might be alleged to be the actual cause of death. No one would care to insure their lives against accident when they knew that there was such a chance of expensive litigation on the flimsiest pretexts after death.

The Case of Mr. R. B. Anderson.

THE Civil Rights Defence Committee are still working hard to obtain justice for Mr. R. B. Anderson.

It is a matter of surprise to us that the public have hitherto paid so little attention to this case. The principles involved, for which Mr. Anderson and those associated with him have for upwards of four years been so pluckily striving, are those in which every person in the kingdom has an interest. No one who has taken the trouble to read the facts of the case—and they are eminently worth perusal—can help being astounded at the illegal persecution to which Mr. Anderson was compelled to submit. However, we are glad to see that the apathy in this connection is less than it was, and that public bodies are beginning to realise the greatness of the issues at stake. The Civil Rights Defence Committee, with Mr. Anderson, deserve every encouragement in their arduous crusade; but it may be pointed out that practical assistance in the form of contributions to the General Fund is urgently needed. Within the past week a donation of £10 has been received from the Barbadoes branch of the British Medical Association, and the medical men of Exeter have subscribed upwards of £28. These examples might be emulated by bodies of medical men throughout the country. It is only by united action of this kind that the victory can be won.

The British Balneological Association.

THE British Balneological Association held its inaugural meeting at Limmer's Hotel on the 22nd inst. The Association came into existence in November last, and everything, so far, points to the fact that a useful and prosperous career lies before it. The inaugural address was to have been delivered by Dr. W. M. Ord, but in his unavoidable absence this duty was discharged by Dr. Symes Thompson. A discussion followed the address, no doubt for the useful purpose of showing more plainly the objects and aims of the Association. If the Association succeeds in impressing upon the medical profession and upon the public in the United Kingdom that many of our spas possess just as much therapeutic value as those to be found abroad, a great point will have been gained. The business of "working" these health resorts has never been properly understood in this country, but a great improvement has recently taken place in this regard, and, with the events of the past few weeks in view, the opportunity is a good one for patriotic English people in search of health to elect to remain in their own country, and visit the spas over which their own countrymen preside.

Alterations in the Edinburgh M. D.

READERS may be reminded that the new regulations as regards the degree of Doctor in Medicine are now in force. First and foremost, the government stamp of ten pounds has been repealed, the late liberal administration having decreed the repeal of that particular form of taxation upon knowledge. Further, those who have passed the M.B. examination under the regulations in force before 5th August, 1892, may now proceed to the degree of Doctor of Medicine under the old or under the new regulations. The old regulations required the candidate to send in a thesis, and to have passed a preliminary examination in *three* of the

following subjects:—French, German, Higher Mathematics, Natural Philosophy, Greek, Logic, and Moral Philosophy. Two of these must be Greek, and either Logic or Moral Philosophy. Under the new regulations, the candidate for the M.D. may pass a further examination in Clinical Medicine, and thus escape the ordeal of furnishing up Greek, Logic, or Moral Philosophy. There can be no doubt that a great many men in busy practice have failed to take their degree of "Doctor" in the University because of the bugbear of reading up one of the necessary preliminary subjects. To such men a revision of their clinical medicine would not only be a pleasure but also a valuable practical means of testing their experience and of bringing them in touch with the most recent advances of professional knowledge. The University of Edinburgh appears to be acting wisely in making the path of its alumni as smooth as may be from starting point to goal. The unavoidable obstacles are quite hard enough in themselves without adding to their number. The Senate would do well, as a next step, to revise and lessen fees, which have increased considerably of late years.

Emergency War Hospitals.

ACCORDING to the *Leeds Mercury*, several of the Hull medical charities have received communications from York, asking whether beds could be provided at the institutions for the use of those engaged in the defence of the Humber in time of war. The Hull Royal Infirmary replied in the negative, as they felt they had a duty to perform to the sick and hurt poor that must not be neglected. At the same time, they intimated their willingness to assist to the utmost if occasion should arise. It is further stated that the Infirmary people were of opinion that many buildings might be utilised in time of need; while the charities would continue to fulfil the mission for which they were established. With the view thus expressed we certainly agree. We fail to see the slightest necessity for disorganising the ordinary public hospital service in time of war. Nothing could be easier than to adapt existing buildings, such as churches, factories, domestic houses, or farm buildings, so as to convert them into serviceable hospitals. Moreover, in the present day many alternative temporary structures are available. Tents, ambulance waggons, huts of wood and iron, and ships could be provided within the space of a few days to meet every possible demand. The whole question thus raised appears to be of too puerile a nature to have come from the War Office authorities.

Female Medical Education in India.

THE cause of the lady doctors in India is being carried on with an energy that must sooner or later achieve success. Some time since the Campbell Medical School at Calcutta was thrown open to native students. The women who formed the class lived for the most part at a distance from the colleges, and had to be brought to and fro every day in native omnibuses. In spite of these and other drawbacks, however, the movement continued to flourish. It has now received a great impetus in the shape of an hostel,

which has been built as a residence for students in term time. The native attitude towards the scheme may be inferred from the fact that the Nawab Begum of Murshidabad contributed 25,000 rupees to the fund. The new building bears the name of Lady Elliott, who has had a large practical share in the organisation of women's work in India.

Foreign Medical Men in France.

THE medical profession in France has its trials and difficulties, similarly as is the case in other countries, but the fact which appears chiefly to be disturbing the minds of members of the profession there at the present moment is the invasion of the country by foreign medical men. In a recent number of the *Journal de Med. de Paris* a most doleful article appeared lamenting this state of things. The writer points out that in former years foreign medical students simply came to France for their education, and afterwards returned to their own country to practise. But, latterly, this has not been the case. The foreign students have liked France so well that they have made up their minds to remain. According to the last official medical census, a large number of foreign medical men are now practising in Paris, that is to say about 521, which represents more than one sixth of the total number of medical men, namely 2,992, with whom Paris is provided. The foreign residents in Paris have been estimated at 180,000; the proportion of foreign medical men to foreign population is about 3 to 1,000, that of French practitioners to the native population, properly speaking, is only 1 to 1,000. But this foreign medical element is beginning to invade the rural districts in France, a fact which is causing still further dismay to the French medical profession. After all, perhaps, our *confrères* across the Channel may have some grounds of complaint in this respect.

A Central Hospital Board for London.

ALTHOUGH there was nothing especially new in the paper read by Colonel Montifore last week before a large meeting of the Charity Organisation Society, upon the subject of the organisation of a central hospital board for London, yet all must admit that good can only come from pressing forward the scheme upon every available opportunity. There can be no doubt whatever that if such a board were to be established its field for usefulness would be a wide one. The philanthropic public would gain by its ministrations and so would the *bona fide* hospital patient and the medical profession. Of course, it would meet with some opposition on the part of those whose interests it would affect, but this would only be in the natural order of things. Every great reform has been opposed, and a scheme such as that under discussion would be of so reforming a nature that more or less opposition against it must from the first be anticipated. The question is decidedly a good one for the Charity Organisation Society to have raised, and we trust that they will make every effort to keep it before the public and "peg away" at it until some really practical result has been achieved. So far as the medical pro-

session is concerned there is no doubt that general support would be accorded the scheme.

Double Consciousness.

We are reminded now and then by facts that come under our observation that Nature comprises forces and conditions of which we have as yet but little, if any, conception. The last new discovery that certain rays can penetrate the proverbial deal plank is a philosophical trifle compared to the curious mental conditions which are occasionally revealed to us in the humblest of individuals, to explain which the medical scientist is fain to take refuge in the most hare-brained hypotheses, which, after all, only make confusion worse confounded. At last week's meeting of the Clinical Society, a distinguished suburban practitioner, whose name we withhold in order not to afford any clue to the identity of the patient, showed a girl, 12 years of age, who exhibited in the most complete and indubitable form the condition known as "dual existence" or "double consciousness." Last year, after a severe illness which was diagnosed to be meningitis, she became subject to temporary attacks of unconsciousness, on awakening from which she appeared in an entirely different character. In her normal condition she could read and write and speak fluently and with comparative correctness. In the altered mental condition following the attack she loses all memory for ordinary events, though she can recall things that have taken place during previous attacks. So complete is this alteration of memory that at first she was unable to remember even her own name or to identify herself or her parents. By patient training in the abnormal condition she has been enabled to give things their names, though she still preserves a baby fashion of pronouncing. She sometimes remains in the abnormal condition for days together and the change to her real self takes place suddenly without exciting surprise or dismay, and she forthwith resumes possession of her memory for events of her ordinary life to the exclusion of those which have transpired during the abnormal state. During the last month or so she appears to have entered on a new phase, for, after a mental blank of a fortnight's duration, she awakened completely oblivious of all that has happened since June, 1895, and she alludes to events that took place just anterior to that date, as though they were of quite recent occurrence; in fact, she is living mentally in July, 1895. These cases, though rare, are of course not unfrequently met with, and they have been carefully studied, especially in France, where women appear more prone to neurotic manifestations. The hypothesis that finds most favour is that the two halves of the brain do not work in unison, in other words, that there has been some interference with the connections which, in the ordinary normal being, make of a wonderfully composite organ like the brain one organic whole. Sometimes one part of the brain and sometimes the other takes possession of the field of psychical activity, and, as each part works to the exclusion of the other, we get the Dr Jekyll and Mr. Hyde transformations. Verily, truth is stranger than fiction, and it seems highly probable

that Robert Louis Stevenson, in writing his enthralling story, must have taken for his theme some such case as the one which we have briefly described.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE FATAL ACCIDENT INQUIRY ACT FOR SCOTLAND.—At the time that this bill was introduced by the late administration, we suggested that it would serve no useful purpose. Sufficient time has now elapsed since it became law to judge of its usefulness. On all hands it is regarded as an intolerable nuisance. The skill of our legislators in drawing up bills which do not act as they were meant to act is proverbial, but it is still more marvellous in this case, as the bill was introduced by the then Law officers for Scotland. What they intended it to do is not quite clear, what it does do is clearer, and that is *nil*. The different sheriffs who have conducted inquiries into fatal accidents, as provided for by the statute, can find no authority in it to enable the jury to express any opinion in the matter except the bare and actual cause of death; no rider of any description seems to be allowable. Consequently, a court is summoned, considerable expense incurred, in order that a jury may have the pleasure of saying that John Jones, *say*, died from an accident at a certain place and time, a thing which everyone knew very well before. Even the cause of the accident, it seems, cannot be investigated. Such an inquiry would appear to be quite superfluous, and, at any rate, of no use in medico-legal cases, which would have to be begun from the beginning in another court.

A PARTIALITY FOR HIGH MEAT.—There is no accounting for tastes, and to some, meat which is tainted may be more acceptable to the palate than when fresh. The authorities of Dollar would appear to have strong digestions and an excess of hydrochloric acid in their gastric juice. A report by the local sanitary inspector, to the effect that he had seized some unwholesome meat in two butchers' shops in the burgh, was received by the Burgh Commissioners with a great show of indignation. The inspector stated that the meat was in a very putrid condition, pale, wet, greenish in parts, and with a very bad smell. The Provost corroborated these statements. A majority of the Commission, however, thought that it was a mean thing for the inspector to investigate the condition of the meat without first giving notice beforehand to the butchers. One member remarked that "putrid meat was not bad meat!" It appears that these same butchers have been repeatedly warned already, but the Commissioners refused to prosecute. A very bad point in the inspector's report is the statement that the worst pieces of the meat were being used for mincing purposes. We do not envy the people of Dollar their meat, and they would be wise if they avoided minced meat in the future, until what time their worthy commissioners have recovered a proper sense of their duties, or made way for others to whom putrid meat is putrid and disagreeable.

PRESENTATION TO SIR ARTHUR MITCHELL.—Sir Arthur Mitchell, K.C.B., M.D., M.A., LL.D., was presented with his portrait, painted by Sir George Reid, on the occasion of his retirement from the Scottish Lunacy Board. Lord Kinnear presided at the meeting, and, in making the presentation, referred to Sir Arthur's long services in connection with the Lunacy Board, and to the admirable tact, judgment, good sense, and kind feeling which he had always exhibited; to his services in other branches of science; and to wish him health and happiness in his retirement.—Sir Arthur Mitchell, in reply, said that his life had been full of hard, earnest work. He thought that he had had some success, and it gave him pleasure to think how abundantly he had been helped. Of the colleagues with whom he began his lunacy work not one now remained: they had all gone into the world of light. He said nothing of the insane, except that all of them had a fast friend in him. His official work was ended. As regarded it, he had reached old age, but he was not yet conscious of decrepitude. He hoped there was still some work in him, and he meant to do it. In addition to the portrait, Lady Mitchell was presented with 50 guineas to

buy a souvenir of the occasion, while the balance of the subscriptions, probably about £190, was handed to Sir Arthur Mitchell for the purchase of books to add to his library.

THE INFECTIOUS DISEASES HOSPITAL QUESTION.—The Corporation of Leith intend to appeal to the House of Lords against the decision of the Court of Session anent the erection of a hospital by the Edinburgh authorities in the burgh, a decision which was given in these columns two weeks ago.

SIR DOUGLAS MACLAGAN AND THE PRISON COMMISSION FOR SCOTLAND.—We understand that Sir Douglas MacLagan has tendered his resignation of the offices held by him under the Prison Commissioners. The resignation has been accepted by Lord Balfour of Burleigh, with an expression of his Lordship's regret at the severance of Sir Douglas MacLagan's long connection with the Prisons Department in Scotland. Sir Douglas succeeded the late Sir Robert Christison in the post of visiting physician to Perth General Prison in the year 1877, and since all the prisons in Scotland came under the charge of the Prison Commissioners in 1878 he has acted as their medical adviser.

EXAMINATION PAPERS FOR THE DIPLOMA IN PUBLIC HEALTH AT THE UNIVERSITIES OF OXFORD, CAMBRIDGE, DURHAM, AND VICTORIA. AND THE JOINT BOARD OF ENGLAND. (a)

(Continued from page 95.)

VICTORIA,* JULY 17TH, 1895.—PART I.

Sanitary Appliances, &c.

1. In a town of 100,000 inhabitants there are 2,600 deaths per annum, of which 350 were ascribed to Diseases of the Respiratory Organs, 250 to Phthisis, 100 to Diarrhoea, 100 to Convulsions, 50 to Enteric Fever, and 5 to Alcoholism.

Point out any deviation from the average, and any possible sources of fallacy in these figures.

2. Describe the steps to be taken in the course of an undertaking for the supply of water to an urban population, and state the conditions that must be fulfilled in any such supply.

3. Enumerate the provisions of the Public Health (Amendment) Act, 1891, as to the disposal of all kinds of refuse of towns.

4. What are the causes of dampness in houses? What are the regulations of the Model Bye-laws of the Local Government Board, with respect to the thickness of walls and the means of keeping them dry?

5. What forms of Hospital are best adapted for the isolation of infectious disease for towns of 20,000 inhabitants? State in detail the requirements of such Hospitals, and the regulations by which they should be managed.

* This paper should have been given on page 95. The Chemistry paper our correspondent has been unable to obtain.

OXFORD, NOVEMBER 26TH, 1895.—PART II.

No. I.—Pathology and Bacteriology.

1. The following terms have been used by writers on Bacteriology; explain each of them fully:—(a) "Anaerobe"; (b) "Facultative parasite"; (c) "Obligate Saprophyte"; (d) "Leptothrix"; (e) Staphylococcus; (f) Plate-culture.

2. Give an account of the method which ought to be followed in the investigation of the bacterial origin of any disease or group of symptoms.

3. Give a short account of the treatment of diphtheria with antitoxic serum.

4. What are the usual incubation period of—(a) Small-pox; (b) Scarletina, and (c) Measles? What precautions must be kept in mind in certifying in respect of each of these diseases that a dwelling is free from infection or contagion?

5. Give two examples of diseases believed to be "water-borne." In respect of one of these, state fully the ground on which this belief is founded. How do the facts referred to bear on the prophylactic measures to be adopted?

(a) Examination for the Degree of Bachelor in Hygiene, and for the Diploma in Public Health (D.P.H.) Durham.

6. Give a short account of Anthrax and of the micro-organisms associated with the disease, giving special attention to those points that relate to the aetiology and spread of the disease.

Not more than five questions to be answered.

Practical Bacteriology.

Examine and describe the growth in this test tube.

Make a microscopic preparation of the growth, examine it carefully, and give a short description of the organism or organisms present, stain either by Gram's method or with methylene blue. *Vicia* twenty minutes.

(This paper was not printed.)

CAMBRIDGE, TUESDAY, OCTOBER 1st, 1895.

(No written paper.)

Practical Bacteriology.

1. Name the objects under the microscope 1 to 5.
2. Examine the plate cultivations provided, and prepare cover-glass specimens from any of the colonies of micro-organisms which you may be able to recognise. Label your preparations, and draw and describe a rough sketch of the colonies from which they are derived.

3. From a mixture of micro-organisms in the tube provided you are required to make cover-glass preparations and describe the peculiarities of the organisms present, and to prepare a gelatine and agar plate for the purpose of separating the micro-organisms. With each plate leave directions as to its after-treatment.

4. Make preparations of, and write a report upon, the microscopic appearance of the sample of sputum provided.

DURHAM, TUESDAY, APRIL 16TH, 1895.

No. II.—Comparative Pathology.

1. Describe the structure of the *Trichina Spiralis*. Give the life history of this parasite, and point out how man may become infected by it.

2. Describe fully how you would obtain and make a bacteriological Examination of a piece of membrane from the throat of a person who is suspected to be suffering from Diphtheria. What results would lead you to conclude that the case was one of true Diphtheria?

3. Give the characters of the *Plasmodium Malariae*. How would you demonstrate its presence in the blood of a man suffering from malarial fever?

4. Give an account of how you would examine a filter, so as to test its efficiency in removing bacteria from the water passing through it.

5. Describe the Bacillus of Tetanus. How would you stain it to show the spore most clearly? Where are the bacilli most frequently found, and what conditions favour their growth in the body?

6. How would you examine a sample of milk for tubercle bacilli?

Practical Bacteriology.

1. Stain section C so as to show the bacteria in the tissues. Draw, describe, and identify what you find in the specimen.

2. Demonstrate to the examiner how you would obtain pure cultivations of each of the six different kinds of bacteria which are contained in a sample of water B.

3. Describe and identify specimens A and D.

4. Demonstrate to the examiner how you would make a bacteriological examination of the air of the laboratory.

CONJOINT BOARD OF ENGLAND, JULY 3RD, 1895.

Bacteriology.

(No written paper.)

Microscopical Work.

The tubes A containing agar agar,
" B " gelatine,
" C " broth,
" D " milk,

have all been inoculated with one organism.

Examine, make preparations of, describe, and name the organism. Mention the facts which influenced your opinion.

The tubes E containing agar agar,

The tubes F containing gelatine,
 " G " " broth,
 " D " " milk,

have also been inoculated with one organism. Examine, make preparations of, describe, and name the organism. Mention the facts which influenced your opinion.

[N.B. Do not taste the contents of any of the tubes.]

VOLUNTEER MEDICAL ORGANISATION.

THE report of the sub-committee appointed by the Council of the Volunteer Medical Association, and consisting of Surgeon-Lieutenant-Colonel Baines, V.D., Surgeon-Captain Squires, Surgeon-Lieutenant Fletcher, and Surgeon-Major Watson, V.D., secretary, has unanimously expressed the opinion that the departmental, as distinguished from the regimental, aid should be delegated to a departmental corps, and that all bearer companies should be specially recruited, uniformed, and administered as laid down in the Regulations for Volunteer Medical Staff Corps, and that they should be styled bearer companies, V.M.S.C., but that the existing regulations for regimental aid are sufficient and should not be interfered with, all that is required being to bring it into touch with headquarters and to provide for its efficient inspection. The Volunteer Medical Service, being the junior branch of the Medical Department of Her Majesty's army, is under the Director-General as the responsible head of the Department. The committee considers that the gap between the Army Medical Department and the Volunteer Medical Service is too wide, and suggests (1) that a medical officer with administrative rank should be attached to the headquarters of the Army Medical Department as responsible head of the Volunteer Medical Service, and (2) that in each district command a Volunteer medical officer should be appointed by selection from the senior medical officers of the district, and preferably for a limited period, by the Director-General as Volunteer principal medical officer of the district, with administrative rank.

With regard to executive officers the committee express the following opinion:—

Brigade-Surgeons-Lieutenant-Colonel: While this rank should be open to all medical officers of the Volunteer force who by length of service or other merit should have deserved it, it should not necessarily attach to the senior medical officer of an infantry brigade, as it does at present. **Surgeon-Lieutenant-Colonel:** In the regulations for promotion to this rank no changes are suggested. **Surgeon-Major:** The length of service required for promotion to this rank should, with certain conditions, be somewhat reduced in the case of an officer commanding a bearer company. **Surgeon-Captain and Surgeon-Lieutenant:** No suggestions are offered with regard to the present regulations as to these appointments. **Regimental Medical Officers generally:** Regimental medical officers should never be detached from their corps for other duty, except under the circumstances when more medical officers than are necessary for the work of that unit are present, in which case the senior medical officer of the brigade, with the approval of the commanding officer, may utilise the services of such additional officers as he may require. The committee are unanimously of opinion that, under no circumstances whatever, should regimental bearers ever be detached from their regiments.

Regimental Stretcher-bearers: There is a tendency to forget that the duties of a Volunteer regimental bearer are entirely secondary to his duties in his company ranks. They should never be withdrawn from the ranks unnecessarily. Stretcher drill should never take place during a battalion drill, and the inspection of the stretcher detachment should never take place during the annual inspection of the regiment. Volunteers should not be allowed to wear the "S.B." badge unless they have reported themselves to, and been accepted by, the regimental medical officer.

MEDICAL SOCIETY OF LONDON.

THE meeting on Monday evening last (January 27th) was devoted to hepatic diagnosis and hepatic surgery. The difficulties met with in the diagnosis of hepatic disease were excellently indicated by Dr. Lauder Brunton, who related ten cases in which the symptoms were either very doubtful or were positively misleading.

Mr. Knowsley Thornton followed with a list of cases in which he had operated on cases of liver disease, thus completing his record of cases up to date. His cases confirmed the thesis formulated by the previous speaker, viz., that the most skilled not unfrequently go wrong in matters of diagnosing liver tumours. He pointed out that for the surgeon to obtain the best possible results, it was essential that he should be able to think the case over beforehand, and plan his line of action in view of the possible and probable contingencies, a thing which, he remarked, was impossible, unless he had a reasonably correct diagnosis to work upon.

Mr. Frederick Treves commented on the fact that while in the event of a diagnosis of cancer it but rarely happened that the diagnosis had to be revised it was very common for the diagnosis of impacted gallstone and the like to have subsequently to be changed into one of cancer of the liver. He mentioned, however, a case in which, even after inspecting the liver, the diagnosis of cancer which was then made had ultimately to be abandoned. This led him to remark that even on examining the liver *de visu* it was not always easy or even possible to arrive at an immediate and correct diagnosis. He discouraged too-persistent attempts to dislodge impacted gallstones after operation, pointing out that they would often come away spontaneously if left to themselves. He believed that many patients lost their lives by reason of these attempts. He concluded with a word of praise in favour of the use of iodoform gauze for packing the wound.

Dr. Sansom pointed out that under ordinary circumstances the area of cardiac dulness was coterminous with the hepatic dulness and the existence of an interval of resonance authorised the inference of shrinkage of the liver *qua* cirrhosis.

Mr. Marmaduke Sheild followed with notes of three cases of hepatic trouble in which he had operated and Mr. Turner related another.

THE FORTHCOMING INTERNATIONAL PERIODICAL CONGRESS OF GYNÆCOLOGY AND OBSTETRICS.

THE Second Session of this Congress is to be held at Geneva, Switzerland, in the first week of September.

In the Section for Gynæcology the following is the official programme:—(1) Treatment of Pelvic Suppurations—Reporters: Dr. Bouilly, Paris; Dr. Kelly, Baltimore; Dr. Zweifel, Leipzig. (2) Surgical Treatment of Uterine Retro-deviations—Reporters: Dr. Kuetner, Breslau; Dr. Pozzi, Paris; Dr. Polk, New York. (3) What method of closing the Abdomen presents the best guarantee against Abscesses, Eventrations and Hernias?—Reporters: Dr. Granville-Bantock, London; Dr. La Torre, Rome.

In the Section for Obstetrics:—(1) Relative frequency and most common forms of Pelvic Contractions in different races, groups of countries or continents—Reporters: Dr. Fancourt Barnes, London; Dr. Dohrn, Königsberg; Dr. Fochier, Lyons; Dr. Kufferath, Brussels; Dr. Jentzer, Geneva; Dr. Lusk, New York; Dr. Rein, St. Petersburg; Dr. Pawlick, Prague; Dr. Pastalozza, Pavia; Dr. Traub, Leyden. (2) Treatment of Eclampsia Reporters: Dr. Charles, Brussels; Dr. Charpentier, Paris; Dr. Halbertama, Utrecht; Dr. Loehlein, Giessen; Dr. Mangiagalli, Milan Pavia; Dr. Parvin, Philadelphia; Dr. Smyly, Dublin.

As indicated by the number and choice of reporters, the Committee, desirous of provoking upon certain questions, investigations, and debates as general as possible, has endeavoured to present the opinions of the principal schools for discussion, and it is hoped by the Committee members of the profession engaged in this speciality will attend in large numbers and take part in its discussions or read original communications. Switzerland has always extended a cordial welcome to Congresses held in that country, and this may be taken as a guarantee that the reception which will be given will be worthy of its traditional hospitality. The Committee of Organisation will make all preparations that members of the Congress and their families may be assisted in combining their journey to Geneva with other excursions in different parts of Switzerland.

The regulations are briefly these:—The founders and

permanent or life members pay a single initiation fee of 300f. (£12), which absolves them from the payment of any future dues. Members for one session only pay a fee of 30f. (24s.), upon the receipt of which they will receive a card of membership to the Congress, entitling them to all privileges during that session, as well as a copy of the Proceedings of the Transactions of the Congress.

Those desirous of taking part in the discussions are requested to inform the Secretary before the fifth day of July, 1896, stating definitely the questions they desire to discuss.

All oral or written communications must be in English, French, or German.

The Congress will be held in the University Halls, placed at its disposal by the Department of Public Instruction. Sessions will continue from 9 to 11.30 a.m., and from 3 to 6 p.m. Morning sessions will be devoted to original communications; those of the afternoon to the official programme. If necessary, the Committee will decide upon the forming of sections.

The General Secretaries are: Dr. Betrix, for Gynaecology; Dr. Cordes, for Obstetrics. Treasurer of the Committee: Dr. Bourcart.

Secretary General for Great Britain (through whom all correspondence and business will be directed): Dr. Leith Napier, 67 Grosvenor Street, London, W.

Correspondence.

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

LUNATIC ASYLUMS. THE RELIGIOUS QUESTION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with interest the two letters addressed to your journal by Dr. Clement H. Sers, containing some observations upon the relationship of religion to insanity, suggested by my lectures. The ground covered by the letters appears to suggest the following two questions:—

(1) Religious functions in connection with sane life; (2) religious excitement and enthusiasm as a cause or symptom of insanity.

In regard to the former, I believe that, from a general point of view, if religion under determined conditions is found useful or essential for the sane, it is likely to be so under conditions otherwise determined and arranged for the insane. Many insane patients, of course, are totally incapable of attending any religious function. Some must be prohibited; others may be encouraged. I may state my opinion, as an asylum physician, that a generic case of religious excitement or enthusiasm may most advisedly be restrained from religious functions until at least the acute symptoms have subsided. I should imagine that the case referred to by Dr. Sers, in which a chaplain is reported to have made some reference in his sermon which caused a patient to commence a violent harangue, probably illustrates an exception to this rule. On the other hand, I presume there can be little doubt that no religious officer will be likely to succeed in accomplishing much for patients without accurate knowledge of insanity and the mental experiences of those whom he seeks to influence. The fact that mental aberration forms a special study and phase of life of course increases his difficulties and limits his possibilities. Otherwise where there is apparent failure, and Dr. Sers seems to suggest very strongly that failure there is, both inside asylums and without, such failures may very possibly be attributed to the deficiencies of the doctrines and discipline of the religion itself and the organisations peculiar to it, and the functionaries associated with it in our day. I cannot, however, agree with Dr. Sers that it should be left to a medical officer to determine and state what he believes to be the true and philosophical faith capable of application to these and other cases. Nor in a medical journal will I seek to add more to what I have stated upon this point than a saying I have heard somewhere, that the Christian religion rightly understood is the truest piece of philosophy which is! If so, I doubt not we shall be told that it is the duty of all medical officers who profess Christianity to assist in the practical application of its precepts where such can be judiciously and safely applied, taking religi-

ous things perforce as they find them, and utilising their own special knowledge to the best possible advantage according to the conditions they find.

In stating that "a true and philosophical religion raises the mind above a mere incidental emotionalism," I used the word "religion" in its literal sense, as derived from *re* and *lego*, to gather and consider, as opposed to *negligens*. I have in no way extended its connotation so as to include fanaticism. When witnessing the outbursts of fanaticism in Morocco and in the East I regarded the demonstrations as examples of "incidental emotionalism," but I have expressed no opinion upon the question of the sanity of such emotional outbursts. So far as I am personally concerned I disclaim any plea on behalf of religious superstition. My words were "with no religion, and no moral obligation, the organism is apt to become a prey to the lust of the flesh." Religion and moral obligation I take to be almost convertible terms, and to me both are equally compatible with intuitionism, utilitarianism, or any other "ism" derived from the study of the laws of life and mind. Moral laws are general principles of action, which an intelligent being must apply for himself in the guidance of his conduct, and the translation of such general principles (expressed either in general abstract form or in the form of a command) into particular actions. Conformity with such precepts of morality I take to be the safeguard against the "lusts of the flesh."

In regard to the second point, a study of the phenomena of insanity has taught me one thing—that great care must be exercised not to form rash or prejudicial conclusions. I apprehend that religious enthusiasm in itself cannot justly be called an evil. Rather I suppose does it embody the most healthy and preservative development of our social forces. Like many other tendencies of the mind it is subject to exaggeration, misapplication, and a predominance of the emotional over the intellectual. I cannot at all, with Dr. Sers, think it open to question that "the cases of religious enthusiasm which culminate in insanity are greater than those which arise from intemperance in alcoholic stimulants." As a matter of fact, the typical cases of religious insanity directly developable from sectarian or even undenominational religious enthusiasm, from religious meditations, exercises, devotions, or superstitions, are by no means so common as they are supposed to be by the uninitiated observer. The true point lies in this, that very many mental cases bear a strongly marked religious, or at least, moral aspect. The psychology of the subject will show, for example, that acute depression, a predominant phase of abnormal emotional life, leads almost necessarily to a religious interpretation. And this is even more the case with many actual sense-perversions. Such, I mean, as have ever been associated with ideas of the supernatural. These are not necessarily caused by religious over-excitement or enthusiasm. They may assume the appearance of it because, being the deepest and most real feelings, desires, and convictions of the perverted organic life or of the moral reaction which accompanies it, they cannot well be expressed or described except in strong serious moral terms. Over and over again does this appear, and often among those least likely to be suspected of any religious predisposition. That these feelings should be clothed according to the prevailing ideas and creed of the patient is an essential reproduction of the mind. But after all this only relates to the form of their appearance, and there are many things which lie deeper.

However, I cannot ask space to pursue this subject further. I can only add, and I have no doubt Dr. Sers will agree with me, that it is our object as physicians to fight against all those influences which tend to produce sense-perversions and emotional intemperance, and to subscribe as best we may to that form of religious belief so far as we can find it practically embodied and effective, which believes in "the larger hope" though it condemns unreservedly the demonstrable superstition and sentimentality which impede its progress and its power. With many thanks to Dr. Sers for his complimentary treatment of my remarks upon a subject which is not only fraught with extreme difficulty, but also requires more skilful handling than I am able to give it.

I am, Sir, yours, &c.,

Bethlem Royal Hospital, S.E. THO. B. HYSLOP.
January 25th, 1896.

THE TITLE OF DOCTOR.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR.—It appears from the case of John Ferdinand, M.D., U.S.A., to which you directed attention in your last impression, that the possessor of an "M.D." diploma not registered in England, no matter what qualifying letters he may append, cannot legally in this country assume the title of "Doctor." Now it is to me not a little remarkable, that in the medical profession, if a man possess any qualification at all he may assume the title of "Doctor" without any doctor's diploma from a university. In the city of Glasgow there are many instances where possessors of the single qualification of "the Faculty" which is merely a qualification to practise surgery, call themselves Dr. —, Surgeon. Now I hold that these men have as little right morally or legally to the title of "Doctor" as the American quack. Again, if a man possesses a degree of "Ph.D.," no matter from what college or diploma shop he may procure it, in Scotland, at least, he is permitted without question, to assume the title of "Doctor." If this be contrary to the law, I invite the attention of Dr. Bateman and the Medical Defence Union to extend their vigilance to Glasgow, and respectfully suggest that before prosecuting and prosecuting vulgar quacks outside the profession we should exhibit clean hands in the matter of honesty within.

I am, Sir, yours, &c.,
D. CAMPBELL BLACK.

Glasgow, Jan. 23rd, 1896.

ELECTION OF DIRECT REPRESENTATIVE FOR IRELAND.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR.—As the election of Direct Representative for Ireland to the Medical Council takes place shortly, and as no definite programme has been placed before the electors, may I, as one deeply interested in the subject of Direct Representation, suggest that the candidates should give answers in this journal to the following questions, so that their views may be fully understood?

QUESTIONS.

Will you actively oppose:

Firstly, any proposal which has for its object the formation of any inferior order of medical, surgical, or midwifery practitioners, and so oppose the proposed repeal of the Medical Act 1886?

Will you actively support:

Secondly, the proposed increase in the present number of Direct Representatives on the Medical Council?

Thirdly, any measure which will make the entrance examination much more stringent than it is now, so that undesirable persons may be "weeded out" at the beginning of the medical curriculum and not at its termination, and so that the present large supply of unqualified practitioners by the medical schools and examining bodies may be greatly lessened?

Fourthly, any proposal which will bring back the system of apprenticeship, so that practitioners may be supplied with assistants?

[By an "apprentice" is meant a person who has passed the entrance examination, put in three years of his medical curriculum, passed the first and second medical examinations, who is not more than twenty-four years old, who must not act as an apprentice for more than two years, and where not more than one such is employed by a practitioner].

Fifthly, the formation of one medical Examining Board in each of the three divisions of the United Kingdom, to conduct the final examination only, all the previous examinations to be conducted as at present arranged?

Sixthly, the proposal that no person shall be permitted to begin his or her medical curriculum until such person has completed the age of eighteen years?

Seventhly, the opening of Poor-law infirmaries for the clinical instruction of medical students, and the recognition of such places of instruction by the medical examining bodies?

Eighthly, the compulsory registration of all stillborn infants?

Ninthly, the amending of the Births and Deaths Registration Act, and the providing for the payment out of the public funds of practitioners for medical certificates of the cause of death?

Answers to these questions would concentrate discussion, provide a definite programme, and allow of a complete understanding of the views held by the candidates upon some of the most anxious questions of to-day.

I am, Sir, yours, &c.,

Liverpool. ROBERT R. RENTOUL.

Flobettes.

A BASIN ENEMA CLIP.

THIS ingenious little appliance is likely to become widely used. It has been designed to hold the tail of an enema syringe firmly at the bottom of the basin, beneath the liquid, making the entrance of air impossible. We have found that it fulfills the purpose for which it has been introduced admirably. Nurses will find the clip especially useful. We may also point out another feature in its construction. It can be made to act as a rest for the bone rectal (or vaginal) tube after the enema had been administered, by which is avoided the wetting of bed linen or soiling of the floor or table. The two illustrations which we append will show more definitely how the clip acts. The makers are Messrs Reynolds and Branson, Leeds.



Laboratory Notes.

TERROL.

TERROL is a therapeutic body produced from crude petroleum. It is a bland, perfectly tasteless and odourless hydrocarbon, viscid at 16° C., but slight warming suffices to convert it into a clear yellow oil having a sp. gr. of 0.864 at 100° F. The chief claim put forward in favour of Terrol is that it can be taken as a substitute for cod liver oil, and numerous testimonials have been given by English and American medical men attesting its efficacy in pulmonary complaints, phthisis, and other wasting diseases; but *celoris paribus*, its great advantage seems to be the indubitable fact of its being perfectly tasteless and odourless, therefore it would be exceedingly useful in those numerous cases in which cod liver oil gives rise to nausea and eructations, as we have found that Terrol can be tolerated by the most sensitive stomach. Another point in its favour—and this would appeal to the masses—is its cheapness.

Sir Willoughby Wade.

In response to an invitation circulated by Dr. E. Rickards and Mr. T. F. Chavasse (Senior Physician and Surgeon respectively to the General Hospital), a large number of professional and lay friends of Sir Willoughby Wade met at the Birmingham Medical Institute last week for the purpose of taking steps to publicly congratulate the new knight on the honour recently conferred upon him. Sir Henry Wiggin presided, and was supported by a representative assemblage of leading practitioners and other prominent citizens. The Chairman spoke of the general gratification felt throughout the city at the latest recognition of Sir Willoughby's eminent services, not only to the medical profession, but to society at large, and said that there was a general feeling that the occasion of his elevation to a knighthood offered a fitting opportunity to his many friends to testify their appreciation of his honourable character. These observations were endorsed by a number of other gentlemen present, including Dr. Agar, Mr. Oliver Pemberton, Dr. Lloyd Owen, Dr. A. Oates, &c.

Notices to Correspondents, Short Letters, &c.

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

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

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

REPRINTS—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

THE LATE DR. KISBY—A DESERVING APPEAL.

SIR,—The following is a revised list of subscriptions received to date. The appeal was inserted in THE MEDICAL PRESS AND CIRCULAR, Jan. 16th.

Subscriptions will be gladly received by any of the committee or by myself.

I am, Sir, yours, &c.,
P. M'KENNA, M.B., Hon. Sec.

	£	s.	d.		£	s.	d.
Very Rev. Dean Bermingham	2	0	0	Rev. B. Moffett, Carrickmacross	1	0	0
Rev. F. G. O'Neill, C.C.	1	0	0	Dr. M. Kearney, Dundalk	1	0	0
Rev. J. J. Mohan, C.C.	1	0	0	Mr. Jos. Finegan, Dundalk	1	0	0
Dr. T. P. Conlon	1	0	0	Dr. J. P. Clarke, Castleblayney	1	0	0
E. D. Eimes, M.P.S.I.	1	0	0	Rev. Jas. Meegan, P.P., Castleblayney	1	0	0
Samuel Gordon, M.D.	10	0	0	Mr. J. Cranston	1	0	0
E. S. O'Grady, Esq., F.R.C.S.	5	5	0	Rev. M. Clinton, C.C., Bundoran	1	0	0
Mr. James Kelly	2	0	0	Rev. P. Callan, P.P., Trugh	0	10	0
Editor of THE MEDICAL PRESS AND CIRCULAR	1	1	0	T. C. Strachan, M.P.S.	0	10	0
Mr. E. J. O'Neill	1	0	0	J. H. Blackader, Esq.	1	0	0
Dr. M'Kenna	1	0	0	Mr. Lane, Carrickmacross	1	0	0
Rev. W. O'Doherty, C.C.	1	0	0				
Dr. P. C. Walker	1	0	0				
J. I. MacNally, Esq.	1	0	0				
Sir J. Banks, M.D.	1	0	0				

A COLONIAL SUBSCRIBER.—We are sorry you ventured to make a bet with a brother practitioner, as your authorship is wrong, and there is a mistake in the quotation. The lines are by J. R. Lowell, and the correct quotation is:—

"The world advances, and in time outgrows
The laws that in our fathers' time were best;
And doubtless afterward, some purer scheme
Will be shaped out by better men than we,
Made wiser by the steady growth of time."

DR. WATSON.—1. Stewart's new physiology is the latest book on the subject, and can be highly commended. 2. The book you mention is not to be compared with Gray. 3. It is, we understand, of American origin, but we can express no opinion of its merits, not having seen it.

THE INCREASE OF THE MEDICAL PROFESSION.

In a chatty article entitled "How People Live," in the January number of *The Leisure Hour* magazine, the writer has compiled his statistics from the official census returns of the last twenty years, and states that whereas lawyers have failed to keep pace with the normal growth of population medical men and dentists have increased beyond the normal proportion, lady doctors have increased fourfold during the last ten years, and lady dentists doubled their numbers during the same period.

Meetings of the Societies.

WEDNESDAY, JAN. 29TH.

SOCIETY OF ARTS.—8 p.m. Mr. W. J. Dibdin: Standards of Light.

THURSDAY, JAN. 30TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (Rooms of the Medical Society of London).—8 p.m. Card Specimens:—Mr. Simeon Snell: Alveolar Carcinoma of Upper Eyelid.—Mr. J. R. Lunn: Nystagmus following an Injury to the Forehead.—Mr. C. D. Marshall: (1) Result of Removal of Chip of Metal from the Vitreous by the Electromagnet; (2) Cholesterol in the Anterior Chamber.—Messrs. Holthouse and Batten: Peculiar Condition of Optic Discs in a case of Choroidoretinitis. 8.30 p.m.—Papers:—Dr. Geo. J. Bull: The Camera in relation to Refractive Error.—Messrs. Eales and Sinclair: Moral Cyst of Iris.—Dr. F. M. Ogilvie: Optic Nerve Atrophy in Three Brothers.—Mr. Holmes Spicer: Recurrent Paralysis of Third Nerve with Migraine.

MONDAY, FEB. 3RD.

THE MEDICAL SOCIETY OF LONDON.—8.30 p.m. The first of the Lettsomian Lectures by Mr. W. Watson Cheyne, F.R.C.S., F.R.S.: The Objects and Limits of Operations for Cancer.

Vacancies.

Chichester Infirmary.—House Surgeon. Salary £80 per annum, with board, lodging, and washing. Applications to the Secretary on or before February 17th next.

Metropolitan Asylums Board.—Dispenser at the Eastern Fever Hospital, Homerton. Salary 85s per week, with dinner daily. Printed forms, upon which only applications will be received, may be obtained at the offices of the Board, Norfolk House, Norfolk Street, Strand, W.C.

Oldham Infirmary.—Junior House Surgeon. Salary £50 per annum, with board and residence. Applications before the 4th day of February to the Secretary, E. Lionel Blake.

Sligo Infirmary.—Trained Nurse wanted.—Salary £25 per annum, with rations, &c. Election 11th Feb. (See advert.)

St. Giles's, Camberwell.—First and Second Assistant Medical Officers for Infirmary at Camberwell and their Workhouse at Peckham. Salary of the First Assistant £120 per annum, rising to £160, with apartments, board, and washing; that for the Second Assistant £50, with apartments, board, and washing. Forms of application of Charles S. Stevens, Clerk to the Guardians, Peckham, S.E.

St. Thomas's Hospital.—Assistant Ophthalmic Surgeon. Applications with testimonials should be forwarded to Mr. E. M. Hardy, Treasurer's Clerk, before Saturday, 1st Feb., from whom all necessary information may be obtained.

University of Glasgow.—Four Examinerships in Anatomy, Midwifery, Medical Jurisprudence, and Botany respectively. The salary attached to the Examinership in Anatomy is £40 per annum, and to the others £30 per annum. Immediate application to the Secretary of the Glasgow University Court.

The Middlesex Hospital Medical School.—Lectureships on Anatomy and Physiology. Applications to the Dean of the Medical School, from whom all further information may be obtained.

Appointments.

BRIDGER, S., L.R.C.P.Lond., M.R.C.S., Assistant House Surgeon to the Devonshire Hospital, Buxton.

DEANS, W., M.B., C.M., Aberdeen, Medical Officer for the Ewood Bridge Sanitary District of the East-riding Union.

FOULERTON, A. G. B., F.R.C.S. Eng., D.P.H. Camb., Demonstrator of Biological Chemistry to the Institute of Preventive Medicine.

GOULD, J. E., M.D. Lond., D.P.H. Camb., Medical Officer of Health and Physician to the Fever Hospital for Bolton.

GROVES, H. C., L.R.C.P., L.R.C.S. Ire., Deputy Medical Officer of Health for the Borough of Monmouth.

HORNER, W. E. L., M.B. Lond., House Physician to the Derbyshire Royal Infirmary.

KELLY, T. G., B.A., M.D. Dubl., Examiner to the St. John Ambulance Association.

MILES, A., M.D., F.R.C.S. Ed., Surgeon to the Leith Hospital.

NORGATE, E. H., L.R.C.P. Lond., M.B.C.S., Resident Medical Officer to the Fishponds Workhouse of the Bristol Union.

OLVER, R. S., M.R.C.S., House Surgeon to the Derbyshire Royal Infirmary.

PRINGLE, G. L. E., M.B., C.M. Edin., Medical Officer for the Third Sanitary District of the Bidewater Union.

SAVILL, T. D., M.D. Lond., M.R.C.S., D.P.H. Camb., Physician to the Hospital for Nervous Diseases, Welbeck Street London.

THOMAS, J. T., L.R.C.P. Lond., M.B.C.S., Medical Officer of Health to the Camborne District Council.

WILKINSON, J., M.B., C.M. Edin., Medical Officer of Health for the Boston Rural Sanitary District.

Births.

ELLIOT.—Jan. 21st, at Madras, the wife of Surgeon-Captain E. H. Elliot, Indian Medical Service, of a son.

SEDEWICK.—Jan. 26th, at St. Medards, Cambridge, the wife of Adam Sedgwick, F.R.S., of a son.

Marriages.

LODGE—FOLKER.—Jan. 23rd, at St. Mark's Church, Shelton, Stoke-on-Trent, Alexander John, fourth surviving son of the Rev. Samuel Lodge, canon of Lincoln, to Edith Emily, eldest daughter of W. H. Folker, Esq., F.R.C.S., of Bedford House, Hanley, Staffs.

Deaths.

ALSETTE.—Jan. 18th, at Osmaston Road, Derby, John Alsette, M.R.C.S., Surgeon-Major (retired), aged 59.

BRIDWOOD.—Jan. 20th, at the residence of his father, The Green, Stafford, John Francis Bridgwood, M.R.C.S. Eng., L.R.C.P., aged 52.

BYRNE.—Dec. 18th, 1895, at Ross, Tasmania, Hugh J. Byrne, J.P., L.R.C.S.I., Resident Surgeon, Ross, Tasmania, youngest son of the late Hugh Byrne, F.R.I.A., of Dublin.

GRAVES.—Jan. 24th, at his residence, 27 Fitzwilliam Street, Dublin, William Robert, eldest son of the late Anthony K. Graves, of Rosbercon Castle, aged 44.

MCWHINNIE.—Jan. 24th, at The Chimes, Streatham Common, Harnist, wife of John McWhinnie, M.D., K.N.

WEEKES.—Jan. 27th, at Mansion House, Brompton, Chatham, Hy. Weekes, M.B.C.S., L.R.C.P., J.P., aged 51.

WHITE.—Jan. 19th, whilst on a visit to Dinard, Brittany, Francis S. White, M.B.C.S., L.S.A., aged 39.

WILSON.—Jan. 22nd, at Broughville, Cheltenham, Edward Wilson, L.R.C.P. Lond., M.R.C.S. Eng., aged 58.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXII

WEDNESDAY, FEBRUARY 5, 1896.

No. 6.

Original Communications.

POST-GRADUATE CLINICAL DEMONSTRATIONS.

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

Consulting Surgeon to the London Hospital, and late President of the
Royal College of Surgeons, England.

[Specially Reported for the MEDICAL PRESS
AND CIRCULAR.]

AMONG the cases shown and demonstrated upon recently was one of

DERMATITIS AND DISEASE OF NAILS

in connection with occupation. The patient was a man of 50, whose occupation was that of a groom, and the affection of the skin of the hands and of the nails had developed in consequence of his hands having been continually soaked in water while washing carriages. The hands were tremulous, cold, and the circulation in them feeble. He had been liable to chilblains in childhood. This case was similar to one which Mr. Hutchinson had just seen. An old gentleman came to him who had dusky cold hands, and an unhealed sore on the back of the leg. This sore had remained unhealed for a very long time; nothing seemed to be of any use in getting it to heal. All sorts of remedies had been tried, but in vain. The medical men who had seen it had told the patient that it was due to unhealthy blood, but Mr. Hutchinson believed that the unhealthy condition of the wound was the result of feebleness of circulation. A very interesting point in the history of the case was that neither the patient nor his father had ever been able to tolerate a cold bath. A cold bath always made their fingers livid, and afterwards turn quite white. And yet the patient was in other respects a strong robust man. Another case, which Mr. Hutchinson had lately seen, of this affection of the hands was that of an old gentleman, who took to gardening in cold weather. In the treatment of these cases good nutritious food was requisite, and it was highly essential that an indoor, instead of an outdoor, occupation should be followed. Again, minute doses of opium seemed to act wonderfully well.

EARLY STAGE OF RAYNAUD'S DISEASE.

The patient was a woman, æt. about 36, in whom the early symptoms of Raynaud's phenomena were present upon the hands. Her fingers first began to go "white" about two years ago. She noticed that one finger at a time became cold and stiff. To bend her fingers quite straight was now impossible. There was no change in the nutrition of the skin as yet, and the nails were quite healthy. The coldness of the fingers was always worse in the mornings, but if anything "upset" her—that is, if she suffered any emotional disturbance, the symptoms at once became worse. There was nothing noticeable about the ears or toes. She had not suffered much from chilblains in early life. About three years ago there was a history of syphilitic infection having occurred.

PECULIAR SORE UPON THE FOREARM.

This patient, a healthy old man, æt. 80, came from the Union Infirmary of St. Pancras. The sore upon his forearm was a very peculiar one. About December 1894, something like a boil appeared on the outer and front aspects of the right forearm, a little below the elbow. In July 1895, the disease had considerably increased in size and a discharging wound had formed. The measurements now were four inches and one-eighth by four inches. The wound had a distinctly spreading edge, the latter being sinuous and remarkably bossy, but not very hard, the skin had been destroyed in the centre of the sore, the ulceration having been quite superficial. The point of interest was—what was the nature of the disease. Was it allied to a senile form of lupus, or was it malignant. There were no enlarged glands in the axilla. The exact diagnosis was very doubtful.

BAZIN'S MALADY.

The patient was a girl, æt. 17, who partly came to show herself with a large patch of Bazin's disease over the middle of the back of the left leg. Her case, however, was chiefly interesting because of the sequelæ of infantile paralysis which were present. There was a complete absence of the left deltoid muscle, consequently, she had no power to raise the affected limb. When she wanted to raise the latter, she grasped the limb with the other arm, and so lifted it up. Infantile paralysis of the deltoid was very common, indeed, it was the deltoid which of all the muscles was most liable to be paralysed alone. And the present case was a good example of the kind. Mr. Hutchinson stated that he recently saw a gentleman in whom there was infantile paralysis of both deltoids, and it was interesting to watch how by the use of his pectoral and other muscles the patient was able so to raise his arms as to reach down a book from a top shelf in a library. The head of the humerus in the patient under discussion could be freely moved in all directions, and examination showed that the biceps was scarcely at all to be felt, while there was exceedingly little power in the triceps, and brachialis anticus of the affected arm. But there was no loss of nutrition so far as the hands were concerned. This was the rule, motor paralysis was generally not associated with nutritional changes.

The next case was one of

LICHEN PLANUS.

The patient, a woman of fifty-six, had for six weeks noticed some flat patches, polished on the top, on the front of her wrists. The smooth polished top was characteristic of the disease from which she was suffering, namely, lichen planus. The disease was a very peculiar one. Sometimes it appeared suddenly, sometimes more slowly, and lasting a few weeks or months, then spreading over the body. It was especially prone to develop at the wrists and ankles, and at the waist, where the corsets pressed. It differed from psoriasis in the mode of its onset; moreover, whether treated or not lichen planus would get absolutely well; psoriasis, on the other hand, never disappeared spontaneously. Again, a patient who had had one attack of lichen planus might become perfectly well, and remain so for several years, and then have a relapse. It had been said that there were cases which did not recover. But

that was an experience which had not come under Mr. Hutchinson's notice. The tendency in cases of lichen planus was to spontaneous cure. Still, the disease proved very intractable in some instances. Mr. Hutchinson stated that he published the notes of a case of lichen planus which he had cured with antimony. The disease was very extensive, the patient having been covered from head to foot with the characteristic patches. Treatment with arsenic only made matters worse. Quite by accident antimony was given, and then a rapid cure resulted. The cure was so quickly brought about that Mr. Hutchinson did not see the patient again, although some years had elapsed, until three months ago, and then he returned with a relapse of his former malady. There was never any tendency to desquamation present in cases of lichen planus. It was somewhat curious that the patches of the disease had their long axes transverse to the limbs upon which they developed.

LUPUS ERYTHEMATOSUS.

The patient was a man, *æt.* 36, whose face was covered with lupus erythematosus; the disease first appeared on his left ear, and then gradually involved the whole of his face. One of his sisters had died of phthisis, but no other member of his family had seemed ever to have suffered from tuberculosis. Some years ago he was out of health, had a cough, and lost flesh, and he was ordered a sea voyage. Since then he had enjoyed good health, except for his face. Mr. Hutchinson stated that the association of great tendency to chilblains in early life was almost constant in cases of lupus erythematosus. This feature, together with an inherited tendency to tuberculosis, formed the two elements which chiefly contributed to the development of this disease. It was commonly said that lupus erythematosus was often seen on the scalp, while lupus vulgaris was never seen in that situation. But in Mr. Hutchinson's opinion the distinction was an arbitrary one; his belief was that lupus vulgaris did affect the scalp. There were several marked points of distinction between these two varieties of lupus. In lupus vulgaris, after the lapse of a certain period, no increase in the number of patches occurred, but the disease remained; the disease, if unrelieved by treatment, was a life-long malady, although it only continued to spread after a certain time. Lupus erythematosus, on the other hand, for long maintained its infective qualities, and spread largely. Nevertheless, in time, its infectiveness ceased; the disease appeared to wear itself out, it declined spontaneously, and then became cured. Moreover, it was nearly always possible to obtain a tuberculous history in the patient in these cases. Despite, however, this connection, so far, no evidence of tubercle bacilli had been obtained from a bacteriological examination of the patches of lupus erythematosus.

SYCOSIS.

This patient was a young man upon whose left cheek there was a patch of sycosis, which had first been noticed about four months ago. Mr. Hutchinson observed that this disease was characterised by pustular inflammation of the hair follicles, together with inflammatory exudation about the hairs. The adjacent tissues were "baggy," and a glutinous material was exuded, as in kerion. Some of the most typical cases of sycosis were not parasitic, but, on the contrary, were more allied to lupus. The disease spread in patients suffering from it by continuity and contiguity of tissue; it was, therefore, infective to the patient's own skin. The treatment of these cases was based upon the recognition that the disease depended upon some infective material. The first thing, therefore, to be done was to pull the hairs out of their follicles, then thoroughly wash the part with soap and hot water, so as to make the skin quite soft, and then rub in well some mercurial ointment.

ALOPECIA AREATA.

Two small children were next shown, suffering from alopecia areata, in whom from the beginning of the cases no evidence of ringworm had been obtainable. The treatment which had been followed was that of rubbing the bare patches with chrysophanic acid ointment.

A SERIES OF CASES

OF

INTESTINAL RESECTION.

BY HERBERT W. ALLINGHAM, F.R.C.S.,

Surgeon to the Great Northern Hospital, Assistant Surgeon to St. George's Hospital.

(Concluded from page 103.)

CASE VI. *Resection of Stricture of Transverse Colon.*

—Jane S., *æt.* 56, was admitted on October, 1894, into the Great Northern Hospital. She was extremely ill, and from what we could gather she had had for a long time great trouble in getting the bowels to act. For the last month they had acted only on three occasions, and then with very small motions.

On examination the abdomen was greatly distended, there was dullness all along the ascending colon, but the descending colon and sigmoid flexure appeared to be empty. An incision, therefore, was made at once, about the umbilicus. On the abdomen being opened it was seen that the intestines were enormously distended, and that the transverse colon presented. This was empty, and on passing it through one's fingers, and examining towards the ascending colon, I found towards its hepatic end a hard, tight, annular malignant stricture. The abdominal wound was then enlarged upwards so as to give a good view of the stricture, and as the disease was found to be so limited in its extent and the stricture small, I determined to resect. This was done with difficulty on account of the distension, the ends of the bowel being brought together over Mayo Robson's bobbin. In putting in the additional Lembert's sutures it was discovered that the peritoneum about the distended portion of the intestine was extremely rotten, so that the stitches had a tendency to tear through.

The patient died thirty hours afterwards, and never appeared to recover from the shock of the operation upon one so seriously ill.

The post-mortem showed that there was no leaking about the bobbin, but the intestines were so enormously distended as to seem to have been unable to empty themselves.

CASE VII. *Resection of Stricture of Sigmoid Flexure.*

—Miss R., *æt.* 56, had always had good health, but for the last eight months had great difficulty in getting the bowels to act. Of late the bowels never acted without purgatives, and when these were administered they occasioned griping pains in the abdomen, and the patient described that there was a feeling of stoppage about the sigmoid region. When I saw her the bowels had not acted for about ten days. About the large intestine could be felt hard scybalous masses, and there was a hardish tender mass to be made out in the left iliac fossa. On examination per rectum nothing abnormal was to be noted. Injections and medicines failing to relieve the obstruction, on October 21st, 1894, on opening the abdomen by an incision five inches long and introducing the hand into the interior of the large intestine, commencing at the lower part of the sigmoid flexure, and tracing it through my hand I discovered about the middle of it a hard annular, malignant stricture. The intestines above the stricture were filled with old, scybalous masses.

As this seemed to be a very favourable case for excision of the stricture, with india-rubber drainage tubes above and below, I resected the stricture and a

V-shaped piece of the mesentery, and brought the ends of the gut together over a large-sized Mayo Robson's bobbin.

After the operation the patient complained of a good deal of pain and was slightly sick. The abdomen was in no way distended. On the 22nd the patient was reported to have had a fair night, the pulse was 100, the temperature 99°; the aspect was good; there was no distension or tenderness; flatus had been passed.

On the 23rd the patient was said to have had gripping pain in the stomach, temperature was 99°6', the abdomen was not distended, and she passed a quantity of wind.

On the 24th she had had more pain in the abdomen over the seat of the operation, and the abdomen was rather tender about that part. Temperature was 101°, the aspect was not so good.

On the 25th the patient had had a bad night with great pain about the seat of the wound, the temperature had fallen, there was no general distension in the abdomen, and the pain was confined to the left iliac fossa. I therefore took out two skin stitches and passed a probe down towards the seat of the union of the gut. This allowed a little gas and some serous fluid to exude. I did this in the hope that had any of the suturing given way (which evidently was the case) flatus or fæces might pass through the abdominal wound rather than into the general peritoneal cavity.

On the 26th she had had a better night and seemed to be relieved by what had been done. She said she felt as if her bowels wished to act, and on examining the rectum, I found the bobbin there and some hardened masses of fæces. Some flatus had passed by the abdominal wound. About the middle of the day she complained of sudden pain in the abdomen, became collapsed, and soon died. I have no doubt that this was due to some other part of the suturing in the gut having given way into the peritoneal cavity.

CASE VIII. Resection of Stricture of the Sigmoid Flexure—Harriet T., æt. 34, was admitted into the Great Northern Hospital under the care of my colleague, Dr. C. E. Beevor. She gave the following history. For about eight months she had been troubled with her bowels, at first by diarrhoea, but for the last two months with constipation, together with frequent attacks of colicky pains and occasional vomiting. Various drugs were given in the attempt to relieve her, but with little or no result; on some hardness being discovered in the left inguinal region, Dr. Beevor asked me to see the patient with him. I observed the abdomen to be somewhat distended, any manipulation of the abdomen caused peristaltic action of the intestines, and in the left inguinal region could be felt a hard, irregular mass.

As the patient was getting worse, on January 30th, 1895, I opened the abdomen by a curved incision in the left inguinal region, and on exposing the sigmoid flexure, noted a hard, annular, malignant stricture involving the gut. This was resected and the ends of the intestine were approximated by Murphy's button. The next day the patient appeared to be fairly comfortable, some flatus had been passed by the rectum, the abdomen was in no degree tender, and the temperature was good.

On February 1st the patient began to get somewhat distended, so a small turpentine enema was given, but with no result. There was no tenderness about the abdomen and the aspect was good. On February 2nd, as the distension was increasing, another turpentine enema was given and repeated doses of sulphate of soda administered; there was still no result. On February 3rd, as this state of things continued, the patient died, complaining a few hours before death of great pain in the abdomen.

At the post-mortem it was seen that at one part of the gut the intestine had sloughed and there was some extravasation of fæces into the peritoneal cavity. The

intestine above the button was greatly distended and the hole through the button was absolutely blocked by a hard mass of fæces.

CASE IX. Resection of Stricture of the Small Intestine.—Ellen H., æt. 44, was admitted into the Great Northern Hospital with the following history. For twelve years she had had an umbilical hernia, which became strangulated and remained strangulated for five days before it had been operated upon. Fourteen days after the operation fæces commenced to come through the abdominal incision, and had done so ever since. The bowels also acted occasionally per rectum. Since the operation she had been subject to continued gripping pains in the belly.

On admission, the abdomen was flaccid, and occasional peristaltic action of the intestines could be perceived through the abdominal wall. Situated in the position of the operation wound, about the umbilicus, were two small openings through which came liquid intestinal contents.

The patient was well purged every day for a week prior to the operation, which I performed on April 24th, 1895.

An incision was made five or six inches long just to the right of the middle line, the fæcal fistula being about the centre. A probe was passed through the fistula previous to the incision. Having cut through the abdominal wall, and the peritoneal cavity being opened, I found that the intestines, both large and small, were extensively matted together about the umbilicus. Situated in one part of the small intestine was discovered a very tight stricture. The proximal end of this part of the intestine was considerably dilated, the distal end quite collapsed.

Great difficulty was experienced in separating the adherent coils one from the other, and in doing this in several places rents were made in the intestines. These rents were immediately closed by a continuous suture, uniting the mucous surfaces, the serous surfaces being brought together by Lembert's sutures. When the intestines were separated one from the other attention was then turned to the strictured small intestine. The strictured gut was brought well out of the abdomen, the fibrous stricture, with about an inch of gut on each side, was resected, and the fluid contents of the upper distended portion of the gut, were allowed to run out into a basin. Then the two ends of the gut from which the stricture had been removed were united over a Mayo Robson's bobbin. The old sinus in the abdominal wall was cut away, and the abdominal incision was brought together with silk-worm gut sutures.

It is needless in a successful case to narrate the after treatment. The patient made an uninterrupted recovery, and left the hospital on May 28th perfectly cured.

CASE X. Resection of a Piece of the Small Intestine for Large Fistula.—Emily D., æt. 18, in January, 1895, was in the Chelsea Hospital, where she had the abdomen opened and flushed out, and a drainage tube inserted for tubercular peritonitis. A few days after the operation fæces began to come through the abdominal wound and continued to do so ever since.

There was no tubercular history in the family. The patient was a very thin and hectic-looking girl. There was no evidence of tubercle about the lungs.

On examination of the abdomen it was noticed that midway between the umbilicus and the pubes was an irregular unhealthy-looking wound from which fæces exuded in considerable quantities. At the lower part of the wound also was a large sinus, through which pus flowed. This sinus apparently led down towards the pelvis.

Temperature at night was usually about 102°. The bowels acted two or three times through this fistula, and the patient was evidently losing ground.

On June 5th I explored these sinuses by making two

horizontal incisions outwards, which exposed a large abscess cavity dipping right down into the pelvis, and on the floor of the cavity was a piece of small intestine, in which there was a large perforation. The intestine was freed from adhesions and was noticed to be studded with tubercles. This was then brought well out of the wound, and I resected about two inches of the gut which contained the perforation. The ends of the gut were then brought together over one of my bobbins, and Lambert's sutures were applied outside. The large abscess running down into the pelvis was then thoroughly scraped out, and the gut with the bobbin was put back into the abdomen. The belly wound was left open so as to allow of thorough drainage.

On June 15th the now decalcified part of my bobbin was passed by the rectum. The next day, just below the seat of enterostomy, a small pinhole opening was observed, from which fæces exuded at times.

The patient was putting on flesh rapidly and her appetite was good.

From this small opening fæces have ever since exuded. These irritate the wound and the tissues around, and seem to prevent sound healing. Also, at times, from the large pelvic cavity some pus exudes. Considering the tubercular condition of the intestines it is a wonder that any union took place over the bobbin. I hope that, as the external wound heals and contracts, the small opening into the intestine will eventually close.

It will be seen that I have operated upon ten cases requiring resection, six recovering and four dying.

In four of the cases that recovered, Cases II, III, IX, and X, the intestines had been emptied prior to the operation of resection.

In the four cases that died, Cases IV, V, VI, and VIII, resection of the diseased portion was done when the intestines were loaded with fæces. From this, it will be perceived that distension of the intestines at the time of the resection enormously increases the risk of the operation. The following appears to be the explanation:—When the intestines are distended large quantities of fæces are pressed down towards the seat of union, and no doubt are constantly disturbing it by the peristalsis they set up. Further, the patient is, in a way, poisoned by the fæcal accumulation, and when he is in such a state, it is easy to understand that union between the divided ends of the intestine may be delayed, or take place in a feeble, and even imperfect, manner.

To look at the matter in another light:—

When the large intestine is dealt with obstruction has been present for some time, and the fæces are solid or semi-solid. They therefore may press upon the seat of union, or if a bobbin has been used, may block it as in Case VIII, or tear it away, as in Case VII.

With the small intestine, however, the case is different. For in this part, however long the obstruction may have existed, the contents are always fluid; hence there is less danger of the bobbin or button being blocked, or of pressure causing it to break away from its situation.

We may therefore arrive at the following conclusions:—

Stricture of the *large* intestine must *not* be resected when the intestine about the stricture is *distended* with fæces.

Stricture of the *small* intestine may be resected even when the gut is distended, for the fæces are liquid.

I have, therefore, modified my methods when dealing with strictures of the large intestine.

The gut, quite close to and just above the stricture, should be fixed into the abdominal wound; in fact, a colotomy should be performed, so that the intestines by means of purgatives may be thoroughly cleared of their contents. When this has been effected, and the patient has recovered in general health, a second operation should be performed, which consists of free-

ing the artificial mass from its attachment to the belly wall, and resecting it and the stricture in one piece.

Sometimes it may be possible to bring the strictured piece of gut out through the abdominal wound, and to open the gut on the proximal side of the stricture. In this way the intestines can be thoroughly emptied. About ten days afterwards, the opening in the gut and the stricture can be removed in one piece by applying a strong clamp to the protruding portion of the gut. This is exemplified by Case I. Some months later the artificial anus may be freed from the belly wall and resected, the ends of the gut being united over a bobbin.

Some surgeons at the time when the artificial anus and stricture are removed—that is to say, about ten days after the first operation—advise that the ends of the divided gut should be united *at once* over a bobbin. This procedure appears to me to be unwise, for, as a rule, a patient requires some weeks or even months for thorough recovery, and until then the making of an end-to-end union is not safe.

It is now evident to my mind that with these resections, as with all other cases of intestinal anastomosis, the use of some form of button or bobbin is absolutely imperative. These appliances prevent contraction or dilatation of the gut at the seat of union, and there is less likelihood of leakage in the line of suturing. If no bobbin is employed, and Mounsell's method is used, as in Case IV., the seat of suturing is unsupported, and a leak between the sutures may occur.

Another use of a bobbin is to secure the rest for the parts which is necessary for sound healing, for, as with other portions of the body, union is favoured when the divided pieces of intestine are kept fixed and in a state of rest.

In the *Lancet* for August 31st, 1895, I discussed the various kinds of bobbins and buttons which are used in intestinal surgery, and described a new bobbin of my own, which I used in Case X. and have used in several cases since with marked success.

Lectures

ON

THE DIAGNOSIS OF INSANITY.

By THEO. B. HYSLOP, M.D.,

Lecturer on Mental Diseases to St. Mary's Hospital Medical School,
Assistant Physician to Bethlem Royal Hospital.

LECTURE VI.

THE mental disturbances which follow typhus fever are not unlike those following typhoid. Some cases exhibit moral perversions, others are maniacal, with or without hallucinations or delusions. Those found that the more common sequelæ were dementia, general maniacal delirium (continuous or intermittent, and of varying duration, with or without hallucinations), partial insanity, or monomania usually of the ambitious type. The onset of acute transitory mania may occur during the early stages of convalescence, and this is believed by some to be due to some sudden change in the cerebral circulation. Weber calls this the "delirium of collapse," and states that with the symptoms of prostration the pulse is feeble, rapid, and irregular; further, that this condition is common at the period of crisis and may be due to sudden anæmia of the brain from heart failure. Westphal and Foville, observed intellectual weakness in relation to variolæ and typhus, and such symptoms as change in physiognomy, slow clumsy movements, movements by fits and starts, trembling of the limbs, partial or general ataxy of limbs, stiff gait, disorders of speech, impaired deglutition, and in one case loss of power of sneezing, whilst mentally there was a certain amount of excitement. Westphal has also noted the scanned, nasal,

and monotonous speech, in which the letters and syllables were not displaced, but separated by intervals and uttered jerkily, or with visible efforts, yet, as after typhoid, without co-existing tremblings of the lips and face. Foville, on the other hand, has noted the occurrence not only of marked twitchings of the face, but also a tendency to convulsive projection of saliva or the return of fluids by the nose during the act of deglutition. The pathology of this condition is at present unknown. The frequent substitution of convulsions for rigors in children is said to indicate the early implication of the nervous centres, and, according to Greenfield, the acute transitory mania may be the analogue of these convulsions affecting the psychical, instead of the motor, centres. In the early stage of typhus there is said to be an increase of the watery constituents of the white matter of the brain. There may be no appreciable organic lesions, the symptoms depending chiefly upon cerebral anæmia and debility. The atony, exhaustion, and anæmia of the brain may be furthered by other influences such as moral shock, &c. The hebetude due to wasting of the nervous matter and nerve tubules may occur as a sequel to any of the more severe fevers.

The most frequent form of insanity following eruptive fevers is said to be maniacal delirium with or without hallucinations. In children the exanthematous diseases play an important part in the ætiology of deafness, and secondarily in the causation of idiocy and imbecility by deprivation of the sense of hearing. Baillarger has recorded a case of *délire ambitieux* of fifteen days' duration following scarlatina. Melancholia with refusal of food and insomnia have been noted after small-pox.

Cholera may be followed by transient delirium, paroxysms of mania, or melancholia. In all febrile conditions insanity may occur, owing to toxic conditions of the blood, or to congestion of the internal organs and brain. These altered vascular conditions may be active or passive, general or partial, chronic or acute. Sometimes the mental symptoms may be attributable to direct excitation from peripheral irritation, the existence of pain, organic disease, &c., producing central exhaustion or irritability; or to reflex irritation, or peripheral irritation acting in a reflex manner, either on the vessels or the nervous tissue itself. Other conditions, such as sub-acute inflammation of the cortical substance or membranes of the brain, capillary embolism, or thrombosis (as in the melanæmia following ague), have been cited as probable factors of causation. Some of the mental disorders may be regarded as instances of metastasis, in which the mental symptoms alternate with the symptoms of the bodily disease.

Rheumatic affections are sometimes followed by insanity. The development of the insanity generally coincides with the fall of temperature, cessation of joint affections, and subsidence of the physical symptoms. The form of insanity is usually one of depression. Sometimes mania with chorea supervenes. In some cases there is agitation with sensory disturbance, refusal of food, and a tendency to delirium; the majority, however, suffer from melancholia, with or without hypochondriasis, or there may be some delusions present, which either gradually pass off or assume the character of ideas of persecution. The more severe forms of insanity, such as dementia, paralytic insanity, and general paralysis, have been observed but rarely. Any form of insanity may occur at any age, associated with rheumatic affections. Transitory mania, in a child, does not generally appear so serious as in an adult. The male sex appears to be mostly affected, and the liability to affection is increased by heredity, previous mental strain, or intemperance.

Pneumonia is sometimes followed by insanity; but the tendency to mental disturbance is not proportionate to the severity of the disease. The onset of acute maniacal delirium usually occurs suddenly towards the

period of crisis, or early in convalescence, and first manifests itself early in the morning after waking from sleep. Many of the more chronic forms have no premonitory symptoms, or there may be loss of sleep and want of mental rest. In addition to the ordinary symptoms of exhaustion following an attack of pneumonia there may be local or general hyperæsthesia, loss of electro-tractility of muscles, and of reflex excitability, paralysis of special nerves or of systems of nerves, various forms of spasm and convulsions, ataxy of movement, hemiplegia or paraplegia. Griesinger has also described a transient form of hemiplegia, and Mickle mentions the occurrence of general paralysis.

Many other febrile conditions are followed by various paralyses or insanity. It would involve too much time to enter upon the consideration of the various paralyses which follow febrile affections. General paralysis does sometimes follow typhus, cholera, typhoid, dysentery, diphtheria, pneumonia, articular rheumatism, erysipelas, &c. Much more commonly, however, these affections are followed by localised or diffused paralyses which simulate general paralysis. According to Mickle, the diffuse form may be distinguished from general paralysis by the more frequent and obvious preceding anæsthesia, analgesia, numbness, pricking and arthritic pains, and by the circumstance that it often begins in the *velum palati*, almost always undergoes recovery in the space of a few weeks, and is rarely accompanied by intellectual trouble. He further states that "should the paralysis be diphtheritic (and even in some other cases) it is apt to extend from the *velum palati* to the pharynx, thence to the lower limbs, then sight and hearing become affected, then the upper limbs, and finally the trunk and respiratory muscles, while the premonitory signs mentioned above are often present. The diagnosis of these conditions is often attended with extreme difficulty, and it is often only late in the course of the disease that its true nature can be ascertained.

Influenza is frequently followed by prominent nervous symptoms. The symptoms may be those of intense nervous exhaustion, sensory or motor affections, paralyses of the oculo-motor apparatus, or of the extremities, usually referable to degenerative neuritis. In some cases hysteria, or neurasthenia supervenes, and a few cases have been recorded of severe organic changes in the central nervous system. The mental symptoms may take the form of acute febrile delirium or the mental derangement may continue for some weeks or months. Most of the mental disorders following influenza tend to disappear with improvement in general health. The graver cases, however, are protracted in their course, and eventually resolve themselves into paralytic or chronic delusional affections.

An attack of malaria may be attended with, or followed by, extreme collapse, coma or delirium, epileptiform or tetaniform convulsions, or mental symptoms of varying intensity and kind. In some cases the occurrence of insanity is a chance coincidence, and not dependent upon malaria as a causal agent. Simple uncomplicated attacks of malaria are rarely followed by mental disturbance; but when the nervous system has been weakened by syphilis, alcohol, and various excesses, not only is some neurosis likely to supervene, but it is likely to be of a serious and intractable nature. Simple cases, where no cause beyond the malaria has been ascertained, generally recover.

Writing upon the influence of malaria in the production of insanity (Fuke's "Dictionary of Psychological Medicine") I pointed out that some neuroses appear to be forms of ague, and may be recognised as malarial, partly by their periodic nature, partly by their superposition on a more or less distinct cold stage, partly by their occurrence in a malarious district, and partly by the fact that the patient has already been the subject of ague. Severe or long-continued intermittents produce a very deleterious effect on nervous power, and

lead to almost any degree of mental deterioration. In addition to muscular weakness, a partial paralysis of one or more limbs is not an uncommon occurrence. Dr. Manson, in his medical report on the health of Amoy, quotes a case of gradual impairment of sight following an attack of dengue fever. Amongst the Chinese he also noted many instances of dyspepsia, debility, rheumatism, paralysis of certain groups of muscles, and insanity, as consequences of dengue. One case admitted to Bethlem was suffering from the ataxic form of general paralysis the sequel to dengue. Pinel has recorded a case of recurring suicidal tendencies after an attack of tertian fever, and Baillarger considers that intermittent fevers predispose to insanity in two ways, first by acting like all nervous affections, and secondly by producing anæmia. Sullivan, writing on the endemic diseases of tropical climates, states that in one patient the effect of miasma produces prostration, in another it produces over-excitement, or increased muscular sensibility; one man may be seized with delirium, another falls into a state of stupor; some are seized with local paralytic affections, or general hyperæsthesia, while others do not complain of pain.

Neuralgic affections of one or other branches of the fifth pair, as in that involving the supra-orbital, and constituting one form of the malady known as "brow-ague," is adduced as an example of a neurosis being a distinct form of ague. Several authors have described intermittent paroxysmal mania or maniacal delirium occurring in the place of an attack of ague, or as its principal symptom. Of the form which follows ague, Sydenham, who first described it, states that acute mania tending to pass into chronic, occurs chiefly after protracted *quartans*. Sebastian, however, states that insanity occurs as frequently after attacks of *tertian* or double *quartan* type, and that, in these cases, it is more commonly of an acute delirious character, whilst after *quartan* it takes on a more chronic form, and tends to pass into stupidity or melancholia.

During an attack of intermittent fever there may be delirium in persons predisposed thereto, and this delirium is not always in proportion to the intensity of the fever; or there may be a condition with exhaustion analogous to the typhoid state of other acute disorders. In severe and prolonged cases of malarial disease there is a tendency to intermittent mental affections, or chronic insanity with or without paralysis. The more important mental conditions are met with as sequelæ, in persons who have passed into convalescence after a very acute or prolonged attack of malaria. These symptoms at such period may be transitory and curable, in the form of quiet delirium, melancholia with or without stupor, or simple mania with or without impulsive tendencies, or occasional outbursts of excitement. These conditions are generally considered incurable. The pseudo-general paralytic type has been frequently observed. It sometimes presents most of the features of general paralysis, with mental and physical symptoms, which, although difficult to distinguish from those of general paralysis, are, nevertheless, somewhat different in their course and duration. Mentally, there is frequently weak-mindedness or slight exaltation, with or without marked delusions. In one case admitted to Bethlem there was partial dementia with confusion, and in another, confusion and hallucinations of hearing. The physical symptoms may be those of nervous debility with tremors, alteration of the reflexes, or even definite symptoms of a system-lesion in the spinal cord. In some cases there is a peculiar appearance of the margin of the tongue after attacks of malaria. This is termed the "malarial margin." Its colour is faintly blue, and there is marked transverse indentation or crimping, apparently confined to the submucous tissue, while the superficial integument continues smooth, moist, and transparent.

It may be of advantage here to speak of some of the

pathological features of malarial affections of the nervous system. Suggestions have been made as to the presence of micro-organisms in the blood, and the existence of pigment in the blood and vessels, but their relation to the mental disorder is at present indefinite. The occurrence of a large amount of pigment in the blood has long been known. Breschet and Cruveilhier detected it in the blood vessels in the form of black, sharply cut masses. Halliday found black pigment in the vessels at the base of the brain, and in those of the choroid plexus. As early as 1825, Billard and Baily observed obstruction of the capillaries of the brain by pigment. Bright described and figured the brain of a man who had died from cerebral paralysis, which appeared to have resulted from an attack of fever. The cortical substance was of a dark colour like black lead. In 1874, Hammond had a patient suffering from deafness, pains in the head, and epileptic convulsions, in whom an ophthalmoscopic examination showed the existence of double optic neuritis, with pigmentary deposit. There was a history of malarial fever in the case, and recovery from these symptoms, including the deafness, followed the use of arsenic. Planer found that in cases in which there were cerebral symptoms, the pigment in the blood was found in a state of black, or more commonly of brown-yellow, brown, or (very rarely) red granules, many of which were united together by a clear hyaline substance, which was soluble in acids and alkalis. Meckel observed pigment cells very rarely; Virchow more frequently. Planer never saw in the pigment masses anything like a nucleus. The aggregation of the pigment grains sometimes formed black or brown flakes of the most variable forms; these flakes were sometimes considered to be constituted by a hyaline substance, in which black pigment was imbedded. The relative number of the pigment masses of the blood globules was not determined. In some cases the capillaries seemed almost choked up with them. He did not find that the colourless corpuscles of the blood were more numerous.

The cerebral substance was often found affected by pigment change, and it appeared certain that the pigment was in the vessels. Meckel describes a case in which there were numerous punctiform hæmorrhages in the grey substance, produced by blocking of vessels through pigment, and since then several cases of the same kind have been seen by Planer. In some cases the flakes, already referred to as seen in the blood in the heart and large vessels, were in the cerebral capillaries, and of such size that it seemed impossible they could pass. In fact, Planer conjectures that the extreme abundance of pigment granules in the cerebral vessels must have been owing to their inability to pass through the cerebral capillaries, which (especially in the grey matter) are the finest in the body.

From this account, it is evident that the pathology of the affliction is, as yet, very indefinite, and we have yet to learn whether, in these cases, excessive pigmentation occurs in the nerve-cells of the brain and spinal cord, and if so, in what way the degeneration differs from the pigmentary changes found in ordinary conditions of functional hyperplasia, as in severe attacks of acute mania, epileptic insanity, or in general paralysis.

From the clinical considerations already mentioned it will be noted how the diagnosis is often a matter of extreme difficulty. The periodic or intermittent nature of the mental attacks may suggest a malarial origin. The beneficial effects produced by the administration of arsenic may help to confirm the diagnosis. I usually prescribe quinine, arsenic, and phosphorus for such cases, and often with beneficial results. Sometimes a diagnosis has to be made between the pseudo-general paralysis following malaria, insanity with paralysis, and general paralysis. It may be well to remember that the mental disorders occurring during

an attack of malaria are generally transitory and curable, unless the malaria is of undue severity, when there is apt to be permanent instability or a chronic form of insanity. The prognosis in the pseudo-general paralytic forms is unfavourable. They seldom terminate like true general paralysis, but go on for years, and die of some complication, or succumb to the advance of a degenerative lesion. Sometimes, when alcohol has formed an additional factor in the causation, the case may do well. When syphilis forms a complication recovery is rare. In one case, formerly in Bethlem, with a history of malaria and syphilis, there was partial dementia, with hallucinations of hearing and lateral sclerosis of the cord. The mental symptoms on the one hand, were of an intermittent type, and did not advance in severity, whilst, on the other hand, the lesion in the cord progressed unfavourably, until death ensued.

Later, when I have considered some of the other factors of causation, I shall better be able to present in tabular form the leading features for differential diagnosis.

Selected Formulae.

(Continued from page 107).

The following prescriptions are taken chiefly from Dr. Murrell's forthcoming work on "Pharmacology and Therapeutics," an advance copy of which is before us:—

APOMORPHINE LINCTUS.

Solution of Apomorphine (1 in 50) 2 drachms;
Solution of Hydrochlorate of Morphine, 1½ drachm;
Dilute Hydrochloric Acid, 1 drachm;
Syrup of Lemons, half-an-ounce;
Spirits of Chloroform, 1½ drachm;
Water to 4 ounces.

A teaspoonful frequently when the cough is troublesome.

CODEINE LINCTUS.

Codeine, 4 grains;
Spirits of Chloroform, 1½ drachm;
Syrup of Virginian Prune, 2 drachms;
Water to 4 ounces.

A teaspoonful frequently to allay hacking cough unattended with much secretion.

PICTOTOXIN PILLS.

Picrotoxin, one-sixtieth of a grain;
Sugar of Milk and Glycerine of Tragacanth, enough to make a pill.

One at bed-time, repeated if necessary, to check the night-sweating of phthisis.

MUSK PILLS.

Musk, 2 grains;
Sugar of Milk, enough to make 12 pills.

One or two, three times a day, as a nervine stimulant in cases of hysteria, accompanied with flatulence. Good musk costs half-a-crown a grain.

VAGINAL INJECTION.

Alum, 1 drachm;
Sulphate of Zinc, 1 drachm;
Permanganate of Potassium, 1 grain;
Heliotropin, 1 grain.

The powder to be dissolved in a pint of warm water and used as a vaginal douche.

FUMING INHALATION.

Powdered Stramonium Leaves, 1 ounce;
Powdered Anise Fruit, half-an-ounce;
Powdered Fennel Fruit, half-an-ounce;
Black Tea in Powder, 1 ounce;
Iodide of Potassium, 1 ounce;
Nitrate of Potassium, 1 ounce.

The fumes of the burning powder will afford relief in the paroxysm of asthma and will often induce sleep in cases of insomnia.

PHYTOLACCA GARGLE.

Tincture of Phytolacca, 4 drachms;
Carbolic Acid, 5 minims;
Dilute Acetic Acid, 2 drachms;
Tincture of Myrrh, 1 drachm;
Eau de Cologne, 2 drachms;
Water to 8 ounces.

Useful in the Catarrhal Laryngitis from which singers and public speakers so frequently suffer.

CHLORAL AND CAMPHOR LINIMENT.

Chloral Hydrate, 1 drachm;
Menthol, 1 drachm;
Camphor, 2 drachms;
Chloroform, 2 drachms;
Sulphuric Ether, 1 drachm;
Tincture of Aconite, 1 drachm;
Oil of Origanum, half-a-drachm;
Oil of Sassafras, half-a-drachm;
Rectified Spirit to 4 ounces.

The chloral menthol and camphor should be rubbed up together and then mixed with the oils, after which the other ingredients should be added. It is a useful liniment in cases of rheumatism and neuralgia. It should be used cautiously and should be labelled "Poison."

Transactions of Societies.

OPHTHALMOLOGICAL SOCIETY OF GREAT BRITAIN.

MEETING HELD THURSDAY, JANUARY 30TH.

The President, Mr. NETTLESHIP, F.R.C.S., in the Chair.

THE VISUAL EFFECTS OF REFRACTIVE ERROR.

Dr. G. J. BULL said it is rare to meet with a person whose refraction did not in some degree vary from the normal, and every such error unless cancelled or corrected must, of course, produce some deformation of the normal visual image. Hitherto, however, it had been the custom to think of all such deformations simply as diminutions of the normal acuity. It had occurred to him to analyse more closely what really happened when the acuity of a patient, so far as the ordinary test types were concerned, was found to be diminished to a greater or lesser degree by refractive error. He had, therefore, endeavoured to reproduce with the help of the photographic camera pictures of the test types, and also of objects in nature as they would be seen by patients suffering from given errors of refraction. This, he thought, could be done by taking photographs with the plate more or less out of focus to represent the vision of myopes and hypermetropes, and with the lens of the objective obliquely inclined to show the distortion of astigmatia. Subsequently however he adopted the easier plan of attaching the spherical and cylindrical lenses of his trial case, to the objective of the camera. The result had been to fix upon the photographic plate a very curious and interesting record of many of the features of ametropic visual error applicable to the most diverse forms of objects and the most diverse conditions of sight, but at the same time it showed that the ametropia of the camera exhibited certain characteristic features. To begin with the well-known phenomenon of "doubling" he said it was not uncommon to find patients who, on looking at the test types, saw two lines of type instead of one. The actual doubling was usually observed only where the object was a line of relatively small dimensions or a simple system of such lines, in fact the troubled vision in such cases appeared to be due to imperfect superposition of a series of faint multiples of the original letter. He had tested his photographs carefully in various ways by comparing them with the appearances which are observed by an eye in which the corresponding refractive error had been artificially produced by arming it with the appropriate lenses. In thus comparing the photographs he had been enabled to observe more closely than hitherto the action of certain sources of error which were of considerable practical importance. He remarked that the apparent higher acuity of the eye armed with a given lens as compared with the camera with the same lens placed in

contact with the objective, was the result in great part of certain habits and characteristics of the eye which were either always present or were so difficult to guard against that even the most cautious observers were more or less affected by them.

The PRESIDENT observed that if the phenomenon of monocular doubling were as universal as the author supposed, it was curious that patients did not more frequently direct attention to the fact.

Mr. FROST said he had come across these cases in rotations, and he employed a special method, consisting in rotation of a long line, in order to discover if the patients really saw double.

Dr. BULL, in reply, thought everyone exhibited this phenomenon if only it were looked for. People were usually bad observers, and, moreover, they did not look at objects well calculated to show it up. Formerly he thought it was a phenomenon of advanced life, but a large number of recent observations have satisfied him that it might always be found even in children.

CASE OF UVEAL CYST OF IRIS.

Drs. EALES and SINCLAIR related the case of a man, *æt.* 47, who came with the left eye in a condition of absolute glaucoma, the result of chronic non-inflammatory glaucoma of some years' standing. Extending into the pupillary area from behind the iris were two dark brown globular masses. These moved freely with every movement of the eyeball, and on close examination with a magnifying glass a fine jelly-like quiver of the surface of each mass was noted. The diagnosis of cystic detachment of the posterior uveal layer of the iris was made, and this was fully borne out by pathological examination. This was, so far as they were aware, the first case in which cystic detachment of the uveal layer of the iris had been diagnosed clinically, though they had records of other published cases in which this condition was probably present. They wished particularly to direct attention to the fine creasing and quivering of the cyst wall as a diagnostic sign between this condition and pedunculated sarcoma of the iris.

Mr. TREACHER COLLINS said it was a common thing, in eyes with old inflammatory trouble, to meet with slight detachment of the pigmentary layer at the back of the iris. This case, however, belonged to a somewhat different category, because it was non-inflammatory. In a case which he figured in his own paper, the cyst was in the same situation. This was a case of melanotic sarcoma of the ciliary body and the whole iris was cedematous.

Dr. EALES thought the absence of the lens was due to absorption and not to congenital deficiency.

OPTIC ATROPHY IN THREE BROTHERS.

Dr. F. M. OGILVIE commenced by the remark that the title of "optic atrophy in three brothers" had the advantage of avoiding the vexed question of heredity, and though he believed these to be cases of Leber's hereditary optic atrophy he had been unable to prove that they were anything more than collateral atrophies. The father and the three sons, the only living males, were all employed in some large engineering works in Suffolk. Case 1: W. J., *æt.* 24, attended Moorfields in October, 1887. He had always been in good health and temperate in respect of alcohol. He had smoked since he was 18, four ounces of "shag" a week. Sight was good up to July, 1887, and at that date, having gone to bed seeing as usual, he awoke hardly able to find his way about. R V 6/0 L V 6/0, pupils acted to light. With the ophthalmoscope the optic disc appeared a little pale on the temporal side, the rest being a full colour. There was slight oedema and thickening of the sheaths of the arteries on the disc. The veins were over full and tortuous even to the small branches. There was a deep physiological cup. Colour vision was very defective and there was not a very well-defined central scotoma colour. The fields for white were full. He was treated for three months at Moorfields and when discharged vision was R 3/80 L 6/0. Jaeger 16 at 4". Seven years later his condition was found to be practically unchanged. Case 2: A. J., *æt.* 22, attended the Westminster Ophthalmic Hospital in June, 1894. Good health up to commencement of visual failure. He had been temperate, but had smoked since 18 years of age, on an average, 1½ ounces of "shag" a week. In March, 1894, he first noticed a difficulty in seeing small print. Coinci-

dently with this, he suffered from severe pains in the head of a sharp shooting character, chiefly confined to the temporal regions, and worse at night. He had had no headaches before this date. In May he was obliged to give up his employment. His sister stated that he had been "strange in his manner" for two weeks. Vision R 6/60, J 20; L 6/60, J 16, pupils acted. The disc was of a good colour, but the vessels were extremely tortuous, some of the vessels dipping antero-posteriorly, as well as curving on the flat. The veins were over full. There was a peripheral patch of superficial choroidal atrophy, with slight pigmentation, symmetrically placed in both eyes. Refraction emmetropic. The fields for white were contracted. Three months later his vision had gone down to hand movements only, but he could pick his way about in a crowded waiting room pretty easily. The fields for white, repeatedly taken, had always shown concentric contraction, not always constant in degree. There was a central scotoma for white, and his colour vision was extremely defective. The discs were now white all over. The former headaches have now entirely left him. He has not smoked for 18 months. Case 3: A. J., *æt.* 27. He examined this patient in February, 1895, for the purpose of comparing him with his two brothers. He then had excellent vision, according to his statement, but on testing, it proved to be R 5/24 on both sides. J 2 at 11 cm. with great difficulty. There was no blurring of the disc margin, but the vessels were very tortuous. Refraction was slightly myopic. When he came to the hospital, seven months later, he said he had been subject to headaches with vomiting ever since he could remember. He said his mother suffered in the same way, and he described them as "bilious." He was temperate, but had smoked since 18 years of age, at first 1 ounce of shag a week, afterwards increased to 2 or 3 ounces. In March of this year he reduced the quantity to about half an ounce a week. He dated the commencement of failure of vision from the beginning of last March. This got steadily worse, and in September he had to give up work. R 2/60, L 3/60, J. 20. Both discs were rather pale, the outer half most so, there was a large physiological cup, the vessels were normal in size, but very tortuous. Fields for white full, ill-defined central scotoma for colours in each eye. Could match wools slowly, but correctly. He was treated for nine weeks, and improved to R 5/60, J. 18, L 6/24, J. 18. Both optic discs were very atrophic. He had not smoked for five months. The author pointed out that all these patients were attacked early in adult life. They had all been moderate in respect of alcohol, and they were all smokers of shag tobacco, though not in large quantities. There is no history of acquired syphilis and no trace of hereditary syphilis. No history of sexual excess or abuse. Headache was absent in Case 1, coincident with failure in Case 2, ceasing on its failure reaching its maximum. Occasionally from childhood in the third, and relieved by vomiting. The onset of visual failure was gradual in Cases 2 and 3, sudden in Case 1. The amblyopia was equal in both eyes in all the cases. The father, *æt.* 57, was an orphan, parents unknown. V 6/9, retinal vessels not tortuous. The mother, *æt.* 53, was the youngest of ten children, five males and five females. No history in her parents of defective vision. Three of the five brothers died unmarried, the two married brothers have two and seven children, no history of defective vision. Of the four sisters, three died unmarried. The eldest had only one child, a male, sight not defective. Mrs. J., had V 6/12 and presented tortuous vessels, a condition which prevailed throughout the entire family, with the exception of the father. She has had 16 pregnancies with two miscarriages. Of the 14 children born alive, eight died in infancy, none of them surviving more than six months. This mortality did not resemble that resulting from syphilis in that it was irregularly distributed. None of the children present any evidence of hereditary syphilis. Of the six living children the three males were the subjects of this paper. Of the three females there was little to note. They all presented the tortuous vessels and one of them suffered from fits, probably hysterical.

Dr. HABERSHON remarked that one of the only two cases of the kind he had seen also presented patches of choroidal atrophy at the periphery, and, as in the author's case, there was no history of syphilis.

Dr. EDGAR BROWN said he had recorded a number of these cases in the Transactions, but unfortunately they were not

worked out from a family point of view. All the cases occurred in smokers. He thought that something was required to determine the optic atrophy, for people could scarcely be born foredoomed to optic atrophy without any cause in the way of disease or foreign influence. These cases associated with the use of strong tobacco, presented certain peculiarities. They went on for years without further impairment of vision, and when examined they almost always showed evidence of the previous existence of a central scotoma, evidence, that is to say, that the disease began as an axial neuritis, and not as peripheral neuritis. In ordinary optic atrophy the tendency was for the vision to become progressively and surely less, and the central deficiency was not marked as in the tobacco cases.

The PRESIDENT said it was extremely desirable that cases of this condition occurring in non-smokers should be placed on record.

Mr. JOHNSTON TAYLOR said he had recorded some cases in a family of 11, and they were all in the smoking members of the family. It occurred to him that violent counter-irritation in the early stages might be productive of moderately satisfactory results. He noted that in the youngest case improvement followed opening of the mastoid antrum for middle ear disease, and in any case energetic treatment could do no harm.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF SURGERY.

MEETING HELD FRIDAY, JAN. 10TH, 1896.

The President, Sir W. THORNLEY STOKER, P.R.C.S., in the Chair.

COMPLETE EXCISION OF THE LARYNX, WITH SUBSEQUENT POWERS OF VOCALISATION.

MR. R. H. WOODS showed a man whose entire larynx had been excised in 1892 by Dr. Solis Cohen, of Philadelphia. The trachea opened externally in the middle line of the neck in front, and there was no communication whatever between the mouth and the respiratory organs. The man was, however, able to vocalise. Mr. Woods believed this was accomplished by gulping air into the œsophagus, and that this air was forced up again by pressure from below. The sound was made by muscular fibres or bands in the œsophagus, which had gradually been trained to perform this function. The case elicited a great deal of interest.

A CASE OF OPERATION FOR PULSATING TUMOUR OF THE TEMPORAL REGION OF TWENTY YEARS' STANDING.

Prof. C. YELVERTON PEARSON (Cork) showed a photograph and read a report of a case of pulsating tumour of the left temporal region, on which he had successfully operated in October, 1894. The tumour occupied the entire temporal fossa, and was bound down by the temporal fascia. With the exception of a few fibres, the temporal muscle had disappeared. In structure it consisted of a convoluted mass of dilated and tortuous thin-walled blood vessels, which were so fragile that they would bear neither ligature nor compression with forceps. The entire mass, owing to the great severity of the hæmorrhage, was cut away with the Paquelin's cautery-knife, which had also to be inserted into a fissure in the coronal suture, through which large vessels of communication passed. The tumour, which probably originated from a head-injury, had been nearly twenty years in existence, and the operation was undertaken at the earnest solicitation of the patient owing to the increasing severity of the symptoms, which consisted of intense pain either on stooping or throwing the head back, insomnia, dizziness, throbbing sensations, and inability for occupation. The aneurysm was supplied chiefly by the middle, meningeal, and deep temporal arteries. The patient is now in excellent health, has no pain or other disagreeable sensation, and sleeps well.

The PRESIDENT thought that it was not possible to form a diagnosis with any great degree of certainty. He mentioned the case of a girl, aged seventeen, with a pulsating tumour at the junction of middle and lower third of thigh. The tumour had a connection with the bone. There was tremendous hæmorrhage, to check which pressure on the femoral trunk above the tumour was ineffectual. The

tumour was supplied from blood vessels in the bone. He thought amputation at the hip-joint was the right proceeding in such a case.

Dr. BENNETT congratulated Prof. Pearson on his case. He would like to know from Prof. Pearson whether (1) there was any *bruit* heard previous to operation; (2) whether pressure on the carotid was carried out with a view to stopping the bleeding? Pressure on the common carotid could be kept up so completely under anæsthesia that it would control the hæmorrhage, at least for a time. Pressure in Sir T. Stoker's case would be of no use, but things were different in tumours of this kind occurring in the head.

Mr. KENDAL FRANKS congratulated Prof. Pearson on his extremely interesting case. He asked what was the condition of the bone. From what he could gather there was a fissure in the bone, through which fissure a circoid aneurysm existing within the skull was continuous with a similar aneurysm outside it.

Mr. THOMSON thought that one of the most interesting features of this most interesting case was its subsequent history, as detailed by Prof. Pearson. He took it, of course, that what was removed was only part of the tumour, for, from what he could gather, he believed there was a tumour within the skull, perhaps not so large, but of the same character as that which appeared outside. Now, when Prof. Pearson removed the outer portion of the tumour, what became of the inside portion if it was of the same character? What happened in Prof. Pearson's case probably was, the sealing up of the vessels on the outside had the effect of what was called distal ligature. Prof. Pearson's difficulty with the hæmorrhage was in the fact that the tumour was fed by vessels inside the skull. He knew the difficulty of getting ligatures to hold in those cases, but he was not sure that the application of the cautery would be a reliable method in the next case.

Prof. PEARSON, in reply, expressed his thanks to the Academy for the kind manner in which his paper was received. In reply to Prof. Bennett, he said there was no *bruit* present. Compression of the common carotid was resorted to to check the hæmorrhage. He regarded the case not as one of pulsating tumour of bone, but as a case of aneurysm by anastomosis. He regarded the intracranial aspect of the case as very serious. He believed, with Dr. Thomson, that there was a free communication between the aneurysm inside and that outside the skull. He mentioned that, in his case, the bones were sound, though much thinned. The arteries coming through the squamous portion of the temporal bone were much dilated.

TUBERCULAR DISEASE OF THE HIP JOINT.

Mr. SWAN read a paper on this subject. He reviewed the pathology of the affection, and quoted statistics from the Orthopædic Hospital to show the comparative frequency of hip-joint disease in hospital beds, as opposed to spinal affections, which, although positively more numerous, are capable of being treated more easily in their own homes. This he accounted for by the greater frequency of suppuration and its consequences, in hip cases. He reviewed the various deformities incidental to the disease and their mechanics. He deprecated the procedure of removing a tubercular deposit in the trochanter or neck of the femur, as a routine, for a variety of reasons—the difficulty of accurate diagnosis, the danger of sepsis, and the retrogressive changes tending towards cure, being a few.—He showed an ingenious arrangement for easily adapting a stirrup extension, and went at some length into the application of that remedy.

The PRESIDENT said that if ever there was a paper calculated to elicit discussion it was this. The paper was one of great ability and the result of great practical experience. One of the most interesting matters put forward by Mr. Swan was his dissertation on the existence of tubercle in parts other than where it exhibited itself. That was a question on which they now felt certain. There was another matter on which he entertained a growing opinion, and that is that in the great majority of cases of tubercular spine disease the bones are the centres of the affection. The disease of one joint—the knee—confirms him in this opinion. Many cases, known clinically as tubercular synovitis, in reality belonged to the osteal class; and abscesses regarded as of the soft parts were old tubercular abscesses, originating in bone.

Prof. C. Y. PEARSON supported the statement of the President, that most of the cases regarded as tubercular disease of the synovial membrane have really their origin in the bone.

Mr. KENDAL FRANKS thought that the bone was generally the starting point of tubercular mischief. He had for years given up the operation of arthroectomy. In cases of knee-joint disease, where the ends of the bones looked healthy and the disease seemed limited to the soft tissues, section of the bone generally showed an abscess in the condyle of the femur or head of the tibia.

Mr. THOMSON was very strongly of opinion that in the vast majority of tubercular diseases of joints, the cause was due to injury. But in many cases the injury was so slight that it was not complained of until damage had been done to the bone.

Dr. CHANCE congratulated Mr. Swan on his paper. The only point on which he differed from him was in regard to his treatment by adduction. He thought Mr. Swan's method of extension an excellent one, but inferior to extension by a wire splint he described.

Mr. SWAN thanked the meeting for the manner in which they had received his paper. The speakers, he said, were unanimous in their condemnation of arthroectomy. He, too, condemned it.

LARYNGOLOGICAL SOCIETY OF LONDON.

ANNUAL GENERAL MEETING, JANUARY 8TH.

DR. FELIX SEMON, President, in the Chair.

THE Reports of the Council and Treasurer, which were read and adopted, showed that the Society was in a very flourishing condition, there being now over a hundred members belonging to the Society, and the financial statement showed a very satisfactory balance in hand. The following were elected to serve as Officers and Councillors for the ensuing year:—President: Felix Semon, M.D.; Vice Presidents: E. Creswell Baber, M.B., A. Hodgkinson, M.D., Charters Symonds, F.R.C.S.; Treasurer: W. Johnson Walsbam, F.R.C.S.; Librarian: E. Clifford Beale, M.B.; Secretaries: W. R. H. Stewart, F.R.C.S., St. Clair Thomson, M.D.; Council: J. B. Ball, M.D., F. W. Bennett, M.D., J. W. Bond, M.D., Scanes Spicer, M.D., and F. Watson Williams, M.D.

At the subsequent ordinary meeting the following cases were shown:—

Case of Bilateral Abductor Paralysis of the Vocal Cords in a case of bulbar paralysis complicated by progressive muscular atrophy, by the PRESIDENT. The patient, a man, *æt.* 54. Duration of illness 16 months; commenced after influenza with difficulty in swallowing and articulation, followed by progressive weakness of right arm and leg. There has been ever since a gradual progression of the disease. On Nov. 12th the following note was made: During quick respiration the vocal cords stand nearer one another than under ordinary circumstances. On deep inspiration no further opening of the glottis takes place. Movements of the left cord are distinctly more defective than those of the right. On phonation complete closure of the glottis occurs.

Case of Myxo-Chondroma of Larynx, by Dr. BOND. A man, *æt.* 50, had the whole larynx removed in September, 1892, the tumour weighed 11½ drachms. Eight days after operation the patient eat a chop. Has worn an artificial larynx for 39 months. There is no sign of recurrence.

Case of Epithelioma of Larynx, by Dr. BOND, for Mr. HARVEY. On August 14th, 1894, the whole larynx was removed, together with numerous glands. Two plastic operations were performed later on to cover the gap above the site of the artificial larynx. There is no sign of recurrence.

Case of Clonic Spasm of Pharynx and Soft Palate, by Dr. BOND. Patient, a man, *æt.* 33. The pharynx moves in a rapid, rhythmical manner from side to side, and the left side of soft palate is drawn up and down. The patient had no idea the throat was affected.

Dr. C. BRALE considered that corea of pharynx was a misnomer.

Specimen of Nasal Polypus of Unusual Size removed from the Naso-Pharynx of an Adult, by Dr. BRONNER.

Case for Diagnosis, by Dr. COOPER CRIPPS. W. S., *æt.*

t0, presents a smooth elastic swelling about half the size of a hazel-nut on the left side of the thyroid cartilage of several years' growth; larynx normal, but there is a considerable increase of the lymphoid tissue at the base of the tongue.

Mr. C. SYMONDS thought the case one of either a thyroid or a hyoid cyst.

Microscopical Specimens and Drawings of two Cases of Malignant Disease of Tonsils, by Dr. DAVID NEWMAN. One was a case of epithelioma of left tonsil; left posterior pillar and uvula in a man, *æt.* 55. The other one, of carcinoma of left tonsil and soft palate in a woman, *æt.* 51.

Mr. C. SYMONDS congratulated Dr. Newman on his success in these cases, and asked how he had operated, if it were possible to do so through the mouth alone? Recurrences so frequently occurred in the glands that he had determined to dissect out the neck whether or no the glands were enlarged.

Dr. NEWMAN, in reply, stated that in one case under cocaine, and in the other under chloroform, he had removed the growth and a large amount of healthy tissue around with the galvano-cautery.

Two cases of Tubercular Laryngitis in which complete recovery took place, by Dr. DAVID NEWMAN. Both were cases of primary tuberculosis of the larynx in which the lungs became secondarily affected. One was *æt.* 29, the other, 19. The treatment adopted in both cases was a carefully regulated diet, a warm moist atmosphere impregnated with menthol, terebene and eucalyptus, spraying the larynx with cocaine, and when sufficient anaesthesia was produced, a spray of a concentrated solution of iodoform in equal parts of alcohol and ether was used—at first twice daily—and afterwards three times a day.

Case of Abductor Paralysis with Laryngeal Crises, by Mr. C. A. PARKER. W. W., *æt.* 32, a porter, woke up one night three or four years ago with difficult breathing, became worse, and suddenly lost consciousness, and remained so for two minutes, when he recovered he could breathe quite well. Had five other similar attacks at intervals of six months. Examination showed left vocal cord fixed in the middle line right did not abduct beyond cadaveric position; no knee-jerks, gait unsteady, no history of syphilis. Laryngeal symptoms still remain the same; tabetic symptoms more marked.

Microscopical Sections of Warty Growth of Suspicious Nature on Left Vocal Cord, by Dr. SCANES SPICER. Patient was shown at November meeting. Growth was removed under cocaine. Histological report by Dr. T. H. R. Crowle showed the nodule to be of inflammatory origin, the inflammation evidently being of a very chronic and long duration.

Case of Fibroma (? Fibro-sarcoma) of Cartilaginous Septum with microscopical section, by Dr. ST. CLAIR THOMSON. Patient, *æt.* 29, suffered from epistaxis off and on for some years. An irregular ovoid lobulated growth growing from the cartilaginous septum was removed from the right middle meatus with a snare, three weeks after there was distinct proliferation of the root.

Mr. SPENCER did not think that it was distinctly sarcomatous.

Mr. SYMONDS, Dr. NEWMAN, Mr. WAGGETT, and Mr. STEWART thought it was a sarcoma. At the suggestion of the latter it was sent to the Morbid Growths Committee.

Case of Inter-arytenoid Pachydermia laryngis, by Dr. H. TILLEY. Patient was shown last year. Under an application of an 80 per cent. solution of lactic acid her condition was much improved.

Laryngeal case for Diagnosis, by Dr. H. TILLEY. Patient, a man, *æt.* 51, has granulation masses on the vocal processes lasting twelve months. Vocal cords are movable—larynx very red and congested.

The PRESIDENT thought it was either syphilitic or an ordinary inflammatory growth.

Case of Probable Intrinsic Carcinoma of the Larynx, by Dr. DUNDAS GRANT. J. W., *æt.* 45, had hoarseness and difficulty of breathing for two years. Examination showed a distortion of left side of epiglottis, swelling and immobility of left arytenoid, left ventricular band red and infiltrated, and below it covering the greater portion of the cord, a pale granular swelling.

The PRESIDENT suggested immediate thyrotomy and thorough removal of contents.

THE DERMATOLOGICAL SOCIETY OF GREAT
BRITAIN AND IRELAND.

MEETING HELD WEDNESDAY, JANUARY 22ND.

The President, Dr. PYE-SMITH, in the Chair.

THE PRESIDENT showed a well-marked case of the rare condition known as

MYCOSIS FUNGOIDES.

The patient, a man, *æt.* 27, had suffered from the affection for three years. He was improving somewhat under the application of iodoform powder and a strong lead lotion, and, so far, had not suffered in general health. Dr. Pye-Smith remarked that this was the *mycosis fungoides* of Alibert, and others would call it a sarcoma, but he should be inclined to call it a *granuloma fungoides*. In another case he found sections of the tumour resembled a round-celled sarcoma.

Dr. DAVID WALSH showed a case of Symmetrical Shin-Baldness occurring in a man, who for the past two years had areate patches on the scalp, chin, and sides of the larynx. The patient stated that the hair was formerly so long over the shins that he was "able to comb it." There was some irritation in front of the legs, and the hair fell off shortly before the bald patches appeared on the head. Dr. Walsh remarked that this case must be regarded in the light of a preliminary communication. A slight investigation showed that the normal distribution of hair on legs varied considerably. In some places the hair became rubbed off by the friction of clothing. That fallacy, however, appeared to be excluded in the case shown before the Society, as the man wore drawers and socks. He had found another similar case of shin-baldness in a patient at the Western Skin Hospital, who also suffered from alopecia areata of the scalp. Mr. Waren Tay had also observed a case at Blackfriars. In these cases symmetry was worthy of special notice, as pointing to a possible tropho-neurotic origin. If alopecia areata be a tropho-neurosis, as maintained by Kaposi and others, and if this shin-baldness be connected with the scalp condition, then we had in that definite symmetrical affection a factor of value bearing on the theory of neuro-pathogenesis. Shin-baldness might possibly be connected with the class of cases mentioned by McCall Anderson and others, in which vitiligo supervened on the alopecia areata. The case was brought before the Society as suggestive of future inquiry. Any observation on alopecia areata seemed worthy of attention, because of the difference of opinion that existed among dermatologists as to its real nature and origin.

Dr. WALSH also showed a case of Alopecia Areata in a woman, *æt.* 39, in which the bald patches had been present for nine years. Some of them had become covered with hair, but others showed a deep atrophic condition, and the scalp in those places resembled a tender subcutaneous cicatrix. There had been a history of severe long-continued neuralgias and migraines. The condition appeared to be a mixed one, due to (1) alopecia areata, with associated sensory changes; (2) chronic seborrhoea capitis; (3) atrophy of subcutaneous tissues. Latterly the patient had developed pediculi capitis, and had become sallow and lost flesh.

Dr. WALSH showed a woman, *æt.* 43, with a well-marked Seborrhoeic Dermatitis on the Body and Legs. The rash began on the abdomen. It consisted of numerous papules, rings and gyrate fawn-coloured patches; the rings were raised at the edges, which were formed of small papules, and coalesced in places. There was little irritation with the rash, which had lasted four or five weeks, and was yielding rapidly to local antiseptic treatment. There was an associated seborrhoea of the scalp, which was dry, scaly, and irritable, while the hair was thin, dry, and lustreless. The chief point of interest about the case, assuming it to be a seborrhoeic dermatitis, was its occurrence on the legs. In speaking of this affection Dr. Crocker said, "the limbs, except where they join the trunk, are never affected."

Dr. ABRAHAM said that two years since he drew attention to the common occurrence of shin-baldness in alopecia areata cases, which he attributed to seborrhoea, tinea, and nerve lesions. He concluded at the time there was no connection between the two conditions.

Dr. BOWLES mentioned a case in which the hair suddenly fell off both legs after some little itching. The condition was limited to the legs.

Dr. EDDOWS did not recognise the term seborrhoeic dermatitis. The case shown by Dr. Walsh he should call the seborrhoeic eczema of Unna, an affection which commonly attacked the limbs.

Dr. PYE-SMITH pointed out that Unna had extended the term seborrhoea far beyond the limits usually adopted by English dermatologists.

Dr. ABRAHAM showed a boy suffering from Keratosis Follicularis. Numerous patches of grouped comedones appeared on the back, thighs, and legs. A few were scattered here and there over the face. There was a history of pediculi corporis.

Dr. Savill showed two young women from Mr. Tay's Clinic at Blackfriars. Both exhibited recurrent, chronic, and relapsing patches of erythema on the face. In one instance the condition had quite cleared up at times under the use of thyroid gland.

Dr. STOWERS showed a boy suffering from Congenital Ichthyosis. He was nine years of age, and had been affected since he was five months old. There was no family history.

Dr. ABRAHAM found thyroid had a better effect in this condition than in psoriasis.

Dr. MACKAY advocated the inunction of simple vaseline and the use of thyroid gland. He asked if any members knew cases among good class patients.

Dr. PYE-SMITH mentioned a severe and chronic case in an Eton boy.

Dr. STOWERS showed two syphilides, one of which had a psoriasis-like patch on back. He also showed a patient with a hypertrophic or verrucose eczematous patch on the leg, and other cases.

Dr. PERNET announced a short paper with some further details as to the etiology of acute pemphigus.

A paper by Dr. Eddowes on Warts of the Feet was deferred owing to want of time.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Feb. 1st, 1896.

MORPHINOMANIA.

At the Academy of Médecine, M. Laborde read a report from a colleague on the treatment of 57 cases of morphinomania by rapid suppression of the drug. Of the total number of persons addicted to this habit, 24 were women, and amongst the men were 15 doctors. The ages were between twenty-five and forty. In the majority of cases the habit was contracted by using, at first, the morphia for therapeutic purposes, and the doses ranged from 2 to 40 grains. Alcoholism was present in six cases, while cocaine was taken concurrently with the morphia in eight instances. Of the 57 patients, 38 were followed up since their cure. Six of these persons relapsed, and three of them returned to submit to the treatment, proving that the suffering attributed to the rapid suppression of the drug was not so frightful as was supposed.

To resume, the author of the report and of the treatment estimates that the method of rapid suppression guarantees against relapses, provided that the patients consent to remain under treatment two months; that the method did not require any physical contention, and that it provokes neither mortal accidents nor violent pains, as are sometimes reported where the suppression was sharp.

ABSCESS OF THE LIVER.

M. Ricard read, in the name of an absent member, a paper on the treatment of hepatic abscess before the Surgical Society. Of the six cases reported three were consecutive to chronic dysentery. The purulent collection in each case was seated behind, necessitating a large resection

of the ninth and tenth ribs. In the remainder of the cases the incision was made in front, and the coverings attached to the walls of the wound to enable the purulent cavity to be well washed out after section. Some of the patients recovered, only in one case did a fistula persist a short time.

EXTRA-UTERINE PREGNANCY.

M. Picqué read an account of three cases of uterine pregnancy. The first case was that of a woman of thirty-three who entered the hospital for obstinate menorrhagia. A closer examination revealed the existence of pregnancy in the right tube. Vaginal hysterectomy was performed, and the patient rapidly recovered. The second case was somewhat similar, but the third was more interesting, in that the fœtus had already attained seven months when its abnormal position was discovered. The condition of the patient being very critical, it was thought better not to defer interference, laparotomy was performed, and the fœtus extracted without difficulty. The placenta was not touched.

In commenting on these cases, M. Picqué said that confusion frequently occurred between hæmatocele and extra-uterine pregnancy, many thinking them to be one and the same thing, whereas they are absolutely distinct. As regards intervention in extra-uterine pregnancy, everyone was agreed on the necessity of removing it each time it was diagnosed at its commencement. Where it was four or five months old, and where the mother suffers no inconvenience from the abnormal position, a chance might be given to the child. The accidents always to be feared in these cases are rupture and hæmorrhage.

EXTRA-UTERINE PREGNANCY.

The last meeting of the Société Chirurgicale was entirely devoted to the discussion on the treatment of extra-uterine pregnancy.

M. Routier, who was the first to speak, said he thought they were pretty well agreed on the fact that there existed only one treatment for extra-uterine pregnancy, and that was laparotomy. For his own part, and with a view of diminishing the danger for the mother, he would not allow such cases to arrive at the seventh or eighth month of their evolution. There were cases where the abdominal tumour was difficult to diagnose, and where one hesitated between a simple cyst, a fibrome, a dermoid cyst, a salpinx, or an extra-uterine pregnancy. It was only by the attentive study of the concomitant phenomena that a correct diagnosis could be arrived at. It was thus that he was able in four cases to arrive at a correct opinion, operate, and save his patients. The first case was a pregnancy of five months; by laparotomy the whole cyst was removed with its contents, the patient recovered quickly, and two years after was confined normally. In the second case the pregnancy was about three and a half months, when he had opened the abdomen he found that the fœtal cyst was enclosed in a large cavity of hæmatocele, in the middle of which floated the extremity of the Fallopian tube greatly thickened by inflammation. The hæmatocele was situated in the right iliac fossa, and was only limited by the intestines bound together by false membranes. The third case was somewhat similar. He had treated a patient by rest after curettage for hæmorrhagic metritis in February, 1894. On the 3rd July following, she was seized with a violent pain in the abdomen, and entered the hospital. The uterus was found to be fixed by a large tumour, being to the Fallopian tube on the left side. A few days

afterwards, by laparotomy he discovered that the tube had given way close to its insertion into the uterus, and that a large hæmatocele had formed around the fœtal cyst. The fourth and last case presented no striking feature.

Although cases of extra-uterine pregnancy presenting all the symptoms of an abdominal tumour, and more or less easy to diagnose, are far from being rare, much more numerous are those of retro-uterine hæmatocele. He did not refer to those cases which suppurate, although he was satisfied that the greater number of large retro-uterine abscesses had no other origin. Of 126, in which he had to interfere, he would only speak of 24 cases of hæmatocele which he had opened through the vagina, removing black clots, and with them, in three instances, a fœtus from five to ten inches long. In one of these cases, notably, he diagnosed a retro-uterine hæmatocele in a woman of thirty-one, in whom the menses had been suppressed already two months. He incised the tumour in the posterior cul-de-sac, and removed a quantity of black clots, and although he thought he had felt a fœtus he could not find it. Fearing hæmorrhage he did not dare to remove all the clots and placed two drainage tubes in the cavity. Twenty days afterwards a fœtus of six inches long came away with an injection. He lost none of the twenty-four patients thus operated, although in one case the hæmorrhage was so serious as to necessitate compression of the aorta, while the cavity was being plugged. In concluding, M. Routier said that when the hæmatocele had not yielded, after four or five weeks, to absolute rest in bed, ice on the abdomen, hot injections, and repeated purgatives, the tumour should be incised through the vagina, without, however, scraping too much the walls of the cavity for fear of hæmorrhage. Laparotomy should be reserved for the abdominal tumour leading to believe the existence of an extra-uterine pregnancy.

M. Schwartz said he agreed entirely with his learned colleague. When a surgeon was in presence of a still unbroken tubal pregnancy and which might be taken for a salpingitis, laparotomy was the only operation to be thought of. When an hæmatocele followed a rupture of the tube and that the tumour pointed in the abdomen, the same operation was indicated, while the vaginal incision was reserved for those cases where the tumour was felt in the posterior cul-de-sac.

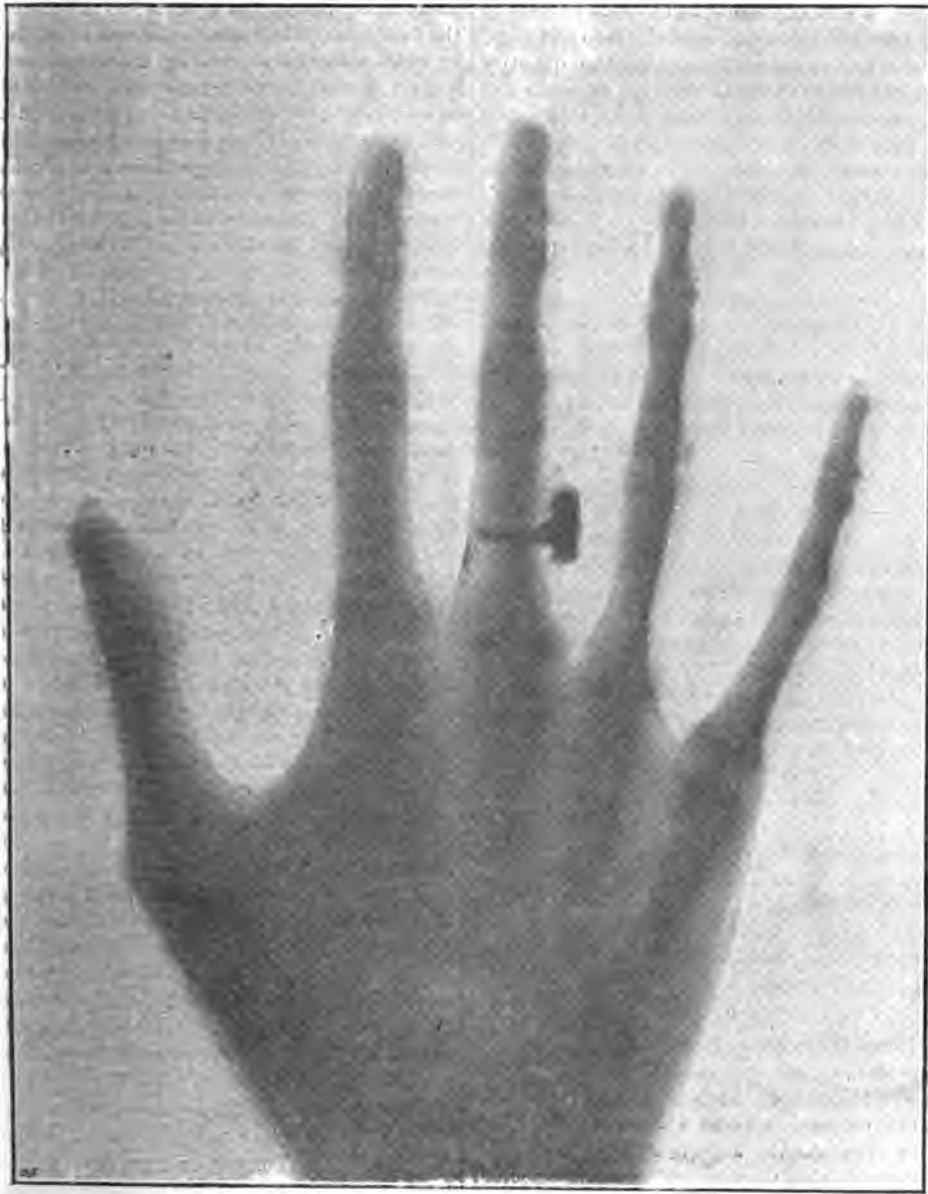
M. Segond spoke on the complications of extra-uterine pregnancy of which the most dangerous was hæmorrhage into the peritoneal cavity, and for which laparotomy should be performed without delay. Where the hæmatocele was found behind the uterus incision through that part should be made, and the clots removed, paying no attention to the placenta. Where the hæmatocele suppurated vaginal hysterectomy was indicated.

At a recent theatrical performance given by Sir Henry Irving and Miss Ellen Terry and their Company for the benefit of the Jefferson Maternity Hospital, Philadelphia, the large sum of £600 was realised.

In consequence of the prevalence of diphtheria in Strood, the sanitary authorities have decided to close the Strood Hill Schools for three weeks.

DR. G. HERBERT HOPKINS, of Swansea, who is about to leave for Brisbane, Australia, was last week presented with a purse of gold subscribed by his fellow practitioners in the town.

THE NEW PHOTOGRAPHY.



SHADOW PHOTOGRAPH OF A LIVING HAND.

THE above photograph (for which we are indebted to the Royal Photographic Society) was produced by Mr. J. William Gifford, with an exposure of ten minutes. In it the bones and their articulations will be readily seen, the peculiarity of the Röntgen discovery being exhibited in the penetration by the rays of the fleshy portion of the hand, and its almost entire absence in the photograph. Thus, the ring on the second finger stands prominently out, as though no flesh were there to support it. The influence of this discovery on the surgery of the future can only be vaguely imagined in these early days; but its utility in the search for bullets, splintered bones, and foreign bodies is already assured.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Feb. 1st.

IODINE IN THE THYROID GLAND.

BAUMANN recently reported that he had found iodine in large quantities in the thyroid glands of sheep and pigs, and also in the human subject, and that the quantity amounted to 10 per cent. Hr. Ewald, at the meeting of the Society for Innere Medizin noted that as this iodine must also be present in dried preparations of the gland he had, therefore, made an examination of the English thyroid tablets. He examined 12 of these by Baumann's process, and arrived at results identical with those of the discoverer, i.e., the tablets also contained a large quantity of iodine.

RONTGEN'S RAYS AGAIN.

Hr. Jastrowitz, of whom I wrote in my last, again appeared before the same society, and showed a negative that had been taken by Hr. Spies, Director of the Physical Department of the Urania. The photograph represented a piece of lead of an inverted V shape that lay inside a wooden box.

Hr. Gluck reported on a series of cases of

EXTIRPATION OF THE LARYNX.

The cases were 13 in number, and in all the operation was performed on account of malignant disease. In some the extirpation was only partial; six of the cases died and seven recovered and remained a long time free from return of the disease. Considering the dangers of the operation—cardiac paralysis, pneumonia in consequence of severance of the recurrent nerve, and septic infection—were good. As regarded technique, the tampon cannula of Trendelenburg, and Hahn's cannula were of great service. Three years ago the speaker had proposed a method of operation whereby these appliances would be rendered unnecessary and the after treatment easier, viz., the preliminary transverse section of the trachea, and the drawing of it out, with the insertion of a cannula. After extirpation the larynx was tamponnaded. The method had been adopted in France and carried out frequently. He then showed a patient who by means of an artificial larynx could speak quite distinctly.

Dr. Gottechalk then showed preparations from

A CASE OF INTRA-PERITONEAL RETRO-UTERINE ABSCESS.

The abscess was situated as already implied in Douglas's space, and was the size of the fist. It was treated by incision of the posterior laquear and drainage. The abscess cavity then closed. Shortly after this a round ulcer of the stomach, that till then had been unsuspected, burst, with internal hæmorrhage. The uterus had been pushed high up by the abscess above the pelvic inlet. The speaker's impression was that the tumour would prove to be an encapsuled abscess of gonorrhœal origin. The abscess was incised on November 25th. The temperature fell on the second day, and the case progressed so rapidly that the drainage was not continued after the 13th. On the 16th she was allowed to get up, but she felt faint on getting out of bed, and returned to it. On December 12th black fæces were passed, and on the following day she vomited blood. The diagnosis of ruptured uleu ventriculi was now made, and rectal feeding was begun. The patient's condition got gradually worse, and the abdomen became moderately distended. Death took place on the 30th. At the autopsy a moderate amount of

recent peritonitis was found, but extensive signs of old peritonitis, not only in the pelvis, but over the liver. The ulcer of the stomach was situated near the lesser curvature, about 2 ctm. from the pylorus, and was $3\frac{1}{2}$ by 1 ctm. in size.

A second, but old, also perforating ulcer, was situated immediately behind the pylorus, on the posterior wall of the duodenum. The pelvic inlet was so much covered in by adhesions of the sigmoid flexure to the posterior pelvic walls, that the genital organs were not visible until the adhesions were separated and the sigmoid flexure drawn aside. No trace of the ovaries could be seen. The incision wound in the posterior vaginal arch had contracted, the abscess cavity was quite obliterated, and no trace of pus was present. The lesion in the pelvis was therefore quite independent of the fatal one of the upper part of the digestive track.

At the meeting of the Medical Society of the 15th ult., Hr. Hausemann showed an interesting specimen of

MULTIPLE INTESTINAL DIVERTICULA.

The preparation was taken from a man, æt. 85, who died of pneumonia. There was no history of intestinal catarrh or indeed intestinal trouble of any kind. At the autopsy also there was no indication of intestinal catarrh, or other morbid changes. The intestines were, however, occupied by a large number of diverticula, varying in size from an oat corn to a pigeon's egg. There were from 3 to 400 of these diverticula, some in the duodenum, but most of them in the jejunum, in the ileum they were less numerous. There were none in the vermiform appendix, but they were present in the ascending colon, in the descending the number increased, the number being greatest in the sigmoid flexure. In the small intestine they were mostly situated on each side of the mesenteric attachment. The interesting feature about them was that a certain relationship could be recognised between them and the blood vessels, i.e., the smaller vessels either ran over the diverticula or passed into the mesentery in their immediate vicinity. On examination small vessels were seen running into the diverticula, and this was so constant that they could always be felt with the sound. When a sound was passed along a vessel it passed into a diverticulum. It could be seen microscopically that where the small veins passed through the muscular coat a weak spot presented, a *locus minoris resistentiæ*, which became hollowed out at the spot where the vessel passed through the serous coat. This condition was most frequently met with in the aged.

Hr. Peiser showed a

TUMOUR OF THE TONSIL,

taken from a girl of 15, in Baginsky's Poliklinik. The girl's mother stated that the child had suffered from remarkable attacks, every time it coughed it got no air, and it had the feeling as if something flew in from the throat. Examination soon explained the riddle. As soon as the tongue was depressed, a small tumour was seen attached to the tonsil by a short pedicle. There were also hypertrophy of the tonsils and rhinopharyngitis. It was clear that during inspiration the tumour was drawn in, and gave rise to the sensation described. The tumour was readily removed, when all the symptoms subsided. No microscopic examination of the growth had yet been made, but it was almost certainly a fibroma papillari verrucosum, as in the case described by Luschka and diagnosed by Waldeyer.

Austria

[FROM OUR OWN CORRESPONDENT.]

Vienna, Feb. 1st, 1896.

SYPHILITIC SOLEBROSIS FROM A BITE.

PROF. NEUMANN showed a patient to the "Gesellschaft" with a typical sclerosis on the hand and pronounced enlargement of the glands situated immediately above the elbow, some of which were as large as hazel nuts. The hardening followed a bite from an antagonist in a scuffle about fifteen months ago, and was rapidly succeeded by a syphilitic exanthem, papules in the mouth, and on the tonsils, for which he attended the clinic as an outdoor patient.

PEOSPERMOSIS CUTANEA VEGETANS.

He presented another case, to which he said it was difficult to assign the correct nomenclature. Dernier, at the Dermatological Congress, 1881, excited considerable discussion on a similar case which he designated on that occasion *peospermosis follicularis vegetans*. The disease appears on the skin in the form of a universal eruption of nodules, apparently in the follicles of the skin, and not unlike small papular syphilides, or favus.

From these symptoms and carefully prepared sections of the skin, Dernier was led to the conclusion that the changes are of a paraeitic nature, and that the *peospermia* phenomena are nothing else than a degeneration of the epithelial cells.

Neumann said the female shown was *set.* 17, who had always enjoyed good health. Two or three years ago circular eruptions appeared on the neck, breast, abdomen, more particularly in the axillary and inguinal regions, of a greyish brown colour, and with a good deal of thickening. Interspersed among these forms could be found fine pointed nodules, of a dark colour, from which, when scratched, a horny layer might be lifted off. In some places they appeared like condylomata, in others as molluscoid growths. This eruption was pretty general over the entire body, but more abundant over the sternal region, between the shoulders, on the lateral regions of the thorax, and the dorsa of the feet.

It is now evident, from the clinical and pathological examinations, that this disease may be grouped among the hypertrophied cutaneous maladies with implication of the cutis, epidermis, and their adnexa, bearing a close relationship to hyperkeratosis, of which ichthyosis is an example.

RUPTURE OF THE BICEPS.

Baum showed a case of ruptured biceps in a carpenter. The man had worked for many weeks after the accident, the injury having been overlooked by his medical attendant, who treated the patient for a contusion. The patient was 55 years of age, and he had had both bones of the forearm broken a year ago. This was treated with gypsum bandages, &c., and union took place. On the 25th of November, 1895, he was raising a block of timber with rope and pulley when the timber suddenly slipped, coming in violent contact with his arm, which seemingly tore the muscle. When viewed anteriorly, a swelling about the size of an apple could be observed lying in the middle line of the forearm, with a deep furrow above. On searching for the biceps, the internal portion could be discovered *in situ*, while the external was retracted far up the arm.

The typical subjective symptom seems to have been present in this case, viz., the feeling of sharp pain, as if the injured part had been heavily struck with a cane.

He was able to raise the forearm when it was pronated, but unable when supinated, corresponding with partial rupture of the muscle.

According to Maydl's statistics, we find that out of a total number of 103 ruptures, 17 occurred in the biceps, 5 of which were total, 6 partial, and the remainder undetermined.

HYPERTROPHY OF THE PROSTATE AND CASTRATION.

Schnitzler showed the Society a case where he had removed both testes with perfect success in the curing of an hypertrophied prostate. Before the operation the patient was unable to urinate voluntarily, but on the following day passed urine easily, and he has not since the operation required a catheter.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

TWO CASES OF DISPLACED SEMI-LUNAR CARTILAGE.—Mr. ROSE operated on a young soldier who, four years previously, had displaced his internal semi-lunar cartilage whilst wrestling. It became reduced spontaneously, but, owing to the limb not having been immobilised, he suffered frequent recurrences, which incapacitated him from his military duties. The joint was at that time opened by Mr. ROSE, and the internal semi-lunar cartilage, which was found loose, was stitched into position along the border of the tibia. The man made a good recovery and returned to duty. Eight months ago he twisted his knee, and the displacement recurred. He was invalided home, and admitted to King's College Hospital for further treatment. The joint was again opened by a transverse incision along the line of the old cicatrix, and the dissection carefully carried down to expose the periphery of the cartilage, which was found contracted, displaced, and shortened. It was evidently no longer possible to stitch it into position, so the ring was divided and the two ends were drawn apart and stitched to the periosteum over the head of the tibia in such a way as to prevent them from slipping back between the ends of the bones. The joint was carefully closed, and the limb immobilised on a splint.

The second case was that of a schoolmaster, who more than a year ago displaced his external semi-lunar cartilage at football. By manipulating his knee he reduced the displacement, but owing to the constant recurrence of the accident he sought surgical advice, and was admitted to hospital. The joint was opened in the same way as in the previous case, but on the outer side, the ilio-tibial band being, of necessity, partially divided. The margin of the cartilage was defined, and found to be so loosely connected and so much damaged by a kind of splitting process, that it was thought advisable to excise nearly the whole of the outer two-thirds, a proceeding of some difficulty as regards the posterior portion. In this case a temporary drain-tube was left in the joint for twenty-four hours. Mr. ROSE remarked that he had now operated on several similar cases, and with the most gratifying results, and he looked upon the performance of the operation as a most convincing proof of the immense advantages of antiseptics, without which such a proceeding would be unjustifiable. He laid stress on the perfect quiet and the position of the limb, namely, an elevation at an angle of about 40 degrees, which should be maintained for about ten days after the operation.

It is satisfactory to state that both cases are progressing favourably.

MIDDLESEX HOSPITAL.

NEPHRO-LITHOTOMY.—Mr. BLAND SUTTON operated upon a man, *æt.* 45, who had for the past fifteen years suffered from pain in his left side extending to the pelvis. At first these pains used to come on at an interval of a few months, but for the last two years he was scarcely ever free from them, and on at least two occasions he passed a small fragment of calculus. There was no clear history at any time of hæmaturia. His bladder was carefully sounded but no stone detected. The left renal region was very tender to pressure, and was fuller than usual. The urine contained slight traces of pus. The usual incision was made in the left ilio-coastal space and the kidney carefully freed from its capsule and drawn into the wound but no stone was found in its substance. On feeling the pelvis of the kidney a number of stones were detected. An incision was then made in the convex (posterior) border of the organ; the finger passed through into the pelvis and seventeen calculi were extracted; two were equal in size to a shelled walnut and the remainder were as big as peas. The pelvis was dilated but the renal cortex was of normal texture and the kidney itself was far above the average size. The incision in the renal cortex was closed with three catgut sutures, the divided muscles of the back reunited with buried catgut sutures, and the skin brought together by means of silk; a large drainage-tube was introduced and the wound dressed in the usual manner. Mr. Bland Sutton remarked that there was very little doubt in regard to the diagnosis of the case but from its long history he expected to find considerable disorganisation of the kidney such as extensive hydro- or pyo-nephrosis and it was surprising, he thought, considering the large number of stones, to find the kidney not only healthy but abnormally large. This may be explained, he said, in two ways: 1st, the calculi in the pelvis were as loose as marbles in a schoolboy's pocket, so that the urine could filter between them and make its way unobstructed to the ureter, had one of these stones obstructed the ureter rapid hydro or pyo-nephrosis would have been the immediate consequence; 2nd, the unusual size of the kidney made the surgeon apprehensive that its fellow had been destroyed by disease, and that this was the only renal organ that the patient had to depend upon, and this would cause the operator a certain amount of anxiety in the subsequent course of the case.

It is stated by the *Broad Arrow* that in the event of the required number of candidates not being forthcoming at the next examination for appointment in the Army Medical Service, it is the intention of the authorities to re-appoint those gratuitised medical officers with the rank of Surgeon-Major on the retired list liable to be recalled to service. This decision will affect about seven or eight officers, and the information will doubtless be received with great satisfaction by them.

It is stated that in New Orleans, about £200,000 is annually spent for milk. Since one-third of this milk is reported to be composed of water from the mains, the citizens of New Orleans are obviously paying upwards of £80,000 for the water contained in their milk.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 5, 1896.

IS COLLES' LAW ABSOLUTE?

THE discovery by Colles' fifty years ago, of the so-called law which bears his name, was justly looked upon as a highly important addition to our clinical knowledge of syphilis. Its interest is not merely scientific or even clinical, indeed, as will be seen, it opens up on every hand questions of the greatest practical importance both from the point of view of daily practice as from that of the possibility of acquiring immunity therefrom. If it be really the case that the healthy mother of a congenitally syphilitic child can never contract the disease from her offspring, it shows that some influence has been brought to bear in virtue of which she has become possessed of a certain immunity against an otherwise extremely infectious disease. For half-a-century this "law" has served as a guide to practitioners in authorising such mothers to suckle their offspring. The advantages to the offspring are obvious and the risk to the mother nil, always assuming that the rule is absolute. Every-thing turns upon the question whether the law is or is not one admitting of exceptions because if it could be proved that, though rare, infection did occasionally take place, practitioners would necessarily become more circumspect in the matter of giving the requisite assurance against possible contamination on the part

of the mother. Syphilis is such a terrible disease and exerts such far-reaching consequences that no conscientious practitioner would consent to run any tangible amount of risk in the direction of infecting a hitherto previously healthy mother. Dr. George Ogilvie initiated what proved to be a very interesting discussion at the last meeting of the Royal Medical and Chirurgical Society by a paper in which he sought to prove that exceptions to Colles' law, if rare, were by no means unknown, and he quoted in support of his contention two *inter alia* of a number of clinical observations, the painstaking accuracy of which apparently left nothing to be desired in spite of the fact that the problem is one which presents peculiar difficulties in respect of the admissibility of the various items of evidence. Mr. Hutchinson, who is a firm believer in the law in question, naturally took up the cudgels in defence thereof, but he rather gave his case away to begin with by declaring that a law is usually proved by its exceptions, and to this rule Colles' law, according to him, was no exception; in other words, while, for all practical purposes, it was a rule of sufficiently general application, like other rules, it admitted of exceptions. Then, too, there is the possibility that some apparent exceptions may really be second attacks of the disease. The rule that one attack of syphilis renders immune against future attacks is one which has received the sanction of experience, but this same experience shows that the immunity is relative rather than absolute. The proportion of alleged exceptions to Colles' law does not appear to be greater than that of second attacks of syphilis, and viewed from this point of view the risk might perhaps be considered as *quantite negligible*. However this may be, Colles' law is, with many, a dogma which is now blindly accepted, and which it is regarded as rank heresy to question, ignoring the cardinal principle that in considering such complicated and obscure problems as those furnished by medicine and pathology, everything of the nature of dogmas ought to be avoided in order not to place unnecessary barriers in the path of subsequent progress. We are all the more indebted to those who, like Dr. Ogilvie, take the trouble to point out the weak points in the laws laid down for our guidance, even though, after full discussion, one comes to the conclusion that he has not succeeded in impugning its clinical value. Incidentally, a very interesting point was raised with regard to the frequency of infection of wet nurses by congenitally syphilitic children. Colles described this form of syphilis as virulently infectious to all except the mother of the child, and it might be inferred from his remarks that it was an exceedingly exceptional occurrence for a wet nurse under these conditions to escape contagion. That, however, is certainly not the experience of the present day, for cases of the kind are extremely rare, so rare as to be almost unknown. Mr. Hutchinson adroitly sought to claim the credit for this rarity for Colles' law, which, by calling attention to the liability to infection of nurses other than the mother, made it incumbent on medical men to protest against any woman

being exposed to the danger. This suggestion, however, will not hold water, because we know pertinently that it is a very common practice among the lower classes of society for women to nurse each others' children more or less indiscriminately, without any infection of the nature under discussion. The rarity of infection among hired or volunteer wet nurses, even in giving the breast to syphilitic children, *pro tanto* weakens the force of Colles' law, because, obviously, the non-infection of nursing mothers might be attributable to the same cause as that of the strange nurse. If the mother of a syphilitic child be immune against infection by her own offspring she must *pari passu* be protected against contamination of that kind from any source, a point too often overlooked in discussing this subject and one, too, respecting which direct evidence appears to be wanting. As bearing on the rarity of infection of nurses other than the mothers of these children it is worth noting that according to those who have opportunities of observing many cases of congenitally syphilitic children, mouth lesions are very uncommon, so infrequent indeed as to be something of the nature of a curiosity. It can hardly be supposed that a child who does not present lesions of the mouth will infect his nurse, whether mother or stranger, and this affords us an explanation of the immunity of nurses which applies with equal force to the mother as to the wet nurse. In acquired syphilis, on the other hand, mouth lesions are the rule instead of being the exception, and this may enable us to understand why acquired syphilis has the reputation of being vastly more infectious than the hereditary form of the disease.

THE NEW PHOTOGRAPHY.

PROFESSOR RÖNTGEN'S recent announcement that certain rays have the power of penetrating substances commonly regarded as opaque, continues to attract world-wide discussion. His discovery has roused the earnest attention of all students of physical science, who are busily investigating the nature of these peculiar rays. He has created no little stir in the medical world, where it is hoped that the practical application of his new rays to "the new photography" may ultimately have an important bearing on the diagnosis of deep-seated conditions in the human body. Then he has plunged the scientific photographers of many countries into a state of feverish excitement, as they speculate and experiment upon the new wonder thus offered to their already marvellous craft. Lastly, his scientific "find" has furnished an endless supply of material for the general newspapers and their readers. Indeed, it is simply astonishing with what rapidity the news of Professor Röntgen's discovery has traversed the whole civilised world and roused the universal interest of all sorts and conditions of men. Another hardly less striking fact is the number of scientific men who are to be found in every country ready and competent to investigate the newly-described phenomena. It is reported that German men of science have taken up the task with enthusiasm, and, among other things, are searching for some means of shortening the long exposure at present

needed to produce the new photograph. Some success has already been attained in that direction, for one experimenter has found that by heating the photographic plate to about 40° Centigrade, the process occupied only fifteen instead of thirty minutes. In England, it is gratifying to note, photographers have not been behindhand, some having been engaged for many months past in the self-same pursuit, as is testified by an advanced copy of the *Royal Photographic Society's Journal*, with which we have been favoured. The issue in question contains several interesting papers dealing with the subject, in addition to a valuable series of photographs illustrating the capabilities of the new process. One of these, which was taken by Mr. J. W. Gifford with an exposure of ten minutes only, we have reproduced on another page, it being the most perfect anatomical specimen of a living hand we have as yet seen. From the published papers of Professor Röntgen, it appears that he himself does not feel inclined to classify his new rays among those of the ultra-violet spectrum. He has, however, suggested the following hypothesis:—"A kind of relationship between the new rays and light rays appears to exist, at least, the formation of shadowy fluorescence and the production of chemical action point in this direction. Now, it has been known for a long time that besides the transverse vibrations, which account for the phenomena of light, it is possible that longitudinal vibrations should exist in the ether, and, according to the view of some physicists, must exist. It is granted that their existence has not yet been made clear, and their properties are not experimentally demonstrated. Should not the new rays be ascribed to longitudinal waves in the ether?" An answer to this question will doubtless be speedily forthcoming. Professor Goldstein, of the Royal Observatory at Berlin, in a recent lecture pointed out that the fact that Röntgen's rays are not deflected by magnets does not prove that they are new, since there are certain cathode rays which are likewise uninfluenced by magnets. The main characters of Röntgen's rays are shared by several other kinds of rays. According to Goldstein, the common characteristics of cathode rays and the new rays are rectilinear propagation, the production of shadow photographs, and chemical action. The species of rays to which Röntgen's belong cannot yet, he thinks, be determined, but there are many grounds for believing that they belong to the cathode species. Whatever be the outcome of further investigations into the new phenomenon, it seems certain that one more marvel has been added to the treasure-house of modern science, and one that bids fair to bring forth abundant fruit in due season.

THE ELECTION TO THE GENERAL MEDICAL COUNCIL OF A DIRECT REPRESENTATIVE FOR IRELAND.

By the advertisement which appears in our columns to-day, the contest for the vacant position enters upon its final stage. It is intimated that nomination papers,

formally signed and executed, must be sent to the Branch Registrar, Dr. Wilson, on or before the 15th inst., it being provided that the candidate must be a registered medical practitioner, and that he shall be nominated by at least twelve registered practitioners resident in Ireland. These details are, in themselves, interesting. It will be seen that the candidate must be a registered medical practitioner, which is an essential requirement *only* in the case of a Direct Representative. A representative of a university, or college, or a Crown nominee, under the authority of the Medical Act of 1858, may be any "person" whomsoever, male or female, medical, clerical, or legal, the apparent reason of this anomaly being that several of the representatives of universities are elected by Convocation, a body which contains a majority of non-medical members who, it is quite possible, might please to elect to the Medical Council some distinguished educationalist who had never qualified in medicine. It is not, however, essential that a candidate shall be resident in Ireland, though his nominators must be so, and it would be competent for any twelve registered practitioners living in Ireland to nominate an army surgeon who is on duty in India and, if such nominee gave his consent to the nomination, his name would go to the poll for the Direct Representation of Ireland. This is, of course, a reduction of the system to an absurdity, but it is worthy of notice as an illustration of the vagaries of the law.

Since we last wrote on the subject, the situation has become more defined. The Cork Local Association has issued voting cards, as we stated that they would, to every voter, for the purpose of ascertaining which of the three provincial candidates (naming Dr. Cuming, Greene, and MacDonnell, and excluding Dr. Jacob and Thomson) is likely to score the highest poll, it being guaranteed that the two unsuccessful candidates shall retire in favour of the candidate who received the greatest amount of support. It is thus worth while to speculate as to who is most likely to come out successfully in this preliminary "canter," and a list of his "Committee," issued a couple of days since by Dr. MacDonnell, affords us opportunity for doing so. His total following, so far as this list divulges it, is 168 voters. Dr. Cuming's following, as set out in his original list, numbered 343, and no one but Dr. Greene himself knows what his following is, inasmuch as he has issued no list. Looking at these figures by themselves, and recollecting that Professor Cuming has, no doubt, gathered in some adherents since he issued his list, it seems most probable that he will head the preliminary poll, and that Dr. MacDonnell and Dr. Greene will retire. But, on the other hand, it should be recollected that almost the whole of Dr. Cuming's supporters are from Belfast and the neighbouring Northern counties, and that his list showed only 35 supporters from the whole of Ireland outside that locality. It also seems most likely that on this preliminary vote Dr. MacDonnell will score many more votes than Professor Cuming, inasmuch as the Professor is essentially a Belfast School and College spokesman, and neither has, moreover, had anything in common

with the working country practitioner, while Dr. Mac-Donnell, though he never served at the plough as a Poor-law Medical Officer, can claim that he has had some limited experience in such affairs. It does not, however, appear that the voters think very highly of such claim, seeing that within the past month he has only succeeded in accumulating fifty-eight votes, of which the largest number came from the very unenthusiastic compact of the Carlow-Kilkenny Society to vote together. In the event it seems most probable that our forecast will be fulfilled—that the contest will lie between Drs. Jacob and Thomson, with Professor Cuming striving in a useless effort, the only effect of which will be to withdraw votes from both these competitors.

As a further contribution to the consideration of this contest we publish, in our Irish Supplement of this day, a strongly expressed and forcible address by forty Workhouse and Dispensary Medical Officers, representing a much larger number of Dr. Jacob's supporters in these services, in which the Poor-law Medical Officers of Ireland are appealed to not to allow personal considerations to prevent them from giving that gentleman their vote. Dr. Jacob also, in a separate address, points out that voters who may have promised their support to one or other of the plebiscite candidates, will be entirely absolved from such promise if the candidate to whom it was given retires, and that it will, in such case, be quite open to them to transfer their votes, not to the candidate who may come out first in the plebiscite, but to him whom they may think best fitted to represent their interests. We shall not do more than recommend those who are interested to read the appeal of the Poor-law Medical Officers which appears in our Supplement of this day.

Notes on Current Topics.

Consanguineous Marriages in Relation to Disease.

THERE is ample evidence to show that consanguineous marriages play an important role in the causation of disease, and that hereditary diseases are much augmented by such marriages. Among other observers the testimony of Dr. Berniss is somewhat noteworthy upon this point. He gives an account of 833 marriages between relations, in which he finds the following results: In ten cases of incest with parents, or between brother and sister, 93 per cent. of the offspring were defective. In twelve marriages with niece or aunt 75 per cent. were defective. In fifty-six marriages between blood relations, the issue of blood relations, 53 per cent. were defective. In twenty-seven marriages between double first cousins 27 per cent. were defective. In 112 marriages between second-cousins, 13 per cent. were defective, while in 125 marriages between persons in no way related, only 2 per cent. were defective. But while these facts clearly display the evils of the intermarriage of blood relations in the human species, confirmatory evidence, as is well known,

also exists upon the same subject among the lower animals. The close breeding-in of animals has long been known to affect deleteriously the qualities of the offspring. Darwin has, for example, remarked that, "with respect to pigs, there is more unanimity among breeders on the evil effects of close inter-breeding than, perhaps, in regard to any other large animal." This same observer also relates that a well-known breeder bred a family of pigs in-and in for seven generations; the number of pigs was reduced at each gestation, and of the offspring thus produced many were idiotic, without sense even to suck, and when attempting to move could not walk straight, until finally one sow was the sole offspring; she would not become pregnant by her sire, while to a stranger in blood she bred at the first trial. Among the diseases most commonly associated with consanguineous marriages is that of retinitis pigmentosa, and there does not appear to be any doubt that the intermarriage of blood relations largely conduces to the causation of this curious affection. In ninety-five cases reported by Liebreich, in which the parentage was traced, forty-three were of consanguineous origin, or 45 per cent., and throughout the domain of ophthalmological literature repeated references may be found to the same effect, that is to say, confirmatory of the causal relationship between consanguineous marriages and retinitis pigmentosa. The whole subject under discussion is discussed in a paper published in a recent number of the *Medical News*, late of Philadelphia, now of New York, by Dr. Oliver Belt, of Washington. The conclusion arrived at by the author is that as there are few families entirely free from constitutional defects of some kind, "a prudent person would do well to avoid a consanguineous marriage in any case, not necessarily on account of deafness, but on account of the danger of weakening the constitution of the offspring." With regard to deaf-mutism, statistics show, for the most part, that the closer the degree of relationship between the parents the more numerous are the number of the deaf-mute children born. For example, one marriage between an aunt and nephew produced three deaf mutes. Four marriages between uncle and niece produced eleven deaf-mutes. Twenty-six marriages between first cousins produced thirty-eight deaf-mutes. Sixteen marriages between second cousins produced twenty-eight deaf-mutes. Forty-seven marriages between blood-relatives produced seventy-two deaf-mutes. These are important facts which leave no measure of doubt as to the influence of the intermarriage of blood relations in causing the deaf-mutism. But just in the same way as consanguineous marriages should be avoided, so also should the intermarriage of persons tainted with hereditary disease be discouraged. Heredity is a most potent factor in the matter of "Visiting the sins of the fathers upon the children," by means of which many tainted and diseased offspring are brought forth, and too much care, strictly speaking, cannot be exercised in this connection, despite the powerful incentive to overrule all considerations which sentiment at the time may create.

A Curious Prosecution under the Medical Acts.

THE magistrate at Marlborough Street Police Court had a curious case before him last week. A person named Albert Bell, of 175 Wardour Street, Oxford Street, was summoned, under the Medical Acts, for using the letters "M.D.," and the title of "doctor" without being a duly qualified medical practitioner. On the defendant's name being called there was no answer. In stentorian notes, resounding throughout the court, the defendant was summoned to reply to his name, but without avail. At last, when all the officials had made themselves quite hoarse with shouting, the magistrate, in order to create a diversion, asked "Is the defendant here?" The solicitor for the defence said, "No, sir, he has been dead for several years." This was accepted by the court as a satisfactory explanation for his non-appearance, but in order that the play might proceed in an orderly manner, it was necessary to find another "Hamlet." As it happened this was no great difficulty. A person named "Henry Walters" obligingly, at a moment's notice, took up the part, and then the curtain was raised, and the serio-comedy proceeded without further incident to its termination. It appeared that Henry Walters, some years ago, bought the business of the late Mr. Bell, which had for long been carried on under the name of "Dr. Bell." Henry Walters was, therefore, sailing under false colours by allowing "Dr. Bell's" name to remain on the door of the premises. However, it was admitted that Henry Walters did not prescribe physic for those who came to consult him. His mode of practice was of an innocent, simple description, suitably adapted for innocent, simple people. The Court was informed that he recommended all his patients to use a belt which would cure anything and everything in a month. But the magistrate seemed to think that Nature never intended that sick persons should be "cured" in so simple a manner as this, and accordingly Henry Walters was fined £20, with six guineas costs, with the alternative, in default of distress, of two months' imprisonment. The "piece" was so well received by the audience that they were provoked to frequent bursts of laughter. Upon the whole, therefore, from every point of view, this little serio-comedy could be pronounced a distinct success.

Medical Men and Dr. Jameson's Raid.

MORE than one medical man has had to submit to arrest at the hands of the Boers in connection with the disturbance at Johannesburg, and the son of the Medical Officer of Health of Swansea has now found himself in this predicament. Dr. Davies is one of the Council of the Uitlanders, a matter of some moment, inasmuch as the latest accounts from Johannesburg state that the Council has accepted the whole of the responsibility for Dr. Jameson's raid. This, undeniably, is a serious position for the members of the Council to have assumed, and if this information be correct, the Boers have still the prime leaders of the disturbance against them in their safe keeping, despite the fact that they have released the Chartered Company's men. The whole of this business is a sad one, and not least, by

reason of the fact that a member of our own profession, who had won for himself the admiration and respect of all who knew the great work that he had accomplished, is now on his way home to stand his trial for having committed a serious breach of International law, and by so doing, for the present, if not for ever, arrested the course of what promised to be a great career.

The Appointment of Director-General of the Army Medical Department.

OUR contemporary, the *United Service Gazette*, hits the right nail on the head when, in discussing the appointment of the Director-General of the Army Medical Department, it urges that the tenure of this office should be limited to five years, instead of seven, as is the case under the present régime, and that extension, by a year at most, should only be granted under the most exceptional circumstances. The prizes in the Army Medical Staff are all too few, and slowness of promotion is not only a cause of universal complaint but of wide discontent in the Department. But this is only one of the reasons which can legitimately be urged in favour of the reform suggested. Under the circumstances, however, with the approaching retirement, early in May, of the Director-General of the Department, the opportunity is admittedly a good one for the War Office to fully and carefully take into consideration the need which exists for revising the regulation for the tenure of this important post. Such a reform is one which might well be taken in hand by the new Commander-in-Chief, for the expediency of it cannot but appeal to a practical-minded authority like himself.

Medical Men in Nottingham and the Medical Aid Associations.

IN common with their *confrères* in other parts, we are glad to see that the medical men of Nottingham have taken a firm stand against the system of so-called medical aid associations. We have repeatedly referred to this matter in our columns, and pointed out the derogatory character of the appointments associated with these nothing more nor less than trade concerns. It is satisfactory, then, to note that at a crowded meeting of the medical men of Nottingham held last week the following emphatic resolution was passed: "That in the opinion of this meeting it is unprofessional and undignified for any medical man to accept the post of medical officer of any institution promoted by, and for the pecuniary benefit of, men outside the profession." There is no doubt that if medical men throughout the country would only take a firm stand on this question and loyally support each other, the medical aid associations, as at present conducted, would soon cease to exist. Everything, however, has been done, short of compulsion, to bring those practitioners to reason who have so far identified themselves with the promoters of these associations, and the time would seem to have arrived when the matter should again be brought under the notice of the General Medical Council. Had the

Council only had wisdom enough to see that its duty was to condemn the connection of members of the profession with these unprofessional appointments, the difficulty would soon have been settled. But such wisdom was not to be found in the academic minds of the majority of the members of the Council, and consequently, owing to this absence of a firm policy, the medical aid associations have ever since flourished amazingly, to the serious and lasting detriment of the hard-working members of the profession.

The Physiology of the Carbo-hydrates.

THE appearance of a short paper by Dr. Noel Paton in the February number of the *Edinburgh Medical Journal* on the above subject in reply to a book by Dr. Pavy entitled an "Epicriticism," merits a word of comment. Dr. Paton, about a year ago, criticised Dr. Pavy's previous book on the same subject in a somewhat trenchant manner. This criticism touched Dr. Pavy on so sensitive a point—his great and only theory of a sugar-destroying liver—that he must needs publish, not a paper but a book in reply. To us his book is everything that such a reply should not be. It is personal when it should deal with facts, it imputes unworthy motives on ridiculous grounds, and it drags in quite unnecessarily a private quarrel with the officials of the Royal Society into what purports to be a scientific refutation of a brother physiologist's erroneous ideas of an important subject. Dr. Pavy complains that Dr. Paton takes him at a disadvantage in quoting so many authorities against his views, confessing at the same time that he is not in the habit of consulting the work of others if he can help it. Dr. Paton's present reply shows that he has no thought of retiring from his opinions as previously expressed, and he adds further testimony against Dr. Pavy's theory, testimony which Dr. Pavy will find it very hard to refute. It is amusing to find that Dr. Paton is more than ever convinced of the improbability of the truth of Pavy's hypothesis after reading the "Epicriticism," which it was confidently stated would demolish his position entirely. As in another recent controversy the honours of the first round rest with the combatant who has taken up an impersonal position.

The Population of France.

OFFICIAL statistics of the standing of the population in France for the past year have just been published, and have given rise to a considerable amount of disappointment among political economists—the figures are as follows:—Births, 855,388, showing a decrease of over 19,000 on the previous year; deaths, 814,620, or a decrease of 52,000 as compared with the previous year. From which it results that the births have decreased by 23 per cent., and the deaths, 6 per cent. Consequently, the apparent increase of the population is entirely due to a decrease in the mortality. The number (76,451) of illegitimate births is excessively high, showing a constant increase during the last ten years. The number of marriages was 286,662, a decrease of 632 on the preceding year, while the divorces are put down at 6,419.

A Novel Method of Raising Funds for Charities.

AN altogether novel departure in the cause of charity has been devised by the management of the National Hospital for the Paralysed and Epileptic (Albany Memorial), Queen's Square, Bloomsbury. It is proposed, in the words of the prospectus submitted to us, to return to donors "unable to sacrifice present income, but desirous to benefit the charity," annuities calculated at from 4 to 5½ per cent. upon the amount of the gift. Any sum from £50 upwards will be received upon these terms, and a gift of £1,000 will be considered to provide for the future endowment of a bed, upon which the donor may at once bestow a distinctive name. The scheme provides absolute security for the payment of the annuities, and may be commended to the charitable as a sound and practical means of perpetuating and extending the usefulness of an institution truly national in its scope. Instead of themselves receiving the annuity, donors may nominate some other person as the recipient, and in this way provision may be made for dependents and others during their lives, with an ultimate reversion of a substantial sum to the hospital. Full information will be afforded by the Director at the hospital.

Culpable Neglect of the Public Safety.

DIPHTHERIA has of late become one of the most fatal and widespread of zymotic diseases, a fact which has been generally attributed to the facilities for spreading the disease afforded by the congregation of children in Board Schools. It is a difficult disease to control, a fact which is in a great measure accounted for by the confusion of diagnosis in many cases between ordinary sore-throat and mild or early diphtheria. In a London police-court a week since a peculiarly callous case of reckless exposure to diphtheria infection was brought to light. The defendant's child was notified to be suffering from the disease, and the house was visited by a sanitary inspector. Seventeen days later, however, he transferred the infected house and business to another person, whom he did not inform of the existence of the disease. He was summoned by the St. Pancras Vestry for having failed to have his house disinfected. We are glad to see that the magistrate imposed a fine of £5, and two guineas cost, for what he called "a culpable negligence in regard to the public safety."

Burning of a Small-pox Hospital.

THE inhabitants of a place called Oakridge, near Stroud, are evidently a practical-minded race. Against their will a small-pox hospital had been erected in their midst, but had not yet been opened. Thereupon, the good people of the district held a kind of witenagemote, and in spite of the opposition of a handful of local police, proceeded to burn down the offending hospital. The newspapers report that the ringleaders of the mob are now lodged in Gloucester Gaol, where they will doubtless have leisure for reflection upon the foolishness of taking the law into their own hands. The case illustrates in an extreme manner the deep-rooted objection most people entertain against "fever" hospi-

tals, that is to say, in their own neighbourhood. Many of the mob who destroyed the Oakridge institution would no doubt, if stricken with small-pox, gladly avail themselves of a similar shelter in someone else's district. So long as infectious diseases exist it will be necessary for the authorities to provide special isolation hospitals. Of course, no man would willingly have a small-pox hospital built next door to his dwelling house, but for all that the fact remains that in a crowded neighbourhood a secluded site is not to be procured at any cost. Fortunately, modern investigation has proved that infection round small-pox hospitals is almost invariably conveyed by personal agencies, while the theory of aerial spread is altogether exploded.

Bravery of a Medical Man.

THE late disastrous explosion at Tylorstown, South Wales, was the occasion of much courageous rescue work. Among other noteworthy incidents of the kind, we are pleased to chronicle the bravery of Dr. Thomas Morris, the Medical Officer of the collieries where the disaster occurred. As soon as the state of the gearing permitted the descent of the rescue party, the doctor went down and spent the whole day underground, where he did much service among the injured survivors. In the afternoon he was summoned to a wounded man who lay a mile and a quarter along one of the workings. To reach him the doctor had to scramble and struggle as best he could through many parts of the wrecked workings. The injured man was unconscious, and was kept alive by artificial respiration, conducted at intervals on the wearisome and dangerous journey back to the pit's mouth. The workmen of the district at a local meeting passed a resolution thanking Dr. Morris for the noble efforts he had made in the work of exploration, and in saving the life of the collier Phillips. This kind of heroism is less conspicuous but not a whit the less sterling than deeds of derring-do upon the battle-field.

Suicide in Germany.

A CURIOUS series of statistics, collected from the different States of the Empire, has just been published in Berlin, showing the number of suicides which have been committed in Germany during the thirteen years from 1881 to 1893 inclusive. According to this return the number of suicides for that period was 105,327, the totals ranging from 8,987 in 1881, to 10,699 in 1893, and that rate per head of the population varied very much being as high as 46 per 100,000 inhabitants in the Duchy of Saxealtenburgh, and falling as low as 13 and 11½ per 100,000 inhabitants in Bavaria and Alsace-Lorraine. The suicides are proportionately more numerous in the Prussian Army than in any part of the Empire, having been 65 per 100,000, in 1893.

OUR French correspondent writes us that considerable commotion has arisen in one of the small towns in consequence of a woman having just given birth to a female child with two heads. The latest accounts reported that the monstrosity had every intention of living.

Measles and the Notification Act.

THE St. Pancras Vestry recently had under consideration the question of making measles a notifiable disease under the Notification Act. The matter was ultimately referred to the Medical Officer of Health for the parish, and his report has just been issued. Among other things, he states that at least 3,000 beds would have to be specially reserved for measles cases in London, even if only fifty per cent. of the cases were sent to the hospitals. He adds, moreover, that "the inevitable conclusion is that in large towns the value of the notification of measles is small unless accompanied by provision for hospital accommodation and disinfection." In view of this report the Vestry decided to proceed no further with the suggestion above referred to.

Alcohol and Fever.

SHOULD fever patients be given alcohol? This was the question discussed last week at the annual general meeting of the governors of Chester Infirmary, over which the Duke of Westminster presided. His Grace directed attention to the expenditure for wines and spirits, narrating his experiences as chairman of a hospital, and suggesting that, while in cases where necessary patients should not be deprived of wine and spirits, yet it required watching. Mr. Taylor, honorary surgeon at the infirmary, said that it was true that the expenditure on stimulants had increased, but that was due to the gravity of the fever cases treated in the institution. Such patients had required more stimulants; and Dr. King added that better results had been shown in the treatment of fever cases by the use of a certain amount of alcohol. The governors of medical charities should always place confidence in the medical staffs of the institutions with respect to the administration of alcohol. No hard and fast rule can be drawn in the matter. Some epidemics are more serious in the effects than others, and, consequently, the patients do better stimulated by alcohol and *vice versa*.

The Cigarette and its Disadvantages.

THE American Laryngological Association at a recent meeting had a long discussion upon the subject of cigarette smoking, and in a paper read at the meeting Dr. Mulhall, of St. Louis, although a smoker of cigarettes for twenty-five years, makes some pertinent observations upon the evils of the habit. The only active toxic agent present in a cigarette is nicotine, and this may cause harm or not according to a variety of circumstances. The chief element concerned, when without exception it is productive of harm, is youth. General experience shows that every child who smokes tobacco habitually suffers serious impairment of health. In adolescence, and practically this may be said to be from puberty until eighteen in females, and twenty-one in males, the evil is not so great, but is still a great one, for, although the nervous crisis of puberty has been passed, the nervous system is still rapidly developing. The nerves, after puberty, are more resistant than in childhood, but, on the other hand, greater demands are

correspondingly made upon them, either by the higher phases of education on the one hand, or by the actual daily struggle for existence on the other. It seems to be indisputable that the use of tobacco is a serious handicap in the progress of youths. Investigations so far seem to show that the percentage of winners in intellectual and athletic contests is considerably higher among the total abstainers from tobacco. In the condemnations which Dr. Mulhall reiterates in regard to the cigarette most medical men will agree. The seductiveness of the cigarette is its mildness, by which repeated small doses of nicotine are absorbed and cause their toxic effects upon the nervous system. In consequence of its mildness, too, the cigarette is fast coming into favour with ladies, by whom neither pipe nor cigar smoking could be tolerated without direful results.

The Royal College of Physicians, London.

The ordinary quarterly *comitia* of the Royal College of Physicians, London, was held on the 30th ult. when the following gentlemen were admitted as Members of the College:—Bertram L. Abrahams, M.B.Lond.; Cuthbert C. Gibbee, M.D.Aber.; Albert S. F. Grünbaum, M.A., M.B.Cantab.; John S. Stanley, M.D.Edin.; and Seymour G. Toller, M.D.Lond. With becoming loyalty the Fellows passed a resolution of sympathy with the Queen and Princess Beatrice, upon the death of Prince Henry of Battenberg. Since the last *comitia* a memorial tablet has been placed in the library. It bears the following inscription:—

"In remembrance of Sir Henry Halford, Bart., G.C.H., M.D., F.R.S., for 24 years president of the Royal College of Physicians; to whom mainly is owing the removal of the college from the City to this site; to whose personal influence with King George IV. was due the grant from the Crown of the ground on which this edifice stands; and who on June 25th, 1825, opened it, with an elegant Latin oration, in presence of an audience the most distinguished that has ever assembled within the walls of the college. To perpetuate the memory of these services, and of Sir Henry Halford's untiring efforts to maintain the culture, character, and position of the English physician, and the welfare and dignity of this college, and to mark the admiration and gratitude with which he was regarded by his contemporaries, this tablet, by a vote of the college, has been here placed."

The Diplomas in Public Health were granted conjointly by the Royal College of Surgeons to ten medical men, and Licences to practice Medicine, Surgery, and Midwifery, were conferred upon a large batch of gentlemen.

A Remarkable Dermoid Cyst of the Ovary.

DERMOID cysts are simply freaks of Nature, and may occur in various situations of the body, but the ovary in the female and the coccygeal and thyroid regions in the male are their favourite spots of selection. According to Paul Mundé, who records some interesting observations on the subject in the December number of the *American Journal of Obstetrics*, dermoid cysts of the ovary may remain dormant for a number of years, but they are apt, finally, to spring into activity at one of three chief periods of life, first, that of puberty, or second, that of marriage, or third, that of childbirth.

Each of these different periods seem to exert a stimulating influence upon the growth of these tumours. The author narrates the case of a virgin, æt. 41, from whom he removed a dermoid cyst of the ovary, the contents of which consisted of a tress of hair, surrounded by a small amount of a pea-soup like fluid. On dissolving the sebaceous material in ether the hair was cleansed, and subsequently it was found that the tress actually measured no less than seven feet in length. In colour it was of a dark blonde, and in structure was as perfect as that of the hair of the female head, only perhaps a trifle finer. All this mass of hair sprang from one small nipple, not more than one inch in diameter, situated upon the internal wall of the cyst. Such a unique case as this is worthy of record.

THE brother of the late Canon Liddon, Dr. Edward Liddon, J.P., of Taunton, was presented a short time ago with a testimonial by the members of the Taunton Vale Harriers, the Mastership of which he had held for twenty years. The gift consisted of a large loving cup of Georgian pattern, mounted on an ebony stand, attached to which was a silver plate, bearing the names of one hundred subscribers.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE MEDICAL ADVISER TO THE COMMISSIONERS OF PRISONS FOR SCOTLAND.—We understand that there are many applicants for the office just vacated by Sir Douglas MacLagan. Two medical knights, one of them Sir Henry Littlejohn, some University professors, and numerous smaller fry are eager to win £200 a year with not very much to do for it. It would be a great pity, however, if the appointment were given to anyone who already occupies posts, the proper upholding of which entails constant personal supervision. Too often posts with fixed duties go to those who have, and not to others, and quite as good men, who have not, owing to influence acquired in the performance of the duties of the other appointments.

FIRE AT THE EDINBURGH ROYAL INFIRMARY.—Early on Saturday morning last a fire occurred in the premises belonging to the Edinburgh Royal Infirmary, but occupied by the College of Physicians as a laboratory. Luckily the fire was confined to the rooms in the top flat, and the only damage done to the rest of the building was caused by water. Some of the workers in the histological department in the top flat have, however, lost much interesting and valuable material. The work of the laboratory will be carried on, in the meantime, in a detached part which entirely escaped the effects of both fire and water.

SCOTTISH POOR-LAW MEDICAL OFFICERS.—The first annual dinner of the members of the Scottish Poor-law Medical Officers' Association took place in Glasgow on the 30th January. The Chairman, Dr. Bruce, of Dingwall, in proposing the toast of the Association, said that it was nearly forty years since he was chosen Poor-law medical officer for a small Aberdeenshire parish, and not long afterwards one of his near neighbours was ousted from his office because he had asked for an increase of salary. An attempt was made by some of the medical officers to get the Board of Supervision to lay down a distinct rule refusing to sanction such a proceeding, but without success. The Board of Supervision had jurisdiction by law in the case of the inspector of poor, and it was thought the law should be extended to the medical officer. There was and is no law authorising them to claim such authority to ensure fixity of tenure. The object could be attained, however, by making the grant in aid for medical relief dependent

on the right of appeal being given to every medical officer participating in the grant. He believed that the Local Government Board did unofficially set its face against arbitrary changes of Poor-law medical officers. As to remuneration, he did not think that the officers received adequate payment in all cases; indeed, in some instances, of which he knew he was aware that the salary was too small for the work expected. He considered that it was a public duty to see that the salary was sufficient to pay for generous medical treatment. There should also be a superannuation fund; in short, the Poor-law medical officer should be put on the footing of a properly salaried independent civil servant.

Literary Notes and Gossip.

A TRANSLATION from the Swedish language of a book on "Modern Woman," which has attracted much attention on the Continent, is about to appear in English. The authoress is Mrs Hansson, wife of Prof. Hansson, a Swedish literary celebrity.

WE have received from Messrs. Cassell and Co. the first part of "Cassell's History of England" as well as of "British Battles on Land and Sea," including, with the latter, a large presentation plate. Both publications are excellent, and should command a large sale.

THE "Chemist's Compendium," by Mr. C. J. S. Thompson, is a useful little volume, carefully compiled, which chemists and pharmacy students will appreciate for the vast amount of information which it contains in a small compass. We can cordially recommend it.

AT the small price of half-a-crown Messrs. Philips & Co. publish an excellent anatomical paper model of the human head and neck, illustrated and described by Dr. Schmidt, and translated by William S. Furneaux. The model, of convenient size, is designed after the manner of Witkewski's atlases which acquired such a wide reputation.

WE understand that Dr. John S. Billings, who is no doubt known to many of our readers as editor of the *Index Medicus*, and compiler of the Index Catalogue of the Surgeon-General's Library at Washington, has been offered and has accepted the responsible and lucrative office of Librarian of the new Consolidated Libraries of New York.

AN acceptable calm seems to pervade the medico-literary atmosphere in succession to the storm of mental activity evolved in the production of new works and new editions which prevailed during the past few months. No new venture of importance has reached us during the past month, and gossip is silent as to the future in this direction.

A USEFUL little publication, "The Phonographic Outlines of Medical Terms," has just been issued by the Society of Medical Phonographers. It contains a list of outlines and contractions for about 2,500 of the more common medical terms. The list is arranged in alphabetical form, and begins with "abdomen," and ends with "zygomatic."

ACCORDING to the *Publishers' Circular*, a new book of sermons is published every day, five novels every twenty-four hours, six histories or biographies each week, two educational books every morning; art and science only get a recruit about twice a week, law once a fortnight. The grand total of new publications in 1895 was 5,581. How many of the authors of these books are now wiser and sadder persons?

WE have received the half-yearly volume, July to December, 1895, of "Braithwaite's Retrospect of Medicine." As usual, the volume is full from cover to cover of good material culled from the best medical literature throughout the world. We notice, however, some misprints in the spelling of words, chiefly in the obstetrical section, which have inadvertently escaped the notice of the Editors.

DR. BOND, of Gloucester, sends us a copy of a useful leaflet drawn up by him and entitled, "Our Duty in Regard to Vaccination, or fifteen reasons why we should believe in the efficacy of vaccination as a preventive of small-pox." This might be distributed broadcast in those districts where recalcitrant Boards of Guardians have failed to do their duty in prosecuting defaulters under the Vaccination Act. In the Bristol district also, where Mr. Walter Hadwen holds forth, some copies might be useful.

SOME papers in the *Edinburgh Medical Journal* for the current month are "Remarks on the Results of Surgical Measures in a series of Cerebral Cases," by Dr. G. A. Gibson; "Diabetes Mellitus in Early Infancy," by Dr. W. B. Bell; "Public Vaccination in Edinburgh," by Dr. W. Husband. It would be a great convenience, both to reviewer and reader, if the proprietors of this journal would follow the lead of their contemporaries, and issue the copies with the leaves cut.

The Scalpel, although a new claimant for the favour of the reading medical public, is really the *Provincial Medical Journal* under a new name. The latter journal departed its life at the end of last year, but the Editor decided to raise out of its remains another journal, to which he has given the name of *The Scalpel*. The first number of the venture is before us. It appears in an attractive cover, and its contents are similar to those with which the readers of its predecessor have made themselves familiar.

THE United Kingdom Branch of the Dufferin Fund has established four new scholarships of £50 each, tenable for two years, to be held by ladies who, having already practised in India, were desirous of obtaining the higher degrees in medicine at an English University. Two of these scholarships, the Queen-Empress and the Dufferin, have now, respectively, been awarded to Miss D. E. Pratt, Assistant Surgeon at the Lady Lyall Hospital at Agra, and Miss A. N. DeSouza of Amritsar. Both ladies were formerly students at the Calcutta Medical College.

REFERRING to the paragraph in our last month's "Literary Notes" on the piracy by American authors and publishers of English medical books, a leading New York publisher writes us, "We quite agree with you that it is time such plagiarism should be stopped, and one of the ways to do this is, to make the facts as public as possible." We would go further than this, and say that if America would consent to the same Copyright Act as exists as a matter of honour between European nations, this piracy could not take place, and authors and publishers alike would be protected.

IT would appear that New York is fast becoming the *Ultima Thule* of medical skill and thought in the United States. For example, the centralisation there of the leading professional journals is truly remarkable. The *Medical News*, above referred to, is the second medical journal, the editorial offices of which have been recently removed from Philadelphia to New York. All this would seem to show that the competition of New York as a centre of learning, enterprise, and influence is becoming too great to be withstood by the other large cities in the States.

WITH the removal of the *Philadelphia Medical News* to New York, and a change in the editorship, a notable improvement is already apparent in the Journal. The "orthographic atrophy," which under the former régime was so marked a feature of our esteemed contemporary, has now almost disappeared from its pages. Evidently the attempt to foist the new-fangled system of spelling scientific words does not find any favour with the editors of the best organs of the profession in New York. We congratulate the new Editor of the *News*, Dr. J. Riddle Goffe, upon his assumption of a policy in his charge of the Journal which cannot fail to prove acceptable.

The Practitioner for February is a good number, and fully maintains its position as one of the best of the monthly periodicals issued. The editor has, since the commencement of the new year, increased the size of his

journal to 112 pages, and has undertaken to give every month a portrait, together with a short biography of a "hero in medicine." In the number before us this honour is conferred upon Giovanni Battista Morgagni. Among the original communications Dr. W. M. Ord discourses on "Renal Diseases," Sir Thornley Stoker on "Excision of the Knee-joint for Tuberculous Disease," and Dr Charteris on "The Prevention of Sea Sickness in Short Voyages."

THE Editor of the *Australasian Medical Gazette*, Dr. Knaggs, has dedicated the use of his library in Sydney to the members of the medical profession in his district, and for three hours every afternoon his collection of books will be open to any medical practitioner who may desire to pay it a visit. The formal dedication of the library took place last month, at a meeting to which special invitations were issued by Dr. Knaggs to the Presidents, Members of Council, and officials of the New South Wales branch of the British Medical Association, the suburban medical societies and the Newcastle Medical Society. The fact that such a step as this should have been taken by a private member of the profession rather shows that Sydney must be badly off for a public medical library.

As evidence of the dishonesty to which English authors are subject, we need only mention the case of a "System of Surgery by American Authors," recently issued. On receipt of the first volume in this country, the American system of surgery was discovered to be most pronounced in its absence, and English authors had been so plagiarised that the sale was prohibited in Great Britain, and the volumes had to be promptly returned to the home of their birth. Of course, this might have been a mere coincidence, and the American Authors might not have known of the existence of the English works, but they will, perhaps, pardon our suggesting that it would have been more straightforward had they issued the work as an *American System* (not in surgery) we should have understood it here.

THE medical officers of Schools' Association has done well in calling attention, by means of a pamphlet, to an attendant evil on Rugby football in the shape of a skin disease, communicated during scrummaging work. It is known scientifically as Football Impetigo, and among schoolboys by the expressive idiom of "scrum pox." The pamphlet is the work of Mr. H. G. Armstrong, M.R.C.S., Medical Officer to Wellington College, and the author describes how the contagion is confined almost to the forwards, and it seems as though the hardest pushers are the ones most certainly affected. The only possible means of keeping down the affection, if not absolutely abolishing it, is scrupulous attention to the purification of jerseys, which should be thoroughly cleansed after each match.

DR. CONAN DOYLE, of "Sherlock Holmes" fame, has just appeared in a new rôle. A firm of large advertisers of a quack medicine have brought out a small book, in which the virtues of their commodity are set forth in all the usual blatancy of such purveyors, but as a special inducement to read the announcements, the book also contains a story by Dr. Conan Doyle, which is said to be interesting. This "literary production" is intended by the firm to reach the hands of the public through the chemists who sell their concoction. No doubt, as an example of business enterprise, this feature of advertising is quite novel. At the same time, we question very much the good taste of a medical man, even under the form of literature, having anything to do, however remotely, with the sale of a quack nostrum.

WE have received the Appendix to Dr. Neale's "Medical Digest" for the years 1891-95, and we must congratulate ourselves and the profession on the unwearying activity shown by the author in continuing to provide us with this admirable index to current medical literature. Such a work of reference is indispensable to writers on medical subjects, for without it the task of looking up previous allusions to a given subject would be beyond the powers of any individual investigator. It was, however, originally intended for the assistance of the busy practitioner who finds therein a means of ready

reference to such discoveries, new doctrines, and different modes of treatment in each department of medical science as are likely to prove of interest. For practical purposes a single reference to the "Digest" will often give all the information required without looking up the particular papers indicated. It is a stupendous work, and Dr. Neale has earned the gratitude of generations of medical practitioners as yet unborn. We see that the "Digest" may be obtained in one volume at the extremely moderate price of 18s. 6d., and on such terms it really ought to find a place in the library of every medical man.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last monthly list:—*International Encyclopædia of Surgery*, edited by John Ashhurst, jun., M.D., LL.D. Vol. VII. *Epidemic Ophthalmia*, by Sydney Stephenson, M.B., F.R.C.S. Ed. *The Treatment of Pulmonary Consumption*, by V. D. Harris, M.D., F.R.C.P. Lond. *The Theory and Practice of Counter-irritation*, by H. Cameron Gillies, M.D. *The Art of Compounding*, by Wilbur L. Scoville, Ph.G. *Cottage Hospitals*, by Hy. C. Burdett. *Middlesex Hospital Reports for 1894 The Causes and Treatment of Lateral Curvature of the Spine*, by R. Barwell, F.R.C.S. (Fifth Edition). *Dictionary of Treatment*, by William Whittle, M.D. (Third Edition). *Statistical Report of the Health of the Navy, 1894-5 (Blue Book)*. *Formulaire des Medications Nouvelles*, par le Dr. H. Gillet. *Deaf-Mutism, a Clinical and Pathological Study*, by J. K. Love, M.D.

Correspondence.

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

LUNATIC ASYLUMS—THE RELIGIOUS QUESTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the few remarks I offered on this delicate subject I had no idea of referring to Dr. Hyslop's views in any capricious or cavilling spirit, at the same time I may repeat that if "a true and philosophic religion" is conducive to a state of sanity, it is only fair to ask which is the true one, and for the life of me, speaking personally, I have never been able to find out. Dr. Hyslop moreover denies that cases of religious enthusiasm which culminate in insanity are greater than those which arise from alcoholic stimulants. I believe I am correct in stating that the question is an open one, because, as a matter of fact, it is next to impossible on any system extant, to arrive at a conclusion as to how many become insane through drink, because it so happens that the causes of insanity are in many respects identical with those which lead to alcoholic intemperance, and these are often operative at the same time in the same individual. For example, Dr. Hyslop has enumerated different factors in insanity amongst which I recollect overwork is one. Now, let us suppose a temperate person became insane from overwork, I apprehend lunatic experts would tabulate this as a cause of the insanity; but supposing further, another individual, in undergoing his transitional journey from a sane to an insane state, became intemperate, overwork acting as an incentive in this direction, the cause assigned in this case would, I surmise, be alcoholism, but according to the hypothesis this individual was going insane before he commenced drink, and indeed, so far from the case of insanity being the effect of drink, it would be much nearer the truth to allege it as the cause.

And here it may be premised that statistics on the point based on any numerical calculations must be fallacious, yet these are the statistics in which the extreme teetotal party, an extremely dangerous class of fondists, delight in dabbling. While on this point permit me to remark that for many years I have held the opinion that alcoholic stimulants judiciously applied may in some cases be a powerful factor in preventing insanity, and if it be asked what evidence there is in support of such a supposition, I answer that inasmuch as mental depression from any source is a factor in insanity, it is impossible to escape the conviction that moderate stimulation, of course, short of producing pathological changes in nerve structure, must

tend to counteract such depression, and hence may under varied conditions of life tend to maintain sanity. This view of mine is, no doubt, heterodox to asylum superintendents, but I am quite open to conviction on the other side; meanwhile, I would beg that our lunacy authorities should be extremely cautious in committing themselves to statements as regards drink and its relation to insanity, as agitators readily seize asylum statistics above all others to frighten the weak portion of the community from taking that which may, under some conditions, be necessary to maintain the integrity of the nervous system, and thus unintentionally be doing detriment to the public service. Thanking Dr. Hyslop for his courteous letter,

I remain, sir, yours gratefully,
Queen's Road, Peckham, CLEMENT H. SMES.
January 30, 1896.

THE NOTIFICATION CASE - HADDEN FUND.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following is a list of subscriptions received through various sources previous to the hearing of the appeal, in addition to the list published in this journal on Jan. 22nd.

I am, Sir, yours, &c.,
J. CRAIG, M.D., Hon. Sec. and Treas.

35 York Street, Dublin.

	£	s.	d.		£	s.	d.
Dr. Burgess (Dublin) ...	1	0	0	Dr. J. E. Moffat (Dublin) ...	1	0	0
Dr. Atocha (Dublin) ...	1	0	0	H. J. Hadden, Surg. R.N. (Bermuda) ...	2	0	0
Dr. R. McVittie (Dublin) ...	2	2	0	Dr. W. Verner Furlong (Dublin) ...	1	1	0
Dr. F. R. Cruise (Dublin) ...	5	5	0	Dr. G. P. Cope (Dublin) ...	1	1	0
Dr. J. T. W. Allen (Dublin) ...	1	1	0	Dr. C. T. J. O'Rorke (Kells) ...	1	0	0
Dr. R. L. Heard (Merchistown) ..	1	1	0	Dr. John Crean (Wexford) ...	1	1	0
Dr. T. F. Mason (Dublin) ...	2	2	0	Medical Students, (T.C.D.) ...	10	10	0
Dr. Morrison, F.R.C.S.I., (Dundalk) ...	1	1	0	South-Eastern Branch Brit. Med. Ass. Ireland ...	2	2	0
Dr. W. Ryan (Dublin) ...	1	0	0	Dr. Cotter (Cork) ...	1	1	0
Dr. T. T. Moore (Kingstown) ...	1	1	0	Dr. J. Barton (Dublin) ...	0	10	6
Dr. T. M. McEvoy (Blackrock) ...	1	0	0	Dr. Dormer (Newtown Berry) ...	1	1	0
Dr. Paton (Finglas) ...	1	1	0	Dr. Martin (Portrush) ...	0	10	0
Dr. J. W. Boyce (Blackrock) ...	1	1	0	Dr. Denham (Dublin) ...	1	1	0
R. Hyde, Brigadesurg., (Dublin) ...	1	0	0	Dr. M. Cullagh (Belfast) ...	0	10	6
Dr. W. E. Haddon (Portadown) ..	1	1	0	Dr. S. Gordon (Dublin) ...	1	1	0
Dr. J. H. Benson (Dublin) ...	1	1	0	Dr. Athill (Dublin) ...	1	1	0
Dr. H. W. Jacob (Great Malvern) ...	1	1	0	Brig.-Surg. Potter (Dublin) ...	1	1	0
Dr. H. R. Haddon (Dublin) ...	5	5	0	Dr. W. J. Smyly (Dublin) ...	1	1	0
Dr. Tushy (Dublin) ...	1	0	0	Dr. A. W. Baker (Dublin) ...	1	1	0
Dr. B. A. Palmer (Armagh) ...	1	1	0	Dr. Hearn (Rathmines) ...	1	0	0
A. H. Jacob, M.D., (Dublin) ...	1	1	0	Dr. Mussen (Glenties) ...	0	10	0
Dr. J. T. Hamilton (Dublin) ...	1	0	0	Dr. Taylor (Tandragee) ...	0	10	6
Dr. W. J. Thompson (Dublin) ..	1	1	0	Dr. Scott (Kingstown) ...	1	1	0
Dr. R. E. H. (Skibbereen) ..	1	1	0	Dr. Kennefick (Clonmel) ...	0	10	6
T. Beaumont, Dept. Sur.-Gen. (Dublin) ...	1	0	0	Dr. Bradley (Drogheda) ...	0	10	0
Dr. Albert Croly (Rathfarnham) ...	1	1	0	Dr. Ronaldson (Haddington) ...	1	1	0
Dr. G. Nesbitt Wynne (Dublin) ...	1	1	0	Mr. R. L. Swan (Dublin) ...	1	1	0

THE RECENT REMARKABLY LOW DEATH-RATE IN LONDON.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—During the fourth quarter of last year the deaths in the metropolis from all causes rose but little above an annual rate of 17.7 per 1,000 of the population, which is 2.0 below the average for the corresponding periods of the preceding ten years, being, in fact, the lowest but one on record. This is highly satisfactory to the community at large, and might afford solace to the heavily-taxed rate-payers, were it not for the other side of the picture. Those who do not question the benefit derived from improved sanitation as regards dwelling houses, open spaces, &c., are apt to grumble at the enormous expense attaching to the erection and maintenance of the ever-increasing isolation hospitals. And this complaint is shown to be not without reason, by the fact that notwithstanding the above-mentioned large diminution in the general death-rate, there was an actual increase in the zymotic death-rate of 0.5 per 1,000 living. Moreover, the deaths from notifiable diseases formed no less than 44 per cent. of the zymotic class, instead of 30 per cent., as formerly.

I am, Sir, yours, &c.,
D. BIDDLE

Kingston-on-Thames, Jan. 31, 1896.

Laboratory Notes.

HUNYADI JANOS WATERS.

It is now many years since we had occasion to notice this laxative mineral water, not inaptly termed "the natural aperient." Since that time its popularity appears to have extended on all hands until its name may be said, without exaggeration, to have become a household word. We have, on more than one occasion, referred to the curious fact, first pointed out by Sir Henry Thompson, of the indisputably greater efficacy of natural solutions of aperient salts over artificial preparations, however skillfully combined. Summary clinical and analytical tests prove that its activity and chemical composition have undergone no change, in fact, the results of the most recent investigations afford evidence of the care which, we are informed, is taken to insure uniformity of strength and therapeutical action. The advantages attending the use of natural mineral waters are, perhaps, not sufficiently appreciated in this country, but their use has greatly increased during the last decade or so, especially among the educated classes of the community, who are usually the first to avail themselves of remedial innovations. Hunyadi Janos is certainly the best known, and, in our experience, the most trustworthy of the Hungarian laxative mineral waters—the so-called "bitter-waters." Taken in the morning, either pure or diluted with hot or cold water, it produces a copious evacuation without leaving behind it any intestinal discomfort or exhaustion.

HARTMANN'S SANITARY TOWELETTES.

We have already had occasion to speak of these cleanly and convenient appliances in terms of high commendation, and inspection of the fresh batch of samples to hand justifies our repeating past expressions of satisfaction. These towelettes are made of wood-wool (a good-sucking matter, as a German firm describes it), the absorbent properties of which are well known, secured in layers of gauze. They are made in various sizes—the ordinary size at a price "which defies competition," together with larger sizes for menorrhagic females, and a specially well-padded variety for use during the puerperium. The margin of absorbability is so large that transudation is practically impossible. Anything more hygienic, cleanly, and convenient it is difficult to conceive, and they cannot fail in the long run to become a national institution.

At a quarterly meeting of the Committee of the Central London Throat, Nose, and Ear Hospital the recommendation of the Medical Committee to inaugurate a Bacteriological Department was confirmed, and Mr. St. George Reid was appointed to take charge of it for the ensuing twelve months.

Medical News.

British Medical Association—The Carlisle Meeting.

Dr. BARNES, Carlisle, the President-nominate of the British Medical Association for the current year, has received a telegram from the Canadian branch of the Association at Montreal asking Carlisle to cancel the arrangement for the holding of the annual meeting in the latter city in July, in favour of a proposal to hold it at Montreal. Dr. Barnes's reply was to the effect that the preparations for the Carlisle meeting had gone too far to permit the request to be entertained. The office-bearers for the Carlisle meeting have been appointed, and all arrangements are proceeding satisfactorily.

The Medical Guild.

THE second annual meeting of the Medical Guild was held in the Victoria Hotel, Manchester, on Thursday, Jan. 30th, 1896. Dr. Henry Simpson in the chair. The annual report of the Council stated that 62 new members had joined during the year, bringing the number to 114, and that many matters of interest to the profession had come before the Council, such as professional organization generally, rate supported fever hospitals, the improper employment of unqualified assistants, unprofessional advertising, the registration of midwives, "Provident Medical Aid," &c. The report and statement of accounts were received and adopted on the motion of the Chairman, seconded by Dr. Dixon Mann. Various alterations of the rules were discussed and agreed to. A special report has been drawn up by the Council on "Provident Medical Aid" dealing with the Friendly Societies' Sick Clubs, Provident Dispensaries and Medical Aid Associations, and suggesting methods by which the evils in connection with such organizations might be remedied. On the motion of Dr. W. Fraser, seconded by Dr. Ratcliff-Gaylard, this report was adopted and copies ordered to be sent to the medical press. The following Officers and Council were elected for the ensuing year:—Chairman, F. H. Walsley, J. P.; Vice-Chairman, J. Dixon Mann, M.D., F.R.C.P.; Hon. Treasurer, C. G. L. Skinner, M.D.; Hon. Secretary, Alexander Stewart, M.D. Council, J. Brassey Brierley, M.D.; Wm. G. Booth, G. H. Broadbent, S. Bagley, Colin Campbell, W. Fraser, M.B.; J. H. Gosdon, M.B.; C. R. O. Garrard, J. Ratcliff-Gaylard, W. Sowers Scott, M.D.; James Holmes, M.D.; T. Arthur Helme, M.D.; N. C. Haring, M.B.; R. H. Quine, F. Leyland Roe, A. Brown-Ritchie, M.B.; G. H. Pinder, S. Woodcock, M.D.; S. McNair and R. H. Wolstenholme. Auditors, E. L. Luckman and H. W. B. Montegale, M.D.

Accident to a Medical Man.

A SERIOUS accident occurred last week to Mr. F. W. Kendle, surgeon, practising at Southmolton. Mr. Kendle was driven by his groom to Bishopsclympton, and on arriving at Biah Mill the horse shied, and the occupants of the trap were thrown out. Mr. Kendle unfortunately pitched on a gate post, and received injuries which proved to be a fracture of the lower jaw, severe lacerations of the cheeks, and a severe fracture of the nose.

Vital Statistics.

THE deaths registered last week in thirty-three great towns of England and Wales corresponded to an annual rate of 19.1 per 1,000 of their aggregate population, which is estimated at 10,591,530 persons in the middle of this year. The deaths registered in each of the last four weeks in the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000:—

Birkenhead 18, Birmingham 19, Blackburn 16, Bolton 22, Bradford 15, Brighton 13, Bristol 14, Burnley 21, Cardiff 12, Croydon 17, Derby 19, Dublin 27, Edinburgh 15, Glasgow 20, Gateshead 14, Halifax 17, Huddersfield 15, Hull 19, Leeds 18, Leicester 18, Liverpool 24, London 18, Manchester 22, Newcastle-on-Tyne 19, Norwich 21, Nottingham 17, Oldham 17, Plymouth 17, Portsmouth 15, Preston 17, Salford 25, Sheffield 18, Sunderland 16, Swansea 16, West Ham 14, Wolverhampton 16. The highest annual death-rates per 1,000 living, as measured by last week's mortality were:—From measles, 1.0 in

London and in Leicester, 1.8 in Birmingham, and 2.7 in Salford; from scarlet fever, 1.2 in Wolverhampton; from whooping-cough, 1.0 in West Ham and in Birkenhead, 1.2 in Portsmouth, and 2.2 in Bolton; from "fever," 1.0 in Gateshead; and from diarrhoea, 1.0 in Birkenhead. The deaths from diphtheria included 51 in London, 12 in Birmingham, 4 in Salford, 3 in West Ham, 3 in Liverpool, 3 in Burnley, and 3 in Hull.

The Mortality of Foreign Cities.

THE annual death-rate per 1,000 in the principal foreign cities according to the weekly returns communicated to the Registrar-General, is as follows:—Calcutta 41, Bombay 32, Madras 37, Paris 22, Brussels 18, Amsterdam 17, Rotterdam, 22, The Hague 16, Copenhagen 15, Stockholm 13, Christiania 14, St. Petersburg 35, Moscow 39, Hamburg 17, Dresden 18, Breslau 22, Munich 25, Vienna 23, Prague 25, Buda-Pesth 24, Trieste 24, Rome 24, Turin 22, Venice 35, Philadelphia 21, New Orleans 37.

Army Medical School, Netley.

THE following are official lists of candidates who passed the recent examinations for the Army and Indian Medical Services, and of the prizes presented by General the Right Honourable Sir Redvers H. Buller, V.C., G.C.B., K.C.M.G., Adjutant-General to the Forces, on Friday last, January 31st:

ARMY MEDICAL SERVICE.

The final positions of these gentlemen are determined by the marks gained in London added to those gained at Netley, and the combined numbers are accordingly shown in the list which follows:—

Combined Marks.		Combined Marks.	
dBrereton, F. S.	4311	Waring, A. H.	4192
Statham, J. C. B.	4438	Hooper, A. W.	4190
Cooper, R. M. C. H.	4398	Ward, W. A.	4094
Haves, E. C.	4322	Forrest, E. G.	3876
Probyn, P. J.	4274		

INDIAN MEDICAL SERVICE.

Combined Marks.		Combined Marks.	
bOchroane, A. W. R.	5139	Dawes, C. D.	4219
Clemesha, W. W.	5039	Perry, E. L.	4198
aBakha, C. R.	4994	Pinchard, M. B.	4189
Black, J. A.	4913	Niblock, W. J.	4175
Wilson, B. F.	4703	Harrison, C. F.	4173
dAndeasay, V. E. H.	4670	Hooper, E. L. F.	4098
Robertson, J. C.	4459	Lalor, N. P. O'G.	4040
Rainier, N. E. J.	4430	Symons, T. H.	4025
Kukday, K. V.	4427	Rost, E. R.	3813

a Gained the Herbert Prize of £20, the 1st Montefiore Prize of 20 guineas, the Prize in Pathology presented by Surgeon-Major-General Hooper, T.M.S., and the de Chaumont Prize in Hygiene.

b Gained the 2nd Montefiore Prize.

c Gained the Maclean Prize for Clinical and Ward Work.

d Gained the Martin Memorial Medal and the Parkes' Memorial Medal.

OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY.—King's College, 2 p.m.—Hospital for Women, 2 p.m.—Metropolitan Free, 3 p.m.—Royal London Ophthalmic, 10 a.m.—Royal Orthopedic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Mark's, 3 p.m.—Chelsea Hospital for Women, 2 p.m.

TUESDAY.—Guy's, 1.30 p.m.—Cancer Hospital, Brompton, 2 p.m.—St. Mark's, 2.30 p.m.—Royal London Ophthalmic, 10 a.m.—St. Mary's, 1.30 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Westminster, 2 p.m.—West London, 2.30 p.m.—Great Northern (Throat and Ear Dept.), 2.30 p.m.—Gordon Hospital for Fistula, 3 a.m.

WEDNESDAY.—Children's Hospital, G. Ormond St., 9.30 a.m.—Great Northern, 2 p.m.—London, 2 p.m.—Middlesex, 1 p.m.—National Orthopedic, 10 a.m.—Royal London Ophthalmic, 10 a.m.—Royal Westminster Ophthalmic, 1 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Peter's, 2 p.m.—St. Thomas's, 1.30 p.m.—University College, 3 p.m.

THURSDAY.—St. George's, 1 p.m.—Central London Ophthalmic, 1 p.m.—Charing Cross, 1 p.m.—Hospital for Diseases of the Throat, 2 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—North-West London, 1.30 p.m.—Royal London Ophthalmic, 10 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Chelsea Hospital for Women, 2 p.m.

FRIDAY.—Guy's, 1.30 p.m.—Central London Ophthalmic, 2 p.m.—East London Hospital for Children, 2 p.m.—Royal London Ophthalmic, 10 a.m.—Royal South London Ophthalmic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.—West London, 2.30 p.m.—Great Northern (Throat and Ear Department), 2.30 p.m.

SATURDAY.—Children's Hospital, Great Ormond Street, 9.30 a.m.—King's College, 1 p.m.—Cancer Hospital, Brompton, 3 p.m.—London, 2 p.m.—Royal Free, 9 a.m. and 3 p.m.—Royal London Ophthalmic, 10 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, Short Letters, &c.

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

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

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

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

READING CASES.—Cloth board cases, gilt-lettered, containing twenty-six strings for holding the numbers 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.

DR. PENDLIP (Preston).—We are disposed to doubt the veracity of the report.

PROF. GAIRDNER (Glasgow).—The article on "Glandular Therapeutics" was founded on the paper by Prof. Curatola, presented to the Obstetrical Society of London, on January 1st, a full report of which, with discussion, will be found in our issue for January 8th, present year.

MR. J. P. S.—We will have references looked up, and communicate with you further.

MR. KROHNE.—Your letter is unavoidably crowded out at press. J. V. G., asks whether the proprietor of an hotel has the right to order a sick guest to leave—assuming the illness to have occurred after arrival, and not being an infectious disease?

M. B. (London).—Such an arrangement would be contrary to precedent, and would inevitably lead to disagreeable scenes.

MR. PARKINSON (Citheron).—Your communication came to hand as we were at press, too late for consideration in this number.

ATTENDANCE ON NURSES.

A **SUBSCRIBER** asks whether it is customary to charge for attendance on nurses engaged in nursing a patient of his, and if so, ought the employer to be charged, or the nurse?

[It is usual to attend nurses gratis, but if the patient happens to be well-to-do, he would probably not object to pay for casual consultations due to the service.—Ed.]

A FASHIONABLE COMPLAINT.

DOCTOR: "You sent for me, madam; what is the nature of your complaint?"

Lady: "Ah, my dear doctor, I suffer dreadfully from—from—Whatever was the illness for which you sent my friend, Mrs. Harris, to Ostend?—*Exchange*."

Meetings of the Societies

WEDNESDAY, FEB. 5TH.

OBSTETRICAL SOCIETY OF LONDON.—8 p.m. Specimens by Dr. Playfair, Dr. Duncan, and others. Paper.—Mr. Harrison Cripps: Abdominal Hysterectomy with Intra-peritoneal Treatment of the Stump, with Notes of Eight Cases. Annual Meeting. The President (Dr. Champneys) will deliver the Annual Address.

SOCIETY OF ARTS.—8 p.m. Mr. Frederick Henry Chesswright: The Mexican Drainage Canal.

THURSDAY, FEB. 6TH.

HARVEIAN SOCIETY.—8.30 p.m. Mr. C. Mansell Moullin: Some of the Recent Results of Orchiotomy for Enlarged Prostate.

FRIDAY, FEB. 7TH.

WEST KENT MEDICO-SURGICAL SOCIETY (Royal Kent Dispensary, Greenwich Road, S.E.).—8.15 p.m. Mr. Poland will exhibit a case of Typhoid Tumour after Operation. Discussion on Cough.—Mr. Mayo Collier, Drs. Herschell, Taylor, Henry, and others.

CLINICAL SOCIETY OF LONDON.—8.30 p.m. Dr. Hale White: Two cases of Pneumothorax in the course of Typhoid Fever, and both due to straining at stool.—Mr. Pitts and Mr. Balla on: On Splenectomy for Rupture, with three successful cases.—Mr. Coiding Bird: A case of Lymph Scrofula and Lymphatic Varix.

WEST LONDON MEDICO-SURGICAL SOCIETY (West London Hospital, W.).—8.30 p.m. Mr. J. Hutchinson: The Law of Inheritance with reference to Gout.—Dr. Archibald Garrod: The *Rationals* of the accepted Treatment of Gout. Specimens of Renal Calculi will be shown by Messrs. Keetley, Edwards, Bidwell, and others.

WEDNESDAY, FEB. 12TH.

LARYNGOLOGICAL SOCIETY OF LONDON (20 Hanover Square, W.).—5 p.m. Discussion on the Nature of Laryngeal Ulcerations during the course of Typhoid Fever, to be introduced by Drs. A. A. Knathack and J. A. Drysdale.—Discussion on Foreign Bodies in the Upper Air and Food Passages, to be introduced by Mr. Charters Symonds.

Vacancies.

Birmingham and Midland Eye Hospital.—Assistant House Surgeon. Salary £50 per annum, with apartments and board. Applications to the Secretary, Church Street, Birmingham.

Bury Dispensary Hospital.—Junior House Surgeon. Salary £50 per annum, with board, residence, and attendance. Applications to the Hon. Secretary, Dispensary, Knowsley Street, Bury, Lancashire.

Cardiff Union.—Assistant Medical Officer for the Workhouse, under the direction of the Medical Officer. Salary, £100 per annum, with rations, apartments, attendance, and washing. Applications to Arthur J. Harris, Clerk, Queen's Chambers, Cardiff.

Chelsea.—Assistant Medical Officer for the Workhouse and Infirmary. Salary, £70 a year, with furnished apartments, rations, washing, coals and gas. Application forms of Wm. Miller, Clerk of the Guardians, 250, King's Road, Chelsea.

Essex County Asylum, Brentwood.—Third Assistant Medical Officer and Pathologist. Salary £120, with board, residence and washing. Applications to the Medical Superintendent.

Owens College Manchester.—Junior Demonstratorship in Physiology and Histology. Annual salary, £100. Applications to the Registrar, who will forward further information.

Staines Union.—Medical Officer, Ashford District. Salary, £50 per annum, with the usual extra fees for surgical and midwifery cases. Applications, John Anthony Engall, Clerk to the Guardians, Staines.

Walsingham Union.—Medical Officer for the No. 6 Walls District of the Union. Salary £68 10s per annum, exclusive of certain fees. Applications to the Clerk, Bridge Street, Fakenham.

Appointments

Briggs, Henry, M.B. C.M., Edin., F.R.C.S., Eng., reappointed Honorary Surgeon to the Liverpool Hospital for Women.

Brodie, C. Gordon, F.R.C.S. Eng., Assistant Surgeon to the Orthopedic Hospital, London, E.C.

Burton, J.E., L.R.C.P., Lond., M.R.C.S., L.F.P.S. Glasg., Honorary Surgeon to the Liverpool Hospital for Women.

Cameron, A.G.E., M.B., B.S., D.P.H., Camb., Assistant Medical Officer to the Small-pox Hospital Ships, Metropolitan Asylums Board.

Crawford, Raymond, H.P., M.A., M.D., Oxon., M.R.C.P., Assistant Physician to the Royal Free Hospital, London.

Davies, E. T., M.D., Edin., C.M., F.R.C.S., reappointed Honorary Assistant Medical Officer to the Liverpool Hospital for Women.

Dodgson, E. W., M.R.C.S., L.R.C.P., House Physician to St. Mary's Hospital, London.

Edis, J. B., L.R.C.P., Edin., M.R.C.S., reappointed Honorary Surgeon to the Liverpool Hospital for Women.

Fraser, P., M.D., C.M. Edin., Medical Officer of Health for the North Wales United Sanitary District.

Grimdale, T. B., M.B., Cantab., M.R.C.S., reappointed Honorary Medical Officer to the Liverpool Hospital for Women.

Miller, W. B., M.U., B.Ch. Dubl., Honorary Surgeon, West Cornwall Infirmary and Dispensary, Penzance.

Fridmore, K. L. N., M.B., Lond., L.R.C.P., M.R.C.S., Medical Officer for the Weymouth Sanitary District of the Weymouth Union.

Smart, David, M.B., B.Sc., Edin., B.Sc. Edin., reappointed Honorary Medical Officer to the Liverpool Hospital for Women.

Deaths.

BLAIR.—Jan. 30, at Fulwood, Kew, the wife of Charles Blair, M.D., M.R.C.S., of a daughter.

NEALE.—Jan. 28, at Old Bank House, Milford Haven, the wife of Albert E. Neale, M.B., B.S., of a son.

STUART.—Jan. 31, at New Elvet, Darham, the wife of Robt. Stuart, M.R.C.S., L.R.C.P. Lond., of a son.

Marriages.

EVERETT-GOODMAN.—Jan. 29, at Highbury Hill Chapel, Ernest William Everett, M.R.C.S., L.R.C.P., of Norwich, to Fanny Mabel, daughter of the Rev W. Goodman, B.A., of Highbury.

MINNS-MORTON.—Jan. 29, at All Saints' Church, Sheffield, Alan Gladys Minns, M.R.C.S., L.R.C.P. Lond., of Theford, to Gertrude, eldest daughter of Samuel Morton, M.R.C.S., of Sheffield.

ROBINSON-WILLET.—Jan. 30, at Christ Church, Westminster, Wilford Vidal Robinson, L.R.C.P. Lond., of Berstam, to Harriet, younger daughter of the late Captain John Salgren Willett, R.N.A., of Petticombe, N. Devon.

Deaths.

MARTIN.—Jan. 28th, at The Croft, London Road, Reading, Robert S. Martin, L.R.C.P. Ed., M.R.C.S. Eng., aged 81.

COGHILL.—Jan. 1st, killed in action at Krigerdorp, Kenneth Mackay Sinclair, aged 19, son of Dr. Sinclair Coghill, of Ventnor, I.W.

WOOD.—Jan. 28th, at Byng, New South Wales, Chas. K. Wood, aged 29, youngest son of the late Andrew Wood, M.D., L.L.D., of Edinburgh.

ILLINGWORTH.—Jan. 25th, from blood-poisoning, Charles R. Illingworth, M.D., D.P.H., of Upper Tooting, London, aged 41.

JACOBSON.—Jan. 21st, at 17 Allan Park, Stirling, Surgeon-Lieut.-Colonel T. W. Jackson, M.B. Glasg., B.Sc. (Pub. Health) Edin., aged 60.

KELLY.—Jan. 28th, at Park Street, Grovenor Square, London, A. B. Kelly, M.R.C.S. Eng., L.R.C.P. Edin., aged 43.

ORME.—Jan. 25th, suddenly, at his residence, The Fir, Leigh, Essex, Robert Orme, M.R.C.S., aged 56.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and need reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

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Original Communications.

TUBERCULAR DISEASES OF THE HIP-JOINT.

By R. L. SWAN, F.R.C.S.I.,

Surgeon to Steevens' and The Orthopedic Hospitals, Dublin.

THE term "tubercular," as applied to hip and other joint diseases, was until recently a vague though intelligible designation. It was apparently originated by the writings of Nichet, "On Pott's Disease," and of Nélaton, "On Tubercular Diseases of Bone," published more than fifty years ago.

Since that time observation had demonstrated a number of facts which had enhanced the probability of a disease common in joints, being identical with a diathesis which developed local manifestations in dissimilar tissues. That disease of a similar pathognomonic type should attack in succession various joints, such as the knee, hip, spine, or bones of the carpus or tarsus. The incidence or sequence of pulmonary tuberculosis, or tubercular meningitis, during or after the existence of disease in those joints. These occurrences did not, however, advance our positive knowledge beyond that of Delpech, who, in 1816, asserted the close analogy of Pott's disease with pulmonary phthisis. He stated that tuberculosis was the only cause of that deformity which is called Pott's disease of the spine, and that, therefore, this affection should be termed "tubercular disease of the vertebrae." But it was not till the discovery of the tubercle bacillus by Koch, and its verification by Schuchardt and Krause, Bouilly, Müller, and many other observers, that a number of truths were elicited which have proved that what was so long accepted as a clinical belief had become an undoubted certainty.

Numerous cases have been recorded where wounds in individuals who were previously healthy, having become infected with tuberculosis, bone and joint diseases of the tubercular type have subsequently become developed.

Pfeiffer reports a case of a veterinary surgeon, perfectly healthy, and with a good family history, who, while dissecting a tubercular cow, accidentally wounded his left thumb. The wound healed, but induration of the scar took place. The metacarpo-phalangeal joint became swollen and presented the appearance of a tubercular synovitis. Some months later the signs of pulmonary tuberculosis supervened, and he died of the disease in 18 months after the receipt of the injury. The joint after death showed all the usual destructive changes both in the bones and synovial membrane, and a large number of tubercle bacilli were present.

Czerny records two cases where skin grafting was employed for the treatment of large ulcers, the skin having been taken from limbs recently amputated for tubercular bone disease, and those patients afterwards became the subjects of tuberculosis; one died of phthisis in 14 months, the other developed spinal disease with curvature and psoas abscess. Cases of a similar nature have been also recorded by Brandon, Peters, Middeldorpf, and others.

A youth, set. 18, was under my care in Steevens'

Hospital suffering from tubercular disease of the neck of the bladder, characterised by the usual symptoms of irritability and discharge of small quantities of sanious pus from the urethra. I sent a specimen of this to the Clinical Research Association, and received in reply—large number of tubercle bacilli present; he is now, one year after, in an advanced stage of pulmonary tuberculosis.

A proof that those strumous diseases are tubercular is also afforded by a histological examination of the affected tissues. König examined 72 specimens in the Gottingen museum, and of these 67 yielded confirmatory results. He found tubercles in bones and joints, in the walls of chronic abscesses, and in the soft tissues at the reflection of the synovial membrane, and he shows that tubercular tissue is not found in granulations of ordinary inflammation, or in acute osteomyelitis. In addition to the statements already made, that pulmonary tuberculosis is a frequent result of such disease of the larger joints, it is only when such disease is concomitant, or in immediate sequence to the joint affection, that the surgeon will recognise their pathological affinity. Many patients, however, will die at a later period from such supervention.

Cheyne states that speaking roughly 20 to 30 per cent. of the patients suffering from strumous diseases of the larger joints ultimately die of internal tuberculosis. König writes that only in 21 per cent. is the joint the sole tubercle trouble, but it is to be supposed that he includes in the larger numbers those who have implication of the neighbouring lymphatics and contiguous peri-articular tissues.

Attention may be directed to the admirable and instructive paper in the *British Medical Journal*, April, 1890, by Mr. Walter Cheyne, in which he demonstrates the possibility of induction of similar diseases in animals by the injection of tubercular material into bones and joints.

We approach, therefore, the examination of hip-joint disease on the assumption that it is the definite result of the presence of the tubercle bacillus, and that the individual so affected has not alone the local malady to endure, but is menaced with superadded and possibly fatal dangers.

It is interesting to consider at this juncture the probable method of localisation of the parasite. Allusion has already been made to accidental inoculation, and also to the experimental injection of bacilli into the tissues of animals. But in the ordinary cases of strumous joint diseases in children we must look for some other channel.

The following observations embody, I believe, the most recent opinions regarding infection and the conditions which influence it.

There are some cases of primary tuberculosis of joints, kidney, liver, spleen, &c., which appear to be associated with a foetal hæmatogenous infection (Baumgarten. Gärtner).

But in a large proportion of cases the inoculation is post-fatal—through the mucous membranes or skin.

The infection of the lymph glands is usually consecutive to tuberculosis of the skin, but Lesage and Pascal consider that tubercular polyadenitis is often congenital.

Regarding the infiltration of certain groups of lym-

phatics, it may be looked upon as due to a definite local cause. These groups may practically be named as three in number: 1st. The cervical group. 2nd. The bronchial group. 3rd. The mesenteric group.

The cervical glands are superficial and deep. The superficial lie under the platysma and receive lymphatic vessels from the external ear and side of the head and neck. The deep lie along the vessels and communicate with the tonsils, mouth, palate, pharynx, and larynx. There are also submaxillary glands which receive tributaries from the lower incisor gums, the tongue, and lower lips.

The bronchial group of glands are very numerous. They may be localised from the names applied to them, as: 1st. Intercostal. 2nd. Sternal. 3rd. Anterior mediastinal. 4th. Cardiac. 5th. Tracheal and bronchial proper.

The mesenteric group are those of the mesentery, those of the lesser omentum and the glands contiguous to the aorta. With this group the pelvic glands are sometimes, though infrequently, involved in tuberculous.

The appearance and clinical history of tubercular adenitis of the glands of the neck are so familiar to every practitioner that a short reference will suffice. There is reason to believe that they become infected from without by the entrance of bacilli through the mucous surfaces of the throat, especially when diseased through the alveoli, or from extension from tubercular disease. I have seen them consecutive to caries of the cervical vertebrae. With reference to the first method of contamination, the experiments of Cornet upon the presence of bacilli in the dusts of cities and of rooms show how widely the virus is spread, and how likely it is that in crowded centres bacilli are inhaled and even swallowed, and thus that the lymphatics are infected.

It has been suggested that, as the course of this adenitis is slower than the acute forms of disseminated tuberculous, it is due to an attenuated virus, or it becomes modified in its transmission.

Regarding the implication of the bronchial and mesenteric groups of lymphatics, we believe that the respiratory and digestive tracts admit the bacilli. But in most cases there is no definite lesion at the point of entrance. In the experiments of Klebs, who fed animals on tubercular material, he found that the presence or absence of tubercular ulcers in the intestine depended on the size of the particles. When presented in large masses, such as cheesy glands or portions of lung, ulcers resulted, but when given in minute subdivision no such lesions were found. Tubercular deposit in the bronchial or mesenteric glands are, therefore, seen in children without any mucous lesions. When we remember that the most probable cause of infection is milk from tubercular cows, an easy solution of the question of the introduction of the bacillus into the lymph channels and thence into the blood is given us. A more difficult problem is to determine the reason of the selection of a special bone or joint for the retention and development of such elements.

In addition to the well-known fact that when non-pathogenic elements are injected into the blood they are rapidly deposited in the medulla of bone, especially near an epiphysis, the developmental changes which are in continual operation in such a position in the young may favour the deposit and growth of the bacillus.

But there is, in addition, that exciting cause, in which every surgeon seems to have an instinctive belief, namely, injury, a history of which he strives to elicit. That this is a potent factor in determining the production of tubercular disease was proved by experiments on animals by Professor Krause, and also by Schüller. It was found that severe injuries, such as dislocations or fractures, were repaired readily and

not followed by tubercular disease, but that trivial injuries, such as strains or slight bruises, became tubercular. Cases are on record where fractures occurring in the shafts of bones whose extremities were tuberculous, united easily. The preceding assertions are borne out by our usual experience in hearing the history of hip-joint disease, as we find that, although there has been often some recollection of a fall or bruise, it has quite as frequently been forgotten. It has been supposed that the disturbance of the circulation in the part, similar to that of the early stages of inflammation and necessary to repair, may favour the growth of the bacillus, especially if there has been extravasation of blood laden with these organisms.

We cannot overlook that condition vaguely understood as "receptivity of the tissues." Many influences may contribute to this. While it has not yet been proved that the tubercle bacillus has been directly inherited from the progenitor (up to this, experiment is altogether against it), we all recognise the fact that the delicate offspring of delicate parents will not be likely to lead an outdoor, athletic, or healthful life, but will diminish vitality of tissue by a sedentary method of existence. That the mother may transmit the tubercular diathesis to her offspring is, however, generally admitted. The investigations of Watkins (Pan-American Medical Congress "Transactions," September, 1893) draw attention to certain granular masses in the blood termed third blood corpuscles, which occur in groups or singly, and whose function has been for long a subject of theory or conjecture. These structures are believed to be a pathological element and to declare the presence of a tubercular diathesis. This third blood corpuscle is found in pulmonary consumption; Pott's disease, hip-joint disease, chronic abscess and lupus, and tuberculous in any form is impossible without its presence in the blood.

The statement has been made by many that certain slowly-acting blood changes, called dyscrasia, precede tuberculous. Dr. Watkins believes the third blood corpuscle to be the *sine qua non* of the tubercular bacillus, and as such is one of the chief means of diagnosing this dyscrasia which it produces. In a series of experiments he claims to have demonstrated that the tubercle bacillus will live in acute tubercular blood, but will not live in blood which does not contain the third blood corpuscle.

He states that the third blood corpuscle is very often discovered in the blood of infants born of tubercular mothers, while he has never discovered it in the blood of infants born of non-tubercular women, when from the very beginning they have been nourished by their mother's breast.

The quality of the food has long been recognised as a factor in the production of strumous diseases. Watkins found that a baby in unhygienic circumstances will have the third blood corpuscles produced in its blood in from three to ten days by using sweetened milk and water, or by over sweet condensed milk.

We know that the carnivora are practically exempt from tuberculous, while the herbivora are extremely susceptible of its ravages. Man occupies an intermediate position. Bidder, in speaking of the treatment of strumous diseases, lays stress on the avoidance of substances rich in potash, and also of starchy materials, and advises the employment of albuminous foods rich in soda and fat. It is certainly true that an easy assimilation of fat appears to be unfavourable to the development of tuberculous, and persons with such a diathesis are usually averse to its consumption, and prefer the saccharine and starchy elements of food.

There is a fact which cannot fail to attract the attention of every observer, namely, the development of tubercular disease in joints after debilitating diseases. How often do we see the following: "A healthy child

gets whooping-cough, vomits constantly for weeks, becomes emaciated, partly convalesces, gets measles with some chest complaint, begins to go about, and is then found to be lame, and soon exhibits all the symptoms of tubercular morbus coxae."

If we analyse the statistics of tubercular joint diseases in the early years of life, it will be found that a practical uniformity has been arrived at by most observers as to their relative frequency. Tubercular spine disease is admittedly the most frequent, and if the aggregate of outdoor and indoor cases in hospital be taken, will far outnumber disease of any other single articulation, according to some observers, furnishing almost 50 per cent. of the whole. But if we examine the proportion of indoor cases among children, we perceive that the hip cases are fully as numerous, and I cannot avoid the conclusion that they would far exceed other joint affections in number, as hospital inmates, were it not that there is a feeling (be it correct or otherwise, I will not hazard an opinion) that the occupation of a large number of beds by cases of a necessarily slow and often uneventful progress would curtail the general usefulness of an hospital, whether regarded from the standpoint of education or philanthropy.

That diseases of the hip-joint are more frequently found in occupation of hospital beds than spine diseases may be explained by their greater exigencies. The difficulty of dealing with them efficiently in the homes of the poor. The greater suffering they occasion, and their greater liability in early life to suppuration, and its many consequences. It is remarkable how many cases of extensive involvement of the vertebral bodies may undergo retrogressive changes, or even go on to caseation, as may be seen in dissections after death from intercurrent of some other disease, and yet no abscess will happen. An explanation of this must be looked for in the mechanical conditions which inhibit movement. The extravasation of lymph round the laminae, which becomes semi-organised and serves as a posterior protective splint, and the persistent contraction of the spinal muscles in front, also to the fact that the tubercular deposit in children is usually intra-osseous, and is not so liable to suppuration, as in the case of adults where the seat of disease is most often the periphery, with involvement of the inter-vertebral fibro-cartilages. Suppuration will no doubt sometimes occur in children, and more especially if the costo-vertebral articulations be involved, and movement results as a consequence. But in hip disease the muscles not alone cause fixation, but intermittent pressure of great force from spasmodic contraction, which rapidly provokes morbid changes. This with the neglect or want of recognition of the case in the early stages, the child being often allowed or even encouraged to run about, hastens the occurrence of that most disastrous of all complications, namely, suppuration.

From thoroughly reliable extracts from the printed reports for the past five years at the Orthopaedic Hospital I have collected the following statistics.

There were in all 229 indoor cases of joint disease. Of these 88 were spinal, 85 hip-joint, 74 knees, 15 ankles, 7 elbows, but I anticipate as it has been determined to reserve special accommodation for the future for 20 hip-joint cases the results in another five years will be very different, and affections of the hip will head the list of indoor cases of joint disease.

There are different opinions as to the relative frequency of the position where disease may commence. I think it may be admitted, considering the varied opinions of different surgeons of great experience, that all situations, whether acetabular, synovial, or femoral, furnish a possible bed for a tubercular deposit.

Judging from my own experience in tubercular disease of other joints, more especially the knee and ankle, I am strongly of opinion that the primary dis-

ease is most often in the bone. Let any surgeon of extensive experience in dealing with disease of those joints, reflect how frequently when he considered the synovial structures alone engaged, and that the case was a typical one for erosion, did he find that there were indications present which made him suspect bone implication, and that even when the articular cartilage appeared healthy it was found that on making a section a caseating tuberculous mass or a sequestrum was present. I instance the knee and ankle not as furnishing any exception to a general rule, but that in those joints we have exposed to view during a formal operation those conditions which are I believe common to all articulations so affected.

(To be continued.)

Lectures

ON

THE DIAGNOSIS OF INSANITY.

By THEO. B. HYSLOP, M.D.,

Lecturer on Mental Diseases to St. Mary's Hospital Medical School,
Assistant Physician to Bethlem Royal Hospital.

LECTURE VII.

THE relationship of syphilis and insanity is a subject fraught with much difficulty, and hitherto it has provided much matter for contention. The literature of the subject is so extensive, and the conclusions of various observers so contradictory, that one may well be excused from giving vent to definite statements as to questions of diagnosis.

Certain periods in the specific histories are associated with somewhat definite types of mental disorder. Thus, during the earliest periods of infection, there may be emotional depression which sometimes passes the borderland of sanity. So-called cases of "syphilophobia" are usually characterised by states of mental depression and fear, or actual hypochondriasis. The patient is usually of a neurotic type, and may or may not have exposed himself to the risk of infection. The term "syphilophobia," when used from a symptomatological point of view, is unobjectionable, but it in no way implies that syphilis has been a factor of causation in the case.

In cases of insanity associated with actual infection by the specific virus of syphilis, there may be merely a temporary or functional derangement of the cerebral activity, exhibiting itself commonly during the secondary stages, and passing off without observable damage to the brain structures or there may be a succession of mental and somatic symptoms associated with the tertiary stages, having for its cause certain definite vascular and connective tissue changes which are, in a great measure, distinctive in their pathology. Sometimes the history of syphilitic infection is so definite, and the symptoms of syphilitic lesions are so distinct that we feel warranted in describing the cases as of syphilitic insanity. The term is convenient, and if not scientifically accurate, at least conveys to our minds a type of disease or group of symptoms which require diagnosis and special treatment. In attempting to classify the various forms of mental derangement associated with syphilis, we have two courses open to us. We may classify from the pathological or from the mental standpoint. Were the ultimate relations between the brain and mind demonstrable, doubtless a pathological classification would suffice, but ignorance of these relations, at present, hinders any such classification. It is difficult to prove that syphilis is the actual and immediate cause of insanity. The most we can say is, the syphilitic virus does induce pathological changes in the vascular and connective tissues of the

cerebro-spinal system, and these changes act mechanically by pressure or otherwise and so modify the nutrition of the nervous structures as to impair their functions. As we advance in our knowledge of cerebral pathology we may be able to demonstrate more definite associations between mental and cerebral events, in the meantime we must rest content with separate descriptions of the two series of phenomena.

Before taking account of the forms of insanity associated with demonstrable pathological changes in the cerebral tissues, I must refer to some mental states which have been included under the term "syphilitic insanity." I mean those forms occurring more especially soon after specific infection, but more generally just preceding or concomitant with the secondaries. In such cases we may have an ordinary idiopathic type of insanity, but more commonly the mental symptoms assume such forms as mania, melancholia, or alternation of these. Pure hypochondriasis is, in my experience, rare. The liability seems to depend chiefly upon (a) pre-existing disease of the brain, (b) narcotic inheritance, (c) previous attacks of insanity, &c. In most cases there is actual corporeal disease. The mere presence of a chancre, bubo, eruption, loss of hair, loss of appetite, defective nutrition, or ill-health and its sequelæ suffice to account for the melancholia, restlessness, or even excitement almost amounting to delirium. Many cases recover upon the disappearance of the bodily symptoms. In these cases the insanity would therefore appear to be dependent mainly upon constitutional effects without demonstrable pathological changes in the cerebrum.

The period at which these symptoms appear may vary from as soon as two weeks after infection to several months. As before mentioned they are most commonly met with on the appearance of the secondary symptoms, and not infrequently also disappear with them. In one case, reported by Dr. Cadell, there was great mental excitement, and restlessness almost to delirium, during the eruptive stage, and lasting nearly five months till the eruption disappeared. A year after this the hair of the head and beard fell out and the patient became melancholic, despondent, and suicidal for two years till the hair grew again which was followed by recovery. In a few cases the mental symptoms never return; more commonly, however, they reappear in a more unfavourable form with the tertiaries. The pathology of the derangement associated with the secondaries is at present hypothetical. It has been described as an irritative form of insanity due to cerebral anæmia or to the irritating effects of the syphilitic virus. In some cases gummatous products have been found in other organs while the brain was apparently healthy. For convenience I have preferred to style the mental symptoms associated with secondaries as "functional," and those demonstrably due to organic cerebral change as "organic." The organic types are divided into congenital and acquired, and the latter group is further subdivided into vascular and syphilitomatous, according to the nature of the tissue affected.

(1) Functional.

(2) Organic (a) Congenital.

(b) Acquired } Vascular.
 } Connective tissue.

It is almost impossible to define the organic types from the clinical symptoms alone for any one symptom may be stimulated by many other morbid factors. A syphilitic tumour may be simulated by an abscess, hydatid cyst, or glioma; or the hemiplegia due to thrombosis of an atheromatous cerebral artery may not differ from thrombosis due to syphilitic arteritis. We can in some cases only rely upon the history of syphilis with its succession of symptoms. By some authors, syphilis of the nervous system is said not to exist. They maintain that it does not attack the nervous substance, but that it affects the neuroglia, fibrous tissue, blood-

vessels, lymphatics, membranes, or bony coverings, involving the nerve tissue only secondarily by pressure, and so causing irritation, inflammation, and ramollissement, or by starvation from deficient blood supply, so causing degeneration and atrophy.

Congenital Syphilis.—Clifford Allbutt, writing upon mental affections in children, says, "Apart from traumatism, sunstroke, poisons, malformation, and the sequelæ of typhoid and other fevers, &c., insanity in children is practically always hereditary; though bad bringing up and excessive study may largely conspire with original tendency to produce it. If, in such a case, the parents are not actually insane, eccentric, or dissipated, we shall find that syphilitic antecedents may have been the cause of insanity in the offspring, or the father may have been well advanced in years, if not himself also of failing vigour, at the time of procreation." Drs Langdon Down, Shuttleworth, Fletcher Beach, and others, have described evidences of congenital syphilis in idiots and imbeciles. Savage believes that congenital syphilis causes death from convulsions and from other diseases in children, who would probably have been mentally defective had they lived, and that many minor nervous disorders occur in such children who are managed at home because they are physically weak, and that these lesser neuroses are seen by out-patient physicians in many patients who die before maturity.

The cases of mental defect or disorder in connection with congenital syphilis have been ably described by Savage under three heads, viz. :—(1) Those with general defect of development, with moral and intellectual want, the only feature being a distinct history of parental syphilis with evidences of the disease in the patient. Such children may have fairly well-formed heads, but, after early infancy they have not developed, they have learned to walk, but not to talk, they are restless and mischievous, and only to a very small degree educable. They require to be removed from home for the sake of the other children and for special training. (2) Those with sensory defect and consequent mental want. This group contains cases in which specific inflammation has caused deafness or blindness, or both, in early infancy; these defects leading to idiocy by deprivation of sensory stimulation. In some of these cases special education for deaf and dumb and blind fails to develop any really useful mind, and with the growth of sexual desire much serious trouble may arise, and the small mental gain effected may be ruined very rapidly. The probable end of these cases is the early death from some physical disease, such as phthisis. (3) Those with epilepsy or paralysis, and consequent epileptic or paralytic idiocy. (a) The epileptic varieties frequently begin with convulsive seizures in early infancy, and these fits recurring, become habitual and prevent mental development. In some cases the fits cease at some period of life, say about seven or fourteen years of age, but, as a rule, the mind has been too seriously damaged to recover, and the patient remains a quiet non-epileptic idiot. (b) In the paralytic cases, as also in some epileptic ones, local lesions about the cranium, the membranes, and the brain itself are the cause of the convulsive or paralytic symptoms. As a rule, these paralytic idiots are hopelessly weak, and need asylum care, and they usually live but a short time. In a few cases, the general symptoms of congenital syphilis only affect the mind later. Thus, defect of sight and hearing may act in the same way that disfigurement did in making the patient morbidly solitary, self-conscious, and suspicious; and in the end deluded and insane. These cases generally are met with in young women, and the prospect of cure is very slight, most of the patients pass into chronic weak-mindedness or delusional insanity.

There is also a fourth group, of which the symptoms may be due to inherited syphilis. These cases present

a remarkable resemblance to general paralysis. The salient features of some of them are slow but progressive dementia, with concomitant steady development of generalised paralysis and great emaciation. I have seen several cases of this type, but I am unable to say whether they are or are not true cases of early general paralysis. In adults, the syphilitic process may attack the cerebral vessels, and cause thrombosis, with the formation of a cyst and subsequent atrophy, or the gummatous material may affect the surface of the convolutions or internal nerve tracts. Possibly the same occurs in children who are congenitally affected by syphilitic disease.

The syphilitic disease may manifest itself in lesions of the bones of the cranium, the membranes, blood-vessels, brain substance, cerebral nerves, or of the organs of special sense. The skull bones may be absorbed owing to gummatous infiltrations, or small areas of caries with exfoliation may occur. The dura-mater and the pia arachnoid may be thickened and affected by various inflammatory deposits, or there may be gummata. The middle and inner coats of the arteries may show the characteristic endarteritis. Periarthritis and inflammatory deposits round the smaller arteries also occur. The brain-substance may be affected by means of an extension of the disease from the membranes, or as the result of deficiency of blood-supply. The nerve-structures of the cortex are apt to degenerate in proportion to the amount of over-growth of the neuroglia substance. The cerebral nerves and the organs of special sense may be implicated symmetrically or otherwise. The nerve fibres may become atrophied, and fail to perform their functions.

Space will not permit a full account of all the pathological data derived from innumerable investigations. I shall, therefore, merely present to you some of the more important of the clinical features for diagnostic purposes. Mr. Hutchinson believes that tertiary syphilitic symptoms are usually unsymmetrical. The diagnosis is aided by such symptoms as, palsies of cranial nerves, convulsive seizures, and hemiplegia (not the result of convulsions). Paralysis of the third nerve necessarily points to disease of the nerve trunk or of the crus close to the implantation of the nerve; a convulsion is due to discharge of some nerve centre. Too persistent hemiplegia does not follow a convulsion; such a condition is far more probably due to thrombosis of a syphilitic artery. A convulsion without details is of little use in diagnosis. The diagnosis of syphilis is not necessarily rendered invalid when anti-syphilitic treatment is unsuccessful. It must also be remembered that general convulsions do not point to the affection of any particular locality. The presence of headache, double optic neuritis, and hemiplegia would point to a lesion of one side of the brain, but, as pointed out by Hughlings-Jackson, optic neuritis alone, or convulsions alone, have little or no diagnostic value; associated, however, they are of considerable importance. Intense pain with double optic neuritis would apparently warrant the diagnosis of some foreign growth in the encephalon. This foreign growth, however, may be a glioma, syphiloma, abscess, hydatid cyst, &c., all of which produce similar symptoms. Symptoms of a gradual onset would appear to indicate a growth; whereas, a sudden onset would indicate the effects of thrombosis. Hughlings Jackson has also pointed out that double optic neuritis frequently exists when there is no evidence to show that sight is affected, and, indeed, when there is clear evidence that sight is good. Optic neuritis from syphilitic disease of the brain is regarded as in no way differing from optic neuritis the result of glioma or other foreign body. It tells us nothing more than that there is coarse organic disease of some kind within the cranium. Its diagnostic value is the same whether sight be affected or not, and there is no difference in

the optic neuritis whether the tumour or other foreign body causing it be in the cerebrum or cerebellum. It is of no value in localising beyond that it points to disease within the cranium.

There is much difference of opinion as to the part played by syphilis in the production of general paralysis. My experience in Bethlem leads me to believe that more than half the general paralytics admitted to the hospital owe their disease to syphilitic factors. Savage believes that at least 70 per cent. of his private cases of general paralysis have clear histories of constitutional syphilis. Clinically, we have to note that syphilis sometimes gives rise to a pseudo-general paralysis in which, during the early stages, the symptoms may be identical with those of general paralysis; but subsequently there is an arrest or protraction of the disease in the pseudo-form, so that the patient may live for many years. It must also be remembered that sometimes patients recover from syphilitic affections of the nervous system, but subsequently relapse and suffer from cerebral symptoms which are totally different from those of their former attack.

The epileptiform symptoms are usually suggestive of the presence of nodes formed on the internal surfaces of the skull pressing on and setting up irritation of the brain substance, or of gummatous tumours of the brain and its meninges. Typical syphilitic insanity, with its initiatory stages of cephalalgia and hypochondriasis, disturbance of the cerebral nerves, gradual loss of mental power, and of terminal dementia and paralysis, is usually indicative of meningitis affecting the cortical substance of the brain secondarily, the general result being a sort of matting together of the membranes and their adhesion to the convolutions and to the skull. The cerebral vessels become diminished in calibre, their walls are thickened by the deposition of concentric rings of plasma; as a consequence, the blood supply is diminished, and subsequently softening and apoplexy supervene.

The following considerations are compiled with the object of aiding a differential diagnosis between general paralysis and syphilitic insanity. General paralysis is comparatively rare under the age of twenty-five. Other manifestations of syphilis may render the diagnosis easy. Early paralyzes of the cranial nerves, optic neuritis, ptosis, local anæsthesias, headaches—nocturnal, deeply-seated, and increased by pressure and warmth—convulsions and local spasms, early insomnia, rheumatoid pains in extremities at night, neuralgia, local muscular spasms, vertigo, and affections of the special senses; all these may point to syphilis.

During the later stages of the disease the following symptoms aid in the formation of a diagnosis. There is usually more marked insomnia than in general paralysis, and the mental symptoms are not so commonly indicative of progressive degeneration. Physically, in syphilis there is little facial or labial tremor, although there may be hesitation of speech. The affections of speech are more paralytic than a mingled weakness and inco-ordination. Dysphagia is sudden in syphilis, gradual in general paralysis. Amaurosis, atrophy, neuritis, disseminated choroiditis, mydriasis with paralysis of muscles of accommodation more common in syphilis. Local palsies are usually independent of convulsive action. Paralyzes are local, unilateral, and affections of one or more of the cranial nerves, with hemispasm, convulsions, or anæsthesia often co-exist. In syphilis apoplecticiform seizures leave greater effects than in general paralysis. Simultaneous and unilateral paralysis of the fifth and sixth cranial nerves is suggestive of syphilis. (a)

In conclusion, I may quote the following relationships between syphilis and morbid mental states, as given by Savage:—(1) Insane dread of syphilis; (2)

(a) See Mickle on "General Paralysis."

insane dread of results of syphilis; (3) syphilitic fever, delirium, mania; (4) acute syphilis leading to mental decay; (5) syphilitic cachexia and dyscrasia, and mental disorder; (6) syphilitic neuritis (optic), with suspicion or mania; (7) syphilitic ulceration, disfigurement, and morbid self-consciousness; (8) congenital syphilis, cranial, sensory, or nerve tissue defects; (9) congenital syphilis, with epilepsy or idiocy; (10) infantile syphilis may be acquired; (11) constitutional syphilis (a) vascular or fibrous, (b) epilepsy, (c) hemiplegia, (d) local palsies, (e) general paralysis, cerebral, spinal (spastic and tabetic), peripheral; (12) locomotor ataxy (a) with insane crisis, (b) with insane interpretation of the ordinary symptoms.

Paris Clinical Lectures.

THE USE OF HOT WATER IN SURGERY.

Delivered at the Pitié Hospital,

By Dr. PAUL RECLUS,

Professor Agrégé at the Medical Faculty of Paris; Surgeon to the Paris Hospitals.

It would take too long to deal exhaustively with the various applications of hot water in the alleviation of pain, in inflammation, &c. I shall, therefore, confine myself in this lecture to the use of hot water in sprains, prostatitis, and inflammation of the internal female genital organs, that is to say, perimetrio-salpingitis.

I have, on previous occasions, described my treatment of sprains, which, however, still appears not to be generally known, although more rapid and complete recovery is obtained by my method than by the usual treatment, which, as is well known, consists of massage, wrapping the affected joint in a rubber band, or prolonged bathing with cold water. I have combined these three measures, with decided benefit to the patient, which is evidenced by the fact that I have had upwards of thirty serious cases of sprain, where recovery was obtained by this means within from four days to a fortnight.

It is unnecessary to describe the manner of applying the massage or the elastic band, as this is a very simple matter; as, however, this band is the principal thing in the treatment, it is kept on until recovery is obtained. Morning and evening, however, it is removed and the hot-water treatment resorted to. For this purpose, the sprained joint is plunged in a bath, the temperature of which is gradually raised from 48° to 50° or 52°, and even 55° C., which I consider high enough. Under the influence of this heat, the pain ceases immediately in a most remarkable manner. The circulation, and perhaps also the nutritive faculty, becomes more active, and to this fact doubtless a large share of the more rapid absorption of the peri-articular effusion must be attributed.

In addition to hot water I also use massage, which, like the elastic bandage, favours absorption of the effusion. The bandage has the advantage over massage in that its action is continuous, but it cannot dislodge clots. This is accomplished by energetic "kneading" with the fingers, which dissipates the peri-articular infiltration, thus preparing the way for the elastic bandage. My treatment of sprain, therefore, consists in the use of water at a temperature of 55° C., massage, and the application of an elastic bandage. Unless the lesion is exceptionally severe, recovery will be obtained by this means within a fortnight.

The manner in which I treat extensive traumatism of limbs by conservative methods I have recently described before the French Congress of Surgery. Whatever the extent or gravity of the lesions, I never, under any circumstances, amputate the injured limb, but merely wrap it in antiseptic substances by a veritable "embalming" process, leaving Nature to separate the dead from the living tissues. This method of treatment possesses the double advantage of being much less fatal than surgical procedure, and of preserving for the use of the patient, if not the entire limb, at any rate, a much larger part than would be left after amputation.

I should not have the courage, however, to advocate this uncompromisingly conservative treatment, were it not for the excellent effects of hot water, which I use freely in the following manner:—The patient, who is almost invariably in a state of collapse from the shock, is placed on the operating table, where he is wrapped in hot blankets, only the crushed limb being left exposed. The skin of the latter is shaved, all fatty substances are removed by the aid of ether, alcohol, or potassium permanganate, and when this preliminary disinfection has been thoroughly done, the injured parts are carefully cleansed.

The principal agent employed for this purpose is hot water from a cistern, placed at a sufficient height above the bed to insure a forcible jet. The temperature of the water should be between 60° and 62° C, but not higher, for, if it should reach 64° C, the heat would be sufficient to alter the albuminoid constituents of the tissues. This jet of hot water is made to irrigate all the injured surfaces, and to penetrate into all the hollows of the wound. This is the only way of removing all clots, and washing away foreign bodies, together with the micro-organisms they may contain.

The advantages of this application of hot water are threefold. In the first place, at this high temperature it is antiseptic. Not only it removes such germs as may have entered the wound from contact with the clothing or ground, but it also neutralises their effect. At 62° C. the development of microbes is checked. Miquel has shown that, when one cubic centimetre of liquid was maintained for fifteen minutes at a temperature of 55° C., the number of bacilli contained therein fell from 3,500 to 33. Moreover, I mix with the water a small quantity of an antiseptic, the potency of which is greatly increased by heat. Further hot water is hæmostatic, oozing is arrested, and the smaller veins and arterioles contract. But water of a higher temperature than 60° C. helps to compensate for the loss of heat, resulting from the bleeding and especially from the traumatic shock. The dangerous hypothermia gradually gives way, and in the majority of cases under my observation I have found that, when the patient left the operating table, his temperature had already risen to normal, instead of being sub-normal, as is the rule after an amputation has been performed for the purpose of remedying the effects of a traumatism. I need hardly insist upon the improvement in the prognosis under such conditions. When this irrigation has been accomplished, it only remains to have recourse to the process of embalming before referred to.

For many years I have observed the effect of irrigations with hot water in hæmorrhoids, and have invariably found it excellent. I have published numerous cases of timid patients who could not make up their minds to submit to an operation, but contented themselves at each fresh attack with the application to the anal region of gauze compresses dipped in water at 55° C. As, however, the water rapidly loses its heat, it is necessary to dip the compresses in hot water at intervals of a minute and apply them immediately to the cleft of the nates.

In addition to this treatment, the patient must every morning have an injection at the same temperature,

observing the rules which I shall lay down later on, in describing my treatment of perimetrio-salpingitis. Better results are obtained from these measures in small hæmorrhoids of recent formation, without marked contraction of the sphincter or a perceptible varicose edge. Under such conditions, the hot water treatment has invariably, in my experience, resulted in lengthening the intervals between the attacks to such an extent as to render the improvement equivalent to a cure. In severe cases, however, with large, prolapsed hæmorrhoids, and contraction and pain of the sphincter, the treatment must be dilatation and extirpation with the knife, followed by the application of catgut sutures to the mucous membrane and skin.

Hot water is particularly efficacious in acute prostatitis. I have already published several articles, and have furnished the data for several theses, on this subject, although cases of this affection are comparatively rare. The method of treatment is very simple. The cannula of an irrigator, filled with water at a temperature of from 55° to 60° C. is introduced into the anus slowly and carefully, in order not to injure the enlarged prostate which projects into the rectum. Thereupon the tap is opened very little, so as to permit the liquid to gradually escape and bathe the prostate. This treatment is repeated twice a day until complete recovery is obtained. There is almost immediate improvement, and in none of the nine cases under my observation has suppuration supervened, whatever the cause of the prostatitis and the size of the inflamed organ may have been. I have extended it to cases of congestion, which is of such frequent occurrence in hypertrophy of the prostate, and I have often successfully combated with a hot enema the paroxysms of retention of urine which, in prostatic patients, follow the slightest excess, fatigue, or chill. It is possible that the regular use of such enemata might render castration unnecessary in some cases, in which surgeons nowadays somewhat too readily resort.

The time is now past when apparently well-informed surgeons proposed and practised extirpation of the adnexa for the relief of pain on pressure in the vaginal cul-de-sac, ill-defined infiltration of the region, menstrual troubles, and a sensation of weight in the lumbar region. More than this is now required to justify laparotomy. For my own part, I never operate in the presence of these affections of the true pelvis, before I have had recourse to medical treatment in which hot water enemata constitute the principal factor. The results obtained in this way are so satisfactory that, in my wards at the Pitié Hospital, we only operate on the average on one out of three patients admitted for undoubted oöphoro-salpingitis.

Following the example of many of my colleagues, I begin by disinfecting the vagina and uterus, followed by dilatation of the cervix and prolonged drainage of the uterus, packing, and, if necessary, curetting the uterine cavity, the walls of which I treat repeatedly with topical applications, such as tincture of iodine, creosote, and graduated solutions of zinc chloride. These manœuvres have been so often described, that there is no necessity for repeating the description, except in so far as my method differs from that of other surgeons. Though it is not unusual to employ hot water, this water is not, as a rule, hot enough, the temperature ordinarily being from 40° to 45° C. whereas I use water of at least 50°, and still more frequently 55° C. The principal difference, however, is that, while other surgeons have recourse to vaginal irrigations, I employ enemata for this purpose.

Not that I entirely disapprove vaginal injections, their utility in cleansing the vagina cannot be disputed; but it must be remembered that this is about all the benefit to be derived therefrom, and these have little, if any, modifying effect on congestion of the uterus and its appendages. Their use rests on an anatomical error, for, if it is desired to reach the uterus, ovaries, and

oviducts, the operation must be carried out through the rectum. An enema results in the accumulation of hot water in the ampulla of the rectum, into which the internal genital organs project. Enemata must, therefore, be resorted to under these conditions, when they are best administered in the morning, about half-an-hour before rising. The irrigator, filled with water at a minimum temperature of 55° C., is placed on the night-table, the cannula is introduced above the sphincter, and the tap is slowly opened, so that only a small quantity of liquid passes into the intestine, the slowness of the process preventing contraction of the muscular coat. In this manner, therefore, a much larger quantity of water can be introduced than if a strong jet be turned on at once. Should, nevertheless, a desire to defæcate manifest itself, the water is shut off until this desire has passed, after which the tap is again slowly opened. The patient should retain the enema for half-an-hour if possible. Then she is allowed to evacuate the liquid, repeating the operation the next morning.

By this antiseptic treatment, drainage of the uterus, and hot enemata, I have succeeded in relieving, and even curing, a large number of cases of perimetrio-salpingitis. The infiltration of the cul-de-sac disappears, the peristaltic movements of the intestine break down the adhesions, and, instead of large masses filling up the true pelvis, the exudations and purulent collections are absorbed, the vaginal cul-de-sac become supple, the uterus movable, and the region in question resumes almost its normal condition, especially after judicious and moderate application of massage. I have on many occasions seen the tumour entirely disappear, and this result was in a large measure attributable to the use of hot water, which, as I have shown, is of the greatest value in surgery.

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

MEETING HELD WEDNESDAY, FEB. 6TH.

The President, Dr. CHAMPNEYS, in the Chair.

CASE OF RUPTURED TUBAL GESTATION.

DR. PLAYFAIR exhibited a case of ruptured tubular foetation of unusual interest. The lady from whom it was taken, æt. 31, had had a child five years ago. She menstruated when travelling in Italy from October 12th to 16th. She missed her November period altogether, and believed herself to be pregnant. Early in December she started from Naples to travel to England. On reaching Milan she was laid up with very alarming uterine hæmorrhage, and thought she had miscarried. Two days afterwards the hæmorrhage had ceased, but there was an intensely offensive vaginal discharge, so marked that the odour was apparent to everyone who came into the room in which she was. In this condition she travelled home, not feeling particularly ill. This was apparent from the fact that on the day after she reached London she went to Brighton and returned the same day. Next morning, December 22nd, she felt feverish and ill, and was seen by Dr. Hollings, and the same afternoon by Dr. Playfair. The temperature was then 103°, pulse 120°, but there was no marked pain. *Per vaginam*—The uterus was fixed, there was some deposit in Douglas pouch and in the right broad ligament, but no definite tumour. These symptoms did not suggest extra-uterine foetation, the existence of which was not suspected, and the case was believed to be one of pelvic-peritonitis, following the long journey immediately after miscarriage. Next morning at 10 a.m. when in bed the patient was seized with sudden severe abdominal pain and collapse, and was believed to be moribund. The existence of ruptured tubular foetation was now diagnosed, and laparotomy was performed at 2 p.m. On opening the peritoneal cavity, the right tube was found to be dilated and ruptured, the whole outer portion having been torn off, and the posterior half, about the size of half a goose's egg, alone being left.

The remainder, and the ovum, were not found. This then was doubtless the cause of her collapse, which was so severe, that it was doubtful if the patient would be got alive off the table. The peculiarity of the case, however, lay in the fact of the blood extravasated into her peritoneal cavity, which was black and evidently old, being intensely fetid. How had the blood become thus infected, surely a very unusual occurrence? It was found that the distal extremity of the tube was patulous. Through this blood had probably escaped before rupture had occurred, and this probably caused the deposit felt on examination, and this must have been infected through the agency of a decomposing clot retained in utero, which caused the offensive discharge previously noted. The amount of extravasated blood, however, could not have been very excessive, since the patient had been able to travel from Italy. The temperature noted on the day before the operation was not due to pelvic-peritonitis as at first supposed, but to septicæmia, as was evidenced by a severe attack of pleuro pneumonia which occurred two days after the operation. The convalescence was protracted, and three weeks after the operation the wound, which had united after the removal of the drainage tube on the third day, re-opened spontaneously, and there was a considerable discharge of intensely fetid sanious fluid and blood-clot. The temperature immediately fell to normal. A drainage tube was now re-introduced, and in a week all discharge had ceased, and the patient rapidly convalesced. This combination of rupture of a tubular foetation, with septic infection of previously extravasated blood lying free in the peritoneal cavity, is apparently unique. The symptoms clearly pointed in the first instance to abortion, and were not at all those characteristic of extra-uterine foetation. It seems possible, although, of course, this is only an hypothesis, that the hæmorrhage in Milan was due to a co-existent uterine gestation, which had aborted, and from which came the retained blood-clot which caused septic infection.

EXTRA-UTERINE GESTATION.

DR. DUNCAN showed a specimen removed before rupture from a woman, æt. 30. She had twins in 1892, and from that time she was regular until October 10th, last. Between the latter date and the first of December she had no loss of blood but complained of pelvic pain. On December 1st, she was seized with acute abdominal pain though she did not faint. Four days later she had a loss. A tumour could be felt to the right of the pelvis *per vaginam* pushing the uterus to the left. The tumour was elastic and in view of the history one had no difficulty in arriving at the diagnosis of extra-uterine gestation. He operated and came down upon a swelling the size of an orange in the outer part of the left right Fallopian tube, apparently just on the point of rupture. The left tube was distended by a hydrosalpinx, so this also was removed.

DOUBLE TUBO-OVARIAN CYST.

DR. DUNCAN also showed two tumours, removed from a woman, æt. 25, who, though married, had never been pregnant. She was well until two years ago, when the abdomen began to become prominent, especially on the left side. At about that time she began to complain of pain in the abdomen and back. She consulted a doctor, who told her it was an ovarian tumour, but as she experienced no particular inconvenience matters were allowed to run on until January 6th of this year, when she applied at the Middlesex Hospital for the pain and swelling of the abdomen. He found a cystic swelling reaching up to within two fingers' breadth of the umbilicus. *Per vaginam* Douglas's pouch was found to be filled by a cyst which pushed the uterus forwards and upwards. He diagnosed ovarian tumour, and on opening the abdomen he came down upon a tumour with very large vessels resembling the gravid uterus at about the fifth month of pregnancy. This he removed along with a smaller tumour from the other side. The patient made a good recovery. The interest of the case lay in the co-existence of the two cysts, a somewhat rare occurrence.

THREE CASES OF EXTRA-UTERINE GESTATION.

DR. GALABIN showed specimens from three cases of ectopic gestation. The first was one of intra-ligamentous gestation removing after retention within the abdomen for 21 years. The patient was seen at Guy's Hospital in

1872 by Drs. Braxton Hicks and Phillips, giving a history of pregnancy going on to full term, but not terminating in delivery. The condition was diagnosed, but it was not thought desirable to interfere, and operative interference was subsequently also disadvised at the Soho Hospital. She did not experience much inconvenience until 20 years later, when the abdomen began to enlarge very much with signs pointing to an ovarian cyst. He operated and found an ovarian cyst on the right side, which he removed, and then he turned his attention to the other tumour. This was so calcified that it turned the edge of the knife. He thought it might be a calcified fibroma, and removed it *en bloc*. The patient made an uninterrupted recovery. The second specimen was one of early tubal pregnancy which had ruptured at about six weeks. There was no history of prolonged sterility in this case. She had only been married a year, and had miscarried five months after with a two months' foetus. Her last period was on October 29th. On September 3rd, she being then only five days over her time, she had a slight show, and was treated for threatened abortion. The symptoms subsided for a time, but on December 13th she was seized with violent abdominal pain, and the attack recurred with violence when she got out of bed on the 15th. She then became collapsed. She was diagnosed to be suffering from rupture of an extra-uterine pregnancy, and he saw her in the evening. The uterus seemed small, and nothing could be felt. There was nothing in Douglas's pouch, although the abdomen was slightly distended. Under an anæsthetic a small lump could be made out on the left side. He operated, and found a large quantity of dark blood in the peritoneal cavity without any clots, and in washing this away a small foetus escaped. She made a good recovery. The last specimen appeared to be a case of extra-uterine foetation, not primarily tubal, and probably ovarian. The patient, æt. 27, had had three children, the last eleven months previously, and she had been nursing this infant up to the date of the rupture. Menstruation had been absent during lactation up to last November, but in that and the following months she had normal periods. On January 14th she experienced sudden violent pain in the abdomen and fainted. She was admitted to Guy's Hospital on the 16th, and was operated upon at once. The abdomen was full of clots and fluid blood, and the gestation sac was found on the right side. This was ligatured and removed with the right tube and the upper part of the right broad ligament. There was left a large bleeding surface running across the broad ligament, which proved to be a hæmatoma which had ruptured into the peritoneal cavity. During the operation the patient became so collapsed that saline fluid was injected, and the whole pelvis was packed with iodoform gauze. She came round for a time, but died of collapse twelve hours later, in spite of a further intra-venous injection. *Post-mortem*.—Douglas's pouch was seen to be obliterated. Both Fallopian tubes appeared to be intact. A ten weeks' embryo was washed out of the cavity, this being extra-peritoneal.

DR. A. ROUTH pointed out that the last specimen was of peculiar interest, and he suggested that it should be referred to a committee for examination. It looked as if the extravasation of blood and the adventitious cyst were in Douglas's pouch.

MR. ALBAN DORAN observed that until they could meet with an ovary containing in its interior a very small and very early ovum, the existence of primary ovarian pregnancy must remain somewhat uncertain.

MR. HARRISON CRIPPS on a case of

ABDOMINAL HYSTERECTOMY WITH INTRA-PERITONEAL TREATMENT OF THE STUMP, WITH NOTES OF EIGHT CASES.

The author opined that the surgical removal of fibroid tumours of the uterus was called for in the following class of cases:—1. Excessive hæmorrhage, uncontrolled by the ordinary methods of treatment, and in which oophorectomy was impossible. 2. Serious pressure-effects on the bladder or rectum. 3. When the pain or the size of the tumour rendered the patient unable to earn her living. He contrasted the extra-peritoneal with the intra-peritoneal method of treatment of the pedicle, stating that the latter had given him the best results. Whilst in the extra-peritoneal method the danger from sepsis was slighter, that from obstruction of the intestine and ureters seemed greater than in the intra-peritoneal method. This greater

riak of peritonitis in the intra-peritoneal method was from infection through the vagina. To minimise this risk the author laid stress on two points: 1. Thorough and repeated douching of the vagina with perchloride of mercury. 2. The accurate closure of the peritoneum over the surface of the stump. He described the method of operation employed, stress being laid on two points: (a) The importance of having sufficient room, supplied if necessary by making a long abdominal incision. (b) The method of securing the vessels in the broad ligaments. This depended on whether the layers of this ligament had been separated by lateral burrowing of the tumour or not. He read notes of eight cases operated on by the intra-peritoneal method up to September, 1895. Seven cases ended in recovery, and there was one death from sepsis, due to infection from the vagina.

ANNUAL MEETING.—PRESIDENTIAL ADDRESS.

The PRESIDENT then delivered the usual address. He reviewed the negotiations which had taken place between the Society and the General Medical Council, and discussed the modifications that had been conceded in the certificate awarded to candidate midwives who had been successful in the examination held by the Society. He said that while the representatives of the Society had shown themselves perfectly ready to agree to every suggestion affecting matters of detail they had steadfastly declined to sacrifice any questions of principle. He alluded in sarcastic terms to the action of certain persons who had "twisted the tail of the Council," and remarked with some complacency that the result had possibly been quite different to that anticipated by those who had fostered the outcry, in that the modified certificate had now received the formal *imprimatur* of the General Medical Council, which was not previously the case, so that the examination was at present on a firmer footing than it had ever before been. He protested *en passant* against the spirit of trade unionism in such a matter, adding that such a spirit could not possibly be endorsed by Parliament, and if persisted in, must infallibly bring an honourable profession into discredit. He mentioned incidentally that the number of successful candidates for the certificate of proficiency in midwifery had steadily gone on increasing, that for last year being 467, as compared with 432 in 1894, a total far in excess of any previous record.

The meeting terminated with the usual vote of thanks to the retiring officers.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF MEDICINE.

MEETING HELD FRIDAY, JAN. 17TH, 1896.

The President, DR. T. W. GRIMSHAW, in the Chair.

AN ENTERIC RASH.

DR. J. M. DAY read a paper on a case of enteric fever in which a peculiar rash, resembling that of typhus fever, was present.

DR. J. W. MOORE said the case showed the necessity for a fever wing being attached to every hospital, as the patient in the first instance was admitted to a general ward in the Meath Hospital. When he first saw the case, he had no hesitation in pronouncing it one of typhus fever, but that it was not so, but enteric fever, the temperature chart now shown proved absolutely. He never saw a case more like typhus in the early stage. The case could not be left in the general ward, and had to be sent to Cork Street Fever Hospital. With regard to the case, he thought from the number of the spots, their unusually dark colour, and their irregular size, that they were those of typhus fever rather than an enteric rash.

DR. POLLOCK said he had seen several cases in which there was the rose-coloured rash all over the body, together with all the other symptoms of typhoid, yet they were cases of typhus. The brain became rapidly involved, and all the cerebral symptoms manifested themselves.

The PRESIDENT gave some details of a case, apparently of typhus fever, but a fatal result produced by perforation proved that the case was one of typhoid. The late Dr. Kennedy believed there were some cases of mixed typhoid and typhus fever. The President mentioned a number of cases that occurred in Bishop Street, in which both rashes

co-existed simultaneously in the same patient. He said that enteric fever was not so fatal 25 years ago as it is at present. He had never lost a typhoid patient in Cork Street Hospital, but this he did not attribute to his superior skill, but to the mild form the disease assumed at the time he was connected with that Institution; on the other hand, cases of typhus fever were then far more numerous.

DR. DAY briefly replied.

FATAL CASE OF CHOREA.

DR. JAMES LITTLE related the particulars of a case of chorea which proved fatal. The patient was a young woman, aged about twenty years.

DR. ALFRED SCOTT found at the *post-mortem* examination some very small vegetations on the mitral valve; otherwise the heart and viscera were normal. The brain was removed and sections from various parts examined. In the large ganglionic cells in the motor area of the cortex, a yellowish degenerated patch could be seen, which was blackened by osmic acid. Dr. Scott thought that this degeneration was probably caused by fatigue, resulting from the excessive choreic movements and not the cause of the disease.

DR. POLLOCK mentioned the case of a young woman, aged eighteen, attacked by chorea. This case recovered. The spasms were very marked. Bromide of potassium, 20 grs. twice daily, and 30 grs. at bed-time, gave some hours' rest, but the moment the drug was discontinued the spasms returned as bad as ever. He administered arsenic in minute quantities. There was endocarditis and a murmur. Joints were also affected.

DR. DAWSON said he would like to ask Dr. Scott at what stage in the hardening process he made the section. He considered the degeneration like that which commonly accompanied insanity. He believed it was due to over-action of the cells. He would like to know the nature of the staining substance used?

DR. BOYD wanted to know if an examination of any other portion of the nervous system, except the cortex, was made; whether the ganglia at the base of the spinal cord were examined; and whether attention was paid to the condition of the capillaries.

DR. COX gave the details of a case of chorea. It was a child. The faculty of speech was lost completely; temperature high—104°; great wasting, both of muscles of arms and body; unable to support head; food administered with great difficulty. Things looked as if the case would terminate fatally. He tried bromide of potassium, but found it of little use. What had a decidedly good effect was Easton's syrup with arsenic. The strychnine he gave, after some hesitation, in the hope of stimulating the respiratory centre, for he was alarmed lest the respiration would stop at any moment. She recovered. He believed that the spinal cord played as important a part as the brain in the production of chorea.

DR. POLLOCK said he had given strychnia in chorea, but never found it of use.

DR. KNOTT gave the details of a case, and pointed out what he considered the important circumstance about it was that the rheumatic symptoms followed the choreic symptoms.

DR. HARLEY stated the details of some cases of chorea in a children's school that came under his notice.

DR. PARSONS said chorea in persons over twenty years of age is a rare affection. The absence of pregnancy in Dr. Little's case added to its interest. He thought the vast majority of cases would recover if left alone. Only three per cent. of ordinary cases die, whereas when the disease occurs in people over twenty, according to Dr. Gowers, who had collected a large number of cases, the mortality was 20 per cent. Death, he (Dr. Parsons) thought, was due to exhaustion. He did not believe in the embolic theory. The injection of minute particles was a recognised fact; but it was difficult to see why they should select one carotid and go to one side of the brain.

DR. CRAIG gave the details of cases to show that chorea was often due to fright. In Dr. Cox's case he believed it was the arsenic did good; 5-10 minims of liq. arsenicalis thrice daily might be given to children.

DR. BOYLE dwelt on the presence of uric acid in the blood as a possible cause of chorea.

DR. BEWLEY said that by gradually increasing the doses

arsenic might be given with no harm, but with much good. As regards the pathology, he said they knew nothing at all about it, nor were they likely to do so. They were completely ignorant of changes that took place in the cells of the brain; yet something did take place to account for the impulse that travelled down to the muscles when thrown into action. The cells of the cortex appeared to him to be the seat of these changes.

Dr. S. M. THOMPSON advocated the use of chloral hydrate.

Dr. LITTLE, in reply, said, to answer the last speaker first, he might say that the first drug employed in his case was chloral hydrate, but without any good effects. After its failure he tried other remedies. Of course they all knew that the majority of cases that come into hospital suffering from chorea will get well without treatment, with treatment, or even in spite of treatment. Other cases there are that will tax the resources of the physician, and sometimes we come face to face with people with whom relief of symptoms for even a short time can be given, and thereby, as Dr. Thompson said, turn the balance between life and death. He mentioned a case, the child of a friend of his, that came under his care 18 years ago, and in her case nothing did so well as bromide of sodium at night and arsenic thrice daily. He believed that small doses of strychnia might do good in some cases of chorea. In answer to Dr. Boyd, he said the embolic theory was not originated by Dr. Hughlings-Jackson. He believed the embolic theory was now almost universally abandoned.

Dr. SCOTT, in reply to Dr. Boyd, said he had not examined the basig ganglion. He found no change in the capillary vessels, nor any changes in the medulla. In reply to Dr. Dawson, he said that at the time of section the brain was half hardened. He used blue-black, and also another form of blue stain.

The Section then adjourned.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD WEDNESDAY, FEBRUARY 5TH.

The President, Dr. ARGYLL ROBERTSON, in the Chair.

SPECIMENS.

Dr. COTTERILL showed a man with leuko-plakia of the tongue in an advanced form. There was no history of syphilis, but the man was a smoker. This condition, he said, was very easily recognised in its later stages, but it was important to be able to diagnose it during the earlier period of the disease. This was especially the case in applicants for life assurance. For his part, he would not pass anyone suffering from this complaint. Dr. Cotterill also showed an epithelioma of the larynx, which he had removed that morning. The growth was situated above the cords, and necessitated a large removal of tissue before it could be extirpated.

EXHIBIT.

Dr. DAWSON TURNER showed by means of a lime-light lantern, numerous photographs, which he had taken by the Röntgen process. They comprised the usual views of the hand, foot, wrist, and metallic objects in purses, &c. Dr. Turner stated that he had been unable to obtain satisfactory negatives with exposure of less than half an hour.

Dr. BYROM BRAMWELL read a paper on a

CASE OF CALCAREOUS DEGENERATION OF THE HEART AND ARTERIES,

with rapidly developed subcutaneous tumours in the axillæ, elbows, groins, natal folds and popliteal spaces, and symptoms suggestive of Addison's disease, in a young man, æt. 25, affected with advanced cirrhosis of the left kidney; the right kidney having been completely destroyed fourteen years ago by a pyelo-nephritis; with pathological report by Dr. Lovell Gulland. The case, which was one of great rarity and interest, was reported at considerable length, and with Dr. Bramwell's usual wealth of detail. We notice the prominent features of the case in another column.

In the following discussion Dr. W. RUSSELL remarked on the age of the patient, and said that such calcareous

changes in the arterial coats was, in his experience, unprecedented in so young a man. He had seen very considerable calcareous degeneration in a man of 33, but not to nearly the same extent. The tumours of the skin which had been handed round seemed to him to be of the nature of fibrous hyperplasia, with deposition of calcareous material.

Dr. P. A. YOUNG related a case of myositis ossificans he had seen some years ago, in a child of 6.

Dr. FOULIS thought one of the most important features in the case was the connection between kidney disease and the deposition of lime salts in the body.

Dr. ARMOUR asked if there had been no symptoms of uræmia before death.

Dr. BRAMWELL, in reply, stated that no such symptoms were observed.

Dr. A. LOCKHART-GILLESPIE read a short abstract of a paper on

THE WEATHER, INFLUENZA, AND DISEASE.

This paper was read more fully at the Edinburgh Royal Society a fortnight ago, and an abstract of it printed in our columns.

In the discussion Dr. CRAIG asked if the epidemic of 1848 was similar in type to those of the past six years.

Dr. BLACK thought that the type of weather had little to do with the incidence of any disease.

In reply, Dr. GILLESPIE stated that judging by the records of the Infirmary, the epidemics of past years were identical in their results with those lately observed.

WEST-LONDON MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD FRIDAY, FEBRUARY 7TH, 1896.

A. SYMONS ECOLLS, M.B., President, in the Chair.

THE RATIONALE OF THE ACCEPTED TREATMENT OF GOUT.

Dr. ARCHIBALD GARROD read this paper. He pointed out at the outset that very little is as yet known regarding the pathology of gout, and drew attention to several fundamental points upon which there is wide diversity of views, such as the importance of the part played by uric acid in the phenomena of gout, the causation of the accumulation of urate in the blood by excessive production or diminished elimination, the place of origin of uric acid in the body, and the substance or substances from which it is formed. The aims of treatment as far as the uric acid is concerned were next pointed out, and the therapeutic methods generally resorted to were mentioned. The bearings of such experimental researches as are forthcoming upon the diet of gouty persons, the exercise they should take, the drugs usually employed in their treatment, and the effects of mineral waters and baths were next considered, and the conclusion was drawn that we are not at present in possession of such knowledge of the pathology of the disease as would be required to enable us to formulate a scientific course of treatment. On the other hand, the belief was expressed that the course of treatment usually adopted, although largely empirical in its origin, is capable of giving great relief, and that the results obtained in the treatment of gout are decidedly satisfactory.

Dr. THUDICHUM referred to the conflicting reports of the results obtained in the various plans, dietetic and medicinal, which had been used for gout, it having been affirmed of many of them that in different hands they had done distinct good, distinct harm, or had produced no result at all. He dwelt at length on the work of Drs. Bence Jones and Roberts, and on recent researches in foreign laboratories, but he inclined to the view that clinical experience was a surer guide in the treatment of so complex a malady as gout.

After remarks from Dr. Alderson, Dr. Clemow, Dr. Masters and Mr. Atkinson,

Dr. CAMPBELL POPE expressed the opinion that in the treatment of gout the personal factor was of chief importance, for on careful investigation some obvious hygienic or dietetic fault was usually discoverable. With regard to diet he thought this should not be mixed more than could be avoided, and each particular meal should present as far as possible its distinctly nitrogenous or non-nitrogenous character as the case might be.

The PRESIDENT said that in watching the effects of physical exercise, whether taken by the gouty patients themselves or administered to them in the form of massage by others, he had found the plus excretion of uric acid not to last many days, save when the exercise taken is excessive, and then not only is the quantity of uric acid increased, but that of urea also. He then drew attention to the evidence of deficient oxidation in the tissues of gouty persons afforded by the presence of leucomaines in the urine with no increase in the amount of nitrogen excreted, and pointed out the bearings of this fact on the wider view of the pathology of gout which we may shortly be driven to adopt.

Dr. GARROD, in reply, referred to the importance of the President's researches on leucomaines, and said that possibly it might be found that while uric acid, so to speak, the indicator, leucomaines were the real cause of gout.

Specimens of renal calculi removed by nephro-lithotomy were shown by Messrs. Kestley, Edwards, and Bidwell.

LIVERPOOL MEDICAL SOCIETY.

MEETING HELD JANUARY 30TH, 1896.

The President, DR. CATON, in the Chair.

CASES.

MR. ROBERT JONES exhibited a case of "Recrudescence Ricketts" in a girl, set 16, who could walk perfectly until two years ago, when considerable epiphyseal disturbance occurred. Changes were apparent in the skull, jaw, upper limbs, sacrum, and lower extremities. The forearms presented the deformities usually ascribed to crawling, although during infancy and childhood they were perfectly straight. The family history was good, and no dietetic cause could be found for the deformities, which were very extreme. Mr. Jones did not consider such cases as rare as ascribed, having seen between twenty and thirty of them.

Dr. WHITFORD described two cases of "Pernicious Anæmia" which had recently been under his care, one in the Stanley Hospital, and the other in private. Both cases were beyond hopes of recovery when first seen, the percentage of red blood corpuscles being about one quarter of the normal. The characteristic lemon-yellow tint was a marked feature in both cases. In one of the two cases there was extensive and almost uncontrollable hæmorrhage from mucous membranes of mouth and nose; in the other no hæmorrhage of any kind whatever. In neither case was there any retinal hæmorrhage. In the hospital case a post-mortem was made. All the organs of the body were highly anæmic, and a serous fluid in all the cavities, including the ventricles of the brain. The heart was fatty, dilated, and walls slightly atrophied; spleen and other organs normal, except for the anæmia already mentioned. No atrophy of stomach. Death in both cases was due to asthenia.

Mr. THELWALL THOMAS read a short paper on

TWENTY-FIVE CONSECUTIVE CASES OF STRANGULATED HERNIA.

These included 14 inguinal, 7 femoral, and 4 umbilical. There were two cases in which omentum only was found, although acute intestinal symptoms were present. In one case omentum and sac were sloughy with cellulitis of the abdominal wall, and in one gangrene of omentum, bowel being normal. Amongst them was a case of vesical hernia in the right groin and scrotum, complicating a strangulated inguinal hernia. He advocates rapidity of operation, thorough carbolicising with 1 in 40 carbolic lotion the contents of the sac before any attempt is made at reduction, and in the after-treatment does not permit opium or ice.

Dr. BRIGGS read a paper on

ECTOPIC PREGNANCY AND HÆMATOCELE.

He founded his paper mainly on the cases he had treated by operation. There were 4 undoubted cases of ectopic gestation:—(1) Sub-peritoneo abdominal, intra-peritoneal rupture at the sixth month, sac drained, placenta undisturbed because of the state of collapse of the patient, 16½ hours afterwards, when the operation was performed. (2), (3), and (4) tubal pregnancies; intra-peritoneal rupture at the tenth, seventh, and ninth weeks. Fatality

eight day in (2) attributed to the extra manipulations in trying to arrest the bleeding before the final plugging with cyanide gauze (the broad ligament had been tied). In (3) and (4) an afebrile recovery followed; in (3) the tube and ovary were not recognised on the affected side, no ligature was used, only the plugs of cyanide gauze. There was also one instance of pregnancy in a rudimentary horn of the uterus; rupture occurred at the ninth week; recovery followed the operation which included the removal of the rudimentary uterine cornu. Four specimens of hæmato-salpinx were next considered, as the clinical histories and pathological appearances were not consistent with tubal pregnancies; in one the tube had ruptured at a thinned portion; in one the tube had nearly completely aborted through the patent abdominal ostium, in two the affected tube was dilated and laden with blood. No ovuline structures were recognised in any of them. He described cases of hæmatocele, 4 due to salpingo-öophoritis, 1 due to cystic ovaries (tubes healthy), and 1 of unrecognised origin. He also showed the apoplectic ovaries, one from each of two patients. All the cases recovered, except the one of ectopic gestation already noted. This was not a large operation experience of hæmorrhagic lesions associated with diseased ovaries and tubes; it showed that operation was not often necessary. The period covered 9 years' hospital work.

Drs. Imlach, Alexander, Davies, and Macfie Campbell took part in the discussion which followed.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Feb. 8th, 1896.

TUBERCULOSIS.

At the last meeting of the Académie de Médecine, M. Terrier spoke on the contagion of tuberculosis, a disease which he considered to be essentially and extremely contagious. He had known of several cases where the patients contracted the malady in the hospital wards, where they were in more or less contact with phthisical patients, and it was a well known fact that a considerable proportion of the hospital nurses become tuberculous. As much might be said, almost, of the students, and especially those who work hard, remaining in the hospital several hours a day. The speaker considered that the hospital directors neglected disinfecting the contaminated wards, on the one hand, and overcrowded them on the other.

M. Debore suggested isolating all phthisical patients; the contagion of tuberculosis was an established fact, and he did not understand why persons affected with that malady should be allowed to mix so readily with other patients.

SCARLATINA.

Dr. Valli calls attention to the symptoms of vomiting occurring at the *début* of scarlatina which he considered of considerable importance in diagnosing at an early hour the affection. It permits also to recognise the malady where the usual symptoms are wanting, or where its evolution is abnormal. The vomiting occurs without any apparent cause and brusquement. The parents will tell how the child, up to then quite well, was seized suddenly, at play, during repasts, or in their sleep, with vomiting, and from that time the little patient became feverish. On examination, the pulse will be found rapid, the temperature high, and the following day the eruption and the sore throat will appear, if the affection follow the normal course. But, as remarks M. Valli, the importance of this vomiting for the diagnosis of scarlatina is the more enhanced in that it is particularly in that form of the malady where the tonsillitis and eruption are absent, that it is met with, consequently the attendant should bear in mind, when called

to such cases, the possibility of scarlatina, and make a careful examination of the urine after the fever has subsided, before allowing the patient to leave the bed, and, more especially, to go out.

ERYSIPELAS.

Dr. Chantemesse has just published a report on the treatment of 501 cases of erysipelas by serum prepared by the Pasteur Institute, with a mortality of only 2.59 per cent. The effects of the serum are both local and general. Locally, at the end of 24 hours, a marked decrease of the redness, swelling and pain, is observed. Desquamation sets in at an early hour consisting of thick epidermic scales. Sometimes the lesion continues to spread but is arrested by repeated injections. Suppuration is very rare and where it existed before the treatment it is considerably diminished by the injections.

The general condition of the patient improves rapidly a few hours after the injection; if the dose is sufficient the patient experiences a *bien être* well marked; the nervous disturbance and particularly the delirium are favourably influenced. The fever abates rapidly to disappear altogether at the end of the second day, while the pulse diminishes in frequency and increases in strength. Where albuminuria has already set in, the injections cause it to disappear within 48 hours. The gravity and the duration of the affection are diminished by the serum treatment. The ordinary doses of serum varies between six and ten drachms.

TREATMENT OF SLOW PULSE.

Dr. Debove recommends in the treatment of slow pulse, where the phenomenon provokes different grave manifestations, such as vertigo, syncope, epileptiform seizures, uræmia, &c., subcutaneous injections of a one per cent. solution of nitro-glycerine as follows:—solution 30 to 40 drops, distilled water two drachms and a half. Three fourths of the syringe are injected daily until all danger disappears. The treatment is followed up by the internal administration of caffeine, sulphate of sparteine, or other cardiac tonics.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Feb. 7th.

A MEDICO-LEGAL CASE.

A MEDICO-LEGAL case that took a somewhat curious turn was heard in one of the local courts lately, in which a young medical practitioner of Spandau, who became qualified in 1893, was accused of causing bodily injury through negligence. In April of last year a young woman recently married presented symptoms of threatened abortion. She consulted two medical men who agreed as to her condition. She then placed herself under the care of the accused, who declared that a harmless operation was necessary. This she consented to, and the operation was performed, with the result that the patient died of hæmorrhage two and a half hours afterwards. What the operation was is not clear, but it appears to have been a curettement of the uterus, in the course of which perforation of the walls of the uterus took place. As a result of the post-mortem examination Dr. von V— was accused of culpable negligence. The two principal medical witnesses were the Kreisphysikus Dr. Reinicke and Prof. Landau. Whilst Dr. Reinicke laid the whole of the blame on the accused, Prof Landau laid it on

the present state of scientific knowledge and the defective clinical training of students. Operations such as the one in question were not taught practically to young practitioners, and they had to gain their experience from their patients. Moreover, science followed the fashions, and there was a widely spread school that had given up the plan of observation and waiting, and taught a method of treatment that the witness must characterise as brutal, and must, therefore, lead to brutal consequences. The accused appeared to belong to this modern school; the woman was, therefore, not the victim of his negligence, but the victim of the modern tendency of medicine. The Court then requested a written opinion on the matter from Dr. Landau, and at the same time a control opinion, or Obergutachten, from the Royal Medicinal Collegium. It is well to bear in mind that Prof. Landau is not an ordinary professor of gynecology in charge in either of the teaching clinics, but a professor extraordinary with a privilege of private teaching.

At the meeting of the Medical Society Hr. Stabel related the results of the

TREATMENT OF GOITRE BY THYROID EXTRACT.

These cases, 83 in number, were treated partly by fresh glands and partly by tablets from the Dresden Hofapotheke. Of the cases treated by the fresh glands, only 25 were brought forward, as only those cases that remained four weeks under treatment were made use of in the paper. For determining the size of the goitre a measurement was made at the level of the vertebra prominens. The dangerous symptoms attributable to thyroid feeding were due to decomposition of the gland. Although the glands were employed fresh, in the warm weather changes set in very rapidly, and sometimes gastric disturbances were produced; these symptoms did not come on when a better means of preservation was adopted. Baumann had succeeded in isolating the active part of the thyroid substance, had found it associated with iodine, and given it the name of thyreoiodine. In all the 25 cases of feeding with fresh substance a positive result was obtained, but in almost all of them it was to the extent of considerable improvement. A cure or total disappearance of the goitre was only obtained in four cases. Two cases only could be considered as permanently cured; 8 per cent. of the cases, therefore, were cured, and 92 per cent. improved. The cases considered to be cured had remained well nine months. The amount of diminution in size brought about by treatment was not kept up after the treatment was stopped, but a gradual enlargement again took place. A slight acceleration of the pulse was almost constant. In simple struma it was never necessary to stop the treatment on account of the increased pulse rate. Dangerous symptoms were never observed. In slighter cases, especially in young girls, a slight loss of weight was observed. A large number of cases were treated by tabloids when feeding with fresh substance was stopped, and in these the struma never increased in size in consequence of the change. In many a slow diminution took place. The results of the treatment by the Dresden tabloids were not so good as when the fresh extract was employed, the reason being that so large an amount could be given without threatening symptoms supervening. Three tabloids was the maximum dose given, in seven days, therefore, only three grammes of the active substance could be given, whilst with the fresh substance five times as much could be given. The tabloids, in addition to being less active, had a much more unfavour-

able influence on the heart. The medicine had to be interrupted on account of the increased cardiac activity caused by them. Especially in chlorotic and neurasthenic girls threatening symptoms supervened; acute dilatation of the heart was never observed under these circumstances. If the heart's action was once accelerated, this effect was kept up for weeks together. The tablets ought not to be articles of trade; cases were increasing in which they had a disastrous effect. A man, *set.* 50, who was taking them for obesity, was suddenly attacked with a psychosis with a delusion of persecution, and died in a few days with cerebral oedema.

The assumption appeared justified in this case that intoxication had been produced by the tablets, and the more so, as the speaker had observed three similar cases where delusions of persecution had also occurred. He added also three cases of morbus basedowii treated as out-patients. Two soon ceased attending, as the nervous symptoms grew rapidly worse. In one patient vomiting came on and lasted a week, with great prostration, and the symptoms returned three months later, when the treatment was recommenced. The second patient attended Mikulicz's klinik, where she was given thymus extract to loss of consciousness and maniacal attacks, and in this condition was brought back to Berlin. The third patient was treated with large doses for three months - three to four grammes daily. No change had been observed, however, although a subjective improvement took place. Seven cases of morbus basedowii had been treated with tablets, but even with large doses no other result had been obtained than an accelerated pulse up to 116 and upwards. In the older cases with exophthalmus the nervous symptoms got rather worse than better, and the ocular symptom was not affected. The treatment was directly contraindicated in Basedow's disease on account of the effect on the heart. In one case of vascular goitre with oedema, swollen pendulous lips, &c., considerable improvement took place. The goitre became smaller, and no souffle could any longer be heard. In fourteen days she looked quite different, the face had become more youthful, she felt quite well and could work hard. Subjectively she was quite contented and the struma had quite disappeared. One hundred and forty days after the treatment was stopped she returned on increasing size of the neck. Rapid effect was produced by thirty tablets daily, but the symptoms returned when the medicine was left off.

Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, Feb. 7th, 1896.

TEST FOR ALBUMEN IN URINE.

At the *Doktoren Collegium*, Adolf Jolles read a few notes on the Various Tests for Albumen, after which he brought forward one composed of mercury, succinic acid, and hypochlorite of soda. He remarked that the test which has recently met with approbation, and is still esteemed the most sensitive, viz., the acetic acid and ferro-cyanide of potassium, had its own peculiar defects. In the first place, the intense yellow colouring which the cyanide of potassium produces in the urine erroneously betrays a higher or lower amount of albumen than is absolutely the case. In other cases it fails to indicate the presence of albumen, even where an undoubted pathological condition is present. Spiegler's is also untrustworthy and cannot be

utilised as a quantitative test where the total amount is small. It is very defective when the urine contains few chlorides and may be said to depend largely upon the presence of this constituent in the urine. Prof. Jolles considered that a good test for albumen should be free from colour and sensitive in reaction, and thought the following fulfilled these requirements:—

Hydrarg. bichlor., ʒijss;
Acid succinic, ʒv;
Hypochlorite of soda, ʒijss;
Aqua distill., ʒxv.

After filtering 4 or 5 ccm. of the urine to be tested, 1 ccm. of a 30 per cent. acetic acid solution is added, with 4 ccm. of the above reagent. The whole is well shaken and set aside to settle. In a second test tube, 4 or 5 ccm. of the urine after filtration is treated with 1 ccm. of the acetic acid as above and then set aside to settle in order to estimate the mucine present. This eliminates any error from the absolute albumen present. The potassium ferro-cyanide test is defective in this respect. The reaction is very sensitive and can detect one of albumen in 120,000 parts of urine. The reagent is free from colour throughout, which is another advantage over the potassium ferro-cyanide test. It is also superior to Spiegler's in defining accurately the amount of albumen present in the absence of chlorides.

Spiegler, in criticising the foregoing, said that he had observed a communication in the *Chemical Journal*, a few days ago, by Jolles, entitled a "Sensitive Test in the Detection of Albumen in Urine," but on examination, could find nothing novel in it. He might term it a modification of his own, but certainly there was no new discovery made. As to the defect caused by the absence of chlorides, a small addition of common salt will always overcome the difficulty in such rare cases, but the exceptions are so seldom met with that addition is unnecessary. As to the objection taken by Jolles concerning the acid, Spiegler said that he had always endeavoured to use an organic acid, finding the mineral acids unsuitable, and he, therefore, adopted vinous acid. For this Jolles substituted succinic acid, but as far as this novelty is concerned he might have substituted hundreds of others. He considered Jolles's test only a modification and founded on the principle of corrosive sublimate. Jolles, he affirmed, tells us that his modification detects 1 in 100,000, but he (Spiegler) affirmed that he could detect 1 in 350,000.

Jolles, in responding, did not deny that his test was a modification of Spiegler's, placing great importance in the use of succinic acid in obtaining accurate results.

TROPHIC NEURITIS.

Topolanski showed a patient at the *Gesellschaft* who had been bitten on the left cheek under the eye. On the third day after the lesion high fever set in which continued three days. The fever was accompanied with profuse swelling over the zygoma, and the skin became covered with large and small vesicles. For fourteen days this increased, extending over the sternum, forehead, and neck. Topolanski was unable to account for the irregularity of this morbid process. The fever was certainly in favour of erysipelas, while the continued morbid change was against this view. Erysipelas and consecutive phlegmon were negatived by the rapid disappearance of the fever on the third day, which should have continued had it been phlegmonous inflammation.

Weinlechner remarked that the vesicles around the seat of lesion would depend upon a trophic condition of the nerves, as such a state often occurred on the fingers when the nerves had been lacerated.

The Operating Theatres.

LONDON HOSPITAL.

AMPUTATION OF THE HUMERUS MIDWAY BETWEEN THE SURGICAL NECK AND THE INSERTION OF THE DELTOID—ELLIPTICAL OPERATION—Mr. H. P. DEAN operated on a man, *æt.* 54, who was found on the railway after having been run over by a train. The left arm was almost completely separated from the body opposite the middle of the humerus, simply hanging on by a lacerated portion of the triceps. The middle third of the humerus was completely ground into small pieces. On admission, the man was found to have lost a moderate quantity of blood, but he was suffering considerably from shock. By the help of stimulants and warmth, he began to improve, and amputation was performed through the humerus midway between the surgical neck and the insertion of the deltoid. Owing to the limited amount of skin left uninjured, it was found that an obliquely circular operation would be the best. As the patient's neck was too short and thick to allow of pressure being brought to bear on the third part of the subclavian, the axillary artery was controlled by rolls of bandage held in position by a tourniquet, so that the vessel was compressed at the summit of the axilla. An elliptical skin incision was made extending lower on the outer than on the inner side; the skin, with the fat and the deep fascia, was turned down to about the insertion of the deltoid, and the muscles were next divided circularly at this spot; the axillary artery and vein were tied with silk, and, on removing the tourniquet, no other vessels required ligature; the wound was stitched up with silk worm gut, and a drainage-tube, which would be removed in twenty-four hours, inserted in the outer angle of the incision. Mr. Dean said that the only question to decide in this case was whether the amputation should be performed through the shoulder-joint, or whether the surgeon should attempt to remove the limb below the surgical neck; the latter procedure, he pointed out, necessitated taking some of the skin which had been rather bruised by the injury, but in this case it was found that the third part of the subclavian could not be efficiently compressed, and it is known by experience that under such circumstances amputation at the shoulder-joint is frequently accompanied by an amount of hæmorrhage which, before it can be controlled, is often considerable. Taking all this into consideration, he thought it better to amputate through the humerus in the hope that the skin would possess sufficient vitality. Another advantage, he said, was that by this plan a roundness of the shoulder would be left, together with a considerable amount of strength in the movements connected with the scapula, as none of the scapular muscles were divided.

It is satisfactory to record that, three days after the operation, the patient is doing well; temperature normal, flaps perfectly healthy, and no sign of inflammation at the bruised part.

ROYAL FREE HOSPITAL.

OPERATION FOR PYO-SALPINX.—Mr. BATTLE operated on a woman, *æt.* about 40, who was admitted into the hospital a short time before Christmas 1895. She applied on account of a swelling in the abdomen which had shown itself a short time before; this swelling was most prominent on the left side above Poupart's ligament where the skin was adherent to it, œdematous and red. The outline of the swelling could be felt extending some

distance towards the umbilicus (about half-way) and gradually shading off on each side towards the pelvis; it was very tender, fluctuated freely, and the patient complained of much pain in it. Examination per vaginam showed a considerable inflammatory exudation round the uterus which completely fixed that organ. The temperature was raised and there were other signs of fever. It appeared as if the abscess was going to perforate at the point which was most prominent and red, and it was decided to incise this if the condition had not improved by the next visit; however, it was then thought that there was considerable improvement, the swelling being smaller and the signs of inflammation less marked. As Mr. Battle considered the case was probably one of pyo-salpinx on the left side, means were taken to diminish the inflammatory symptoms in hopes that the swelling would subside and become less adherent to the abdominal wall. Progress of the case justified this expectation, for it considerably diminished in size, became free from attachment to the abdominal wall, and the exudation into the pelvis subsided. At the operation, more than a month after admission, a central incision exposed a rounded tumour a little to the left of the middle line, crossing which obliquely, so as to reach its anterior aspect, was a greatly enlarged Fallopian tube (the size of a forefinger). The uterus could not be defined until a sound had been passed: it was then discovered below, and to the right of the swelling completely hidden by it. The intestines were placed out of the way and protected by large flat sponges, and the tumour separated from various adhesions. One part behind and below was very soft, and gave way under pressure of the finger, permitting a large quantity of thick, offensive pus to escape into the pelvis. The abscess wall and dilated tube were then separated from their attachments to the uterus and to the left side of the pelvis, the cavity left being washed out with boracic lotion and thoroughly dried with sponges, a glass drainage tube being placed at the bottom of the pelvis through the lower part of the wound. The right half of the omentum was adherent in the pelvis on the right side, and to the anterior abdominal wall to the right of the middle line; the left half which was normal was drawn across the left side of the abdomen so as to cover the bowel on that side. The wound was closed with interrupted sutures in two layers, the first including only the peritoneum, the second the structures above it. Mr. Battle considered that the operation had not only confirmed the diagnosis, but the condition of things revealed by it proved that nothing short of a radical procedure could have saved the patient's life. He thought that great advantage had resulted from the delay, as the tumour was much smaller and surrounded by less inflammatory exudation. The fresh adhesions were still soft enough to give under pressure of the finger, and the limiting wall of the abscess was firmer and better able to resist manipulation. The right ovary and tube were healthy.

A MIDWIFE was last week committed for manslaughter at the Coroner's Court, Sheffield, for attending a case of labour after having been warned against doing so. She had previously attended a case where death took place from puerperal fever, and four days after this she attended the woman whose death, also from puerperal fever, became the subject of the inquest.

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“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, FEBRUARY 12, 1896.

MEDICAL POOR-LAW PENSIONS.

THE Bill providing for Poor-law pensions—medical and non-medical—which was introduced in the last session by Mr. Walter Long, at the instance of the English Union Officers' Association, will make its appearance again within the present week. It is being actively promoted by the President of that Association, Mr. Rutherglen, Clerk to the Kensington Guardians, and by its Council, and so much energy and forethought has been devoted by them to the matter that the prospect of passing the Bill would appear to be as favourable as those of any private Bill can be. The English Poor-law Medical Officers' Association, represented by Mr. Wickham Barnes is co-operating, and the Local Government Board Authorities of both the Liberal and the Unionist Governments have expressed themselves favourable to the principle of the measure, as are also Sir Walter Foster, Mr. Walter Long, and other influential Members of the House. The chief difficulty which confronts the promoters is to get it placed upon the Notice Paper in such a position that it will be discussed as an early Order on a Private Member's day, and, inasmuch as such privilege is conceded in turn to Private Members' Bills, by ballot, it is necessary to accumulate as many votes as possible at this preliminary ballot in favour of the Bill. In the attempt to do this the promoters have, we believe, been quite successful, and

it is, therefore, likely that the Bill will secure a “place” which will ensure for it consideration which no private bill can, under other circumstances, obtain.

This Superannuation Bill, it may be recollected, proposes to secure to every Poor-law Officer, on becoming incapacitated for duty, a pension, as a matter of right, on a scale analagous to the Civil Service scale. The pension is to be paid by the guardians and secured by them, but it is to be paid out of a fund made up of small deductions from the officer's salary, somewhat in the nature of an endowment insurance. The amount of such deduction is fixed by the Bill at two per cent. of the salary for an officer of less than five years service, rising to three per cent. for an officer of over fifteen years service. For example, a medical officer entering upon his appointment at £100 a year will have to submit to a deduction of 10s. per quarter. This deduction will continue until he has served thirty years (or for a less term if previously incapacitated by ill-health). When he has served thirty years he will, if a professional officer like a doctor, be entitled to have ten years added to his actual service for the purpose of computing his pension and will thus have credit for forty years. His pension will thus be forty-sixtieths, or two-thirds of his salary, equal to £63 13s. 4d. a year for life. He cannot, however, claim this pension (except in case of permanent incapacity from illness) until he reaches the age of sixty, so that if he commences at, say, twenty-five years of age, he will have to work on for five years after the lapse of his thirtieth year of service, while if he is not appointed until he is thirty years of age he will become entitled to pension the moment his thirtieth year has lapsed. During that thirty years he will have contributed £60 from his salary and will have acquired an eventual provision of £66 13s. 4d. for life, but upon his death at any time his contribution would disappear. It will thus be seen that the pension is to be provided on the Tontine principle under which the contributions of those who die go to increase the pensions of the survivors or—in other words—to decrease their annual deductions from salary. It would, of course, be impossible, by any other means to give a pension of £66 13s. 4d., in return for a payment of £60. It would be quite easy to frame a scheme under which the representatives of the deceased officer would get back a part of what he had paid in, but, in such case, it would be necessary to increase the deductions from the two or three per cent. set down in this Bill to some larger percentage. The Poor-law Medical Officers of Ireland occupy a peculiar position with reference to this question. At present an incapacitated officer *may* receive the Civil Service rate of pension above referred to if the guardians please to give it to them but not otherwise. A few of the richer Boards of Guardians have granted these pensions on principle to all their officers. Many others have granted them to officers who were personally or politically popular, but have refused them to others more necessitous. Many others have—on principle also—refused to grant a pension under any circumstances, and some others, of the poorest and most sparsely populated districts, though willing to

do justice to their officers, have been prevented doing so by their poverty. Thus it happens that the grossest injustice and cruel hardship has been inflicted upon the non-Poor-law Medical Officers in years past, inasmuch that for twenty-five years they have not ceased to clamour for the grant of pensions not as a matter of discretion but of right. Their efforts have, we regret to say, resulted in failure, and, as far as we can look forward, must so result as long as the object is pursued in the same way. Why? Because these Irish pensions are payable entirely out of the poor rates, and the parliamentary representatives of the money saving Boards of Guardians have always resisted the imposition of a compulsory pension upon the taxpayer. An effort was made by Mr. Gladstone's government many years ago at the instance of the Irish Local Government Board, instigated by the Irish Medical Association, to meet this objection by paying the pensions out of a general national rate and not out of a local rate, but the opposition of certain Irish members was still too strong, and the bill was then and subsequently defeated. Under these circumstances the Irish Medical Association thought it right to ascertain by plebiscite the wishes of the Poor-law Medical Officers, and they answered by a large majority that they would prefer to stand in with the principle of the English Bill than to submit to further indefinite postponement. Many of them were, no doubt, led to this conclusion by consideration of the provision which the English Bill contains that no one need come under its operation or submit to any deduction of salary who prefers to remain under the present discretionary system.

The Council of the Irish Medical Association has, therefore, taken active steps to have Ireland included in the Bill—which it was not last year—and, if this be done we may perhaps cherish the hope that the final settlement of this interminable question is within measurable distance.

THE CAMBRIDGE UNIVERSITY DEGREES AND WOMEN.

THE question of whether or not the degrees of the University of Cambridge should be thrown open to women is at present claiming a large measure of attention among those interested in the subject. The movement is under the leadership of Miss Helen Gladstone, the head of Newnham College, and the present makes the third attempt which has been made to bring about this reform in favour of the women. In so highly a conservative and academic an Institution as the University of Cambridge, it is only to be anticipated that opposition to the new scheme would be encountered, especially among those holding official positions in the University. Fortunately, however, for the friends of the women, the residents having votes in the Senate number only 550, while the non-residents number 5,000. Thus if the women are to gain the day, every effort should be made to influence the latter with the view of swamping the opposition of the illiberal-minded minority. It is of some interest to note that almost the same arguments which

were urged against the admission of women to the diplomas of the Royal College of Physicians are now being placed prominently forward as reasons against admitting women to the degrees of the University of Cambridge. The statement has been made that the granting of the B.A. degree would be harmful to the women themselves, owing to the demands upon them of the higher education, but that no harm would happen to the University, provided the concession went no further. Just, however, as certain of the Fellows of the College of Physicians were appalled at the reflection of a woman ultimately aspiring to be the President of the College, so certain members of the Senate of the University of Cambridge are horrified with the idea that women, if allowed to take the degree of B.A., would insist upon proceeding further in their University career. It is stated that they will demand to be admitted to the M.A. degree, and claim to become members of the Senate; that they will not be content with perfect equality in the University unless, and until, they invade the colleges. Such is the substance of the nonsensical arguments advanced in certain quarters against the admission of women to the degrees. On the face of it, if this is all that the opponents of the women can urge against the reform, undeniably their cause is a weak one. To argue upon these lines is really too paltry, and unworthy of those members of the University, whose academic position entitles them to be regarded as men of common sense. Another ingenious person has propounded the argument that inasmuch as there are already nine Universities to which admission is granted to women, the necessity for obtaining the same concession from the University of Cambridge cannot exist. The advocates, however, of the women point out that the latter are prepared to sacrifice much for the greater educational advantages to be derived from residence in an old University. This is quite a satisfactory and sufficient reply. It must always be so, that where the choice can be made, a University career at an old University with, say, the prestige of that of Cambridge, would prove of more value than one at a University of less note and of comparatively recent origin. We have carefully perused the statements of the opponents of the women's question at the University of Cambridge, and we have come to the conclusion that not one single objection urged against the reform is worthy of serious consideration. The position of affairs at present is that the women in their colleges of Newnham and Girton are merely in the position of guests of the University, an anomaly which should no longer be allowed to exist. Simply as a matter of justice, the degrees of the University should be thrown open to the women; in this connection, it should be borne in mind that even if the issue be against the women on the present occasion, the matter will certainly not be allowed to rest. A liberal-minded policy in regard to the higher education of women has made great progress of late years, and the time is certain to come when all the Universities and their degrees will be thrown open to the opposite sex.

THE BACTERIOLOGICAL DIAGNOSIS OF DIPHTHERIA.

It seems that virulent diphtheria bacilli may linger for an indefinite period in the mouth-secretions of persons who have recovered from an attack; indeed, in a case mentioned by Dr. Hewlett at the Pathological Society, they were detected twenty-three weeks after the onset of the malady. This observation possesses a special significance, in view of the fact that the later investigations were undertaken at the behest of a schoolmaster who feared lest the lad might, on his return to school, be the means of disseminating the disease; a well-founded suspicion, as events proved it to be. Mr. Butlin, the President, took advantage of the opportunity to review the situation in respect of the bacteriological diagnosis of diphtheria. It seems that medical practitioners in the district where he resides are now provided by the authorities with the necessary facilities for obtaining expert opinion in respect of the secretions in suspected cases, an excellent innovation one would think, but one which he nevertheless seemed to think somewhat vexatious. He also referred to the practice in the larger cities of the United States, where he assured them it had become the custom for the medical officer of health to at once visit and inspect all reported cases of diphtheria without going through the usual formality of asking the practitioner in charge to meet him in consultation. Mr. Butlin appears to dissent from the idea that the diagnosis shall be determined solely on bacteriological data, and he suggested that the society might "do something" to clear up a situation which, in his opinion, was full of danger to the public as well as to the profession. Before anything can be done, however, it will be necessary for us to know exactly what the danger is, and how it is brought about, points as to which, Mr. Butlin was silent. He questioned the importance attached by the speaker to the presence of these virulent bacilli after so long a period, and suggested that there were probably hundreds or even thousands of persons similarly inhabited by virulent bacilli wandering up and down the country apparently without detriment to the public welfare. How he arrived at the "without detriment" conclusion he did not say. It occurs to us that possibly the existence of these ambulatory foci of infection may explain the ever-increasing spread of the disease in spite of all the precautions that have been taken to check its ravages. We must confess that we do not clearly see what the society can do to clear up the situation. The Pathological Society, of all others, could hardly venture to throw cold water on the value and importance of bacteriological investigation, but unless they declare bacteriology to be a scientific fad and a delusion, it is difficult to see how they can enter a protest against its practical application to diagnosis. If the culture from the saliva of a given person is capable, as in Dr. Hewlett's case, of determining the death of guinea pigs in a few hours, even Mr. Butlin would hardly wish to introduce him to his family circle, his scepticism to the contrary notwithstanding. This being so, his protest would appear to be singularly inopportune, and, as coming from the President of the Pathological Society, somewhat regrettable.

Notes on Current Topics.

Mescal Buttons.

THE mescal plant, technically known as *Anhalonium Lewinii*, is found in certain parts of Mexico, and among the Kiowa Indians is held to possess wonderful medical and psychological properties. The plant is a small cactus having the general size and shape of a radish, and covered on the exposed surface with the characteristic cactus prickles. So numerous and important are its medical applications, and so exhilarating and glorious its effects, according to the statements of the natives, that it is regarded as the vegetable incarnation of a deity, in consequence of which ceremonial eating of the plant takes place, and this has become the great religious rite of all the tribes of the Southern plains. Despite the fact, however, that the use of the plant for medical and religious purposes is probably as ancient as the Indian occupancy of the region over which it grows, it is only quite recently that any scientific investigation has been made into its physiological effects. Mr. James Mooney, who a few years ago paid a long visit to the Kiowa Indians states in an interesting paper upon the subject in the current number of the *Therapeutic Gazette* that the mescal plant is a powerful stimulant, and enables those who partake of it to endure great physical efforts without injurious reaction. From the fact that this plant occupies so exalted a position among the natives as to have a religious ceremony associated with it, the inference is only a natural one that we should find it to possess properties which would entitle it to such an honour. But investigations into its physiological action by Drs. Prentice and Morgan are, to say the least of it, disappointing in this regard. These observers have in reality nothing very remarkable to say respecting its effects. Perhaps the most noticeable result of their inquiry was evidence to the effect that mescal buttons possessed the power of production of visions of colour, and hence it is suggested that the plant should be given a trial in cases of colour-blindness. Beyond that, however, mescal buttons might, it is stated, be useful in general nervousness, nervous headache, nervous irritable cough, colic, hysterical manifestations, and is a cerebral stimulant in depressed conditions of the mind, such as in hypochondriasis, melancholia; moreover, as a substitute for chloral and opium in conditions of great nervous irritability or restlessness, active delirium and mania, and in insomnia caused by pain. It will be conceded, therefore, that there is nothing transcendently remarkable in the plant if nothing more than this can be said in its favour. But perhaps it may be necessary to be a Kiowa Indian in order to thoroughly appreciate the virtues of this new therapeutical discovery.

Ecchymoses from Natural Causes.

IT is now a well-recognised fact that more or less considerable extravasations of blood may take place beneath the skin or of the mucosæ or on to the surface of the internal viscera from purely physiological

causes, giving rise, however, to appearances which might easily be mistaken for the results of violence in some form or another. The possibly natural origin of such ecchymoses seems only to have been recognised within the last decade or two, and this fact suggests some uncomfortable thoughts concerning probable injustice to accused persons in the past. When a certain French medico-legal authority first called attention to petechial ecchymosis on the surfaces of the lungs it was for the purpose of promulgating the view that they afforded evidence of death from suffocation in one or other of its forms. This has since been proved not to be the case, for they have been met with in connection with the action of particular poisons, particularly those belonging to the benzine series, as well as after death from burns, &c. Although these extravasations thus lose the diagnostic value which had been attributed to them, the subject is one well worthy of attention in order that full light may be thrown upon the mechanism of their production. For instance, they are not unlikely to occur in the insane, and in this event their presence on the skin would not unnaturally give rise to unfounded suspicions of violence at the hands of the attendants. In a paper dealing with this subject at a recent meeting of the Royal Medical and Chirurgical Society, Dr. Lediard laid particular stress upon the possibility of such ecchymoses on the mucous membrane of the vulva and vagina leading to the presumption of rape. Their position in the body, their delicacy of structure, and their vascularity render this portion of the female anatomy peculiarly liable to exhibit punctiform ecchymoses in virtue of the same causes that determine their appearance elsewhere. Mr. Hutchinson quoted a striking instance of the production of extensive ecchymoses in an elderly gentleman as the result of an attack of whooping-cough contracted from his grandchild. As any medical man is liable to be called upon to discharge the delicate and responsible functions of medical assessor in criminal cases, it is highly desirable that a knowledge of this curious phenomenon should be widely disseminated, for it is not difficult to imagine various circumstances in which these ecchymoses would probably be ascribed to violence or asphyxia, instead of to their real cause whatever that might be in the particular case.

The Obstetrical Society and its Certificate.

AT the annual meeting of the Obstetrical Society last week Dr. Champneys had an opportunity of discussing the negotiations between the representatives of the society and the General Medical Council in reference to the so-called diplomas of proficiency awarded by the society to women desirous of practicing as midwives. The comminatory resolutions of the Council seem to have ruffled the temper of the leading spirits of the society, and this may explain the somewhat acrimonious sarcasm which characterised the President's utterances in respect of the conduct of those who had moved the General Medical Council to take action in the matter. The society very prudently conceded all the really important points insisted upon by

the Council, the term certificate has been substituted for diploma, the size of the document has been reduced, the seal and the allegorical figure have been suppressed, and the wording has been carefully revised so as no longer to convey the impression of conferring rights which it is beyond the power of the examiners to accord. We may congratulate the society on the graceful way in which they have elected to "climb down" from an untenable position. While we fully recognise that they had at heart only the better education of midwives and monthly nurses and the welfare of the parturient population, it cannot be denied that their certificate, in appearance and wording, perilously resembled a medical diploma. The President is probably entitled to congratulate the society on the fact that the result of the fray has been to place their examinations on a firmer footing than before, in that the certificate, as at present issued, has received the *imprimatur* of the General Medical Council, and has thus been accorded an official recognition previously wanting. The need for some such proof of training is amply demonstrated by the ever-increasing number of candidates, and until Government decides, if ever this come to pass, to give legislative sanction to a more elaborate scheme for the training and examination of midwives it cannot be denied that the examination instituted by the society is a benefit to the public by enabling members to distinguish between women who possess even a minimum of knowledge, and those who only know what they have picked up, so to speak, by the road side.

Curious Death from Blood Poisoning.

THE death of a man from blood poisoning occurred in a somewhat curious manner last week. According to the evidence at the inquest held before the coroner for Central Middlesex, the man was engaged in examining a drain which had become blocked. In doing so, he took a large bar and broke the drain pipe near to the spot where he considered the blockage to be. No sooner had this been done than the retained sewage was suddenly, and with force, discharged into his face and over his clothing, some even entering his mouth. For some days afterwards, he continued to do his work without complaint. Ultimately, however, throat symptoms began to develop, and he was admitted into University College Hospital, where he soon died. The evidence of the house surgeon was to the effect that death took place from acute blood-poisoning, the result of inhaling the products of highly decomposed sewage. While in the hospital the man asserted that he could still taste the sewage matter which had gone into his mouth. A more revolting catastrophe than this could scarcely be conceived. Nevertheless, under the circumstances, it is difficult to see how septic infection could have been avoided.

The Phrenologists on Cromwell's Head.

LAST week a leader of that curious pseudo-scientific sect, the phrenologists, delivered a learned dissertation upon the reputed skull of Oliver Cromwell. After giving a full history of the relic he proceeded to the measurements of the skull, and then discussed what

may be termed his "bump" aspects. The cerebellum, he remarked, was small; a fact which showed that the intellectual powers were stronger than the animal propensities. As to this point we very much question whether there is any but the smallest variation in the actual size of the average human cerebellum. The lecturer concluded that Cromwell was well-fitted to live a life of celibacy, but that hardly tallies with the further assertion that philoprogenitiveness was extremely large. The organs of caution, secretiveness, acquisitiveness, combativeness, inhabitiveness, approbateness, and wonder were very well developed, but the largest of all was destructiveness. All this jargon is highly entertaining, although it must be confessed that such qualities as inhabitiveness and approbateness are somewhat misty and nebulous terms to the non-phrenological mind. It is certainly a grim satire on the latter-day nineteenth century intelligence that a number of people can be found to believe that the outside form of the skull corresponds with internal brain contours and local developments. The conclusion of the phrenologist that the skull was really Cromwell's is unfortunate, as coming from such a source it is calculated to rouse considerable suspicion in the minds of scientific people.

Pharmacology as an Examination Subject.

FROM a perusal of the regulations of the Conjoint Board, dated November 22nd, 1895, we gather that it has been decided that the examination in pharmacology may be passed at any time after the completion of the fourth year of professional study, provided that the student has succeeded in getting through his Anatomy and Physiology. We trust that this arrangement may be regarded as final; although we are informed that there is a desire in some quarters to tack on "Medicinal Actions" to the examination in pharmacy, and to include in the final examination questions on the "Action of Medicinal Agents on the Body in Health and Disease." If the modification were adopted, the unfortunate student would have to pass in pharmacology twice over—once at the end of the first summer session; and again, this time in conjunction with therapeutics, in the final. We trust that there will be no further change in the regulations which have been officially adopted, for this constant chopping and changing about leads to endless confusion, and is a source of worry and annoyance both to students and lecturers. Pharmacology is a subject of the greatest importance as a branch of medical study, being the foundation on which all treatment is based; and any attempt to run it in conjunction, either with pharmacy or with medicine and pathology, must of necessity prove unsatisfactory.

The Lee-Metford Bullet and Its Effects.

It will be remembered that during the Chitral Expedition the medical officers of the British forces had frequent opportunities of judging of the effects of the Lee-Metford bullet. This was the first occasion in which this new magazine rifle had been tried on active service, and consequently some report thereon was looked forward to with interest by those who had paid

attention to the subject. One of the most significant remarks made by a medical officer attached to the forces was that his experience of the wounds inflicted by the Lee-Metford bullet had led him to the conclusion that this new rifle would be probably useless in stopping a "rush." Curiously enough, this conviction has proved to be nearer the truth than was believed at the time to be likely—if the evidence of a witness of the fight at Krugersdorp is to be accepted. In the course of his description of the scene of battle he says, "The action has proved one thing—the '303 is a failure. One man shot through the chest and out at the back walked to church on Sunday; another is still alive with a bullet-wound clean through his brain, going in at one temple and out at the other. In all cases, men wounded by Martinis are having the deuce to pay, while the Boers plugged by the high velocity of the Lee-Metfords make little of their wounds. The rifle is not going to pay, for it will never stop a rush. Of course, if they could use expanding, soft-nosed bullets, well and good; but we have still some obsolete notions about humanity." The evidence, then, seems to be accumulating that while the Lee-Metford rifle is all that can be desired as a humane weapon, it does not fulfil so very satisfactorily that special purpose for which it has been designed. Practically it would seem that its perfection as a shooting machine has considerably reduced its power of killing, and that the majority of the wounds inflicted by its bullet will be such as to place the wounded person in but little peril of his life. The matter is worthy of the attention of the War Office.

Mr. Demetrius Boulger.

THE silly, hysterical, contribution from Mr. Demetrius Boulger, which appears in the current number of one of the monthly magazines, purporting to be a description of his treatment by antitoxin, when he was suffering from an attack of diphtheria, does not call for any special notice. The character of his indictment against the treatment may be judged by the fact that he attributes the post-diphtheritic paralysis, of which he became the subject, to the antitoxin. Of course, he makes the most of this grand "discovery," and says some startling things. But "playing to the gallery" does not always succeed; in this instance it is, we should imagine, destined to be a miserable failure. At all events, Mr. Boulger has not gone the right way to work to try and induce the public to imbibe his opinions.

An Extraordinary Case.

DR. BYROM BRAMWELL read an account of a most extraordinary case at the Edinburgh Medico-Chirurgical Society's meeting last Wednesday. A young man of 25, unmarried, with no history or symptoms of syphilis, and with a good family record, had led a life of considerable hardship. The only severe illness he had had previously was of an unknown nature and occurred in youth. The supposed starting point of his fatal malady was a strain of the back on lifting a heavy weight. This pain in the back did not go away with rest in bed, while similar pains occurred in other parts

of the body. When Dr. Bramwell saw him there were symmetrical hard brawny swellings in the axillæ, elbows, groins, and other places. The skin was yellow brown, simulating Addison's disease, the pulse was always above 100, and there was a slight trace of albumen in the urine, with a few pus cells, but no tube casts. A soft blowing murmur could be heard over the mitral area, and the red blood corpuscles were much diminished in number. The white corpuscles were more numerous than usual. A few days later the swellings had increased in size and hardness, the margins being surrounded with some nodules which in places ran together. The asthenia increased rapidly, the skin grew darker, the temperature was 100.2°, and the heart's action exceedingly feeble. The peripheral arteries were now found to have become in a very short time, rigid, and pulseless. Some pericarditic friction preceded death. At the autopsy, the swellings in the skin were found to be simple inflammatory over-growths with much deposition of lime salts in them. All the peripheral arteries were converted into rigid tubes, except those of the brain, while the heart was enlarged, calcareous, and did not collapse on being opened. The papillary muscles were so covered with salts as to simulate stalactites. One of the kidneys was represented by a small portion of fibrous tissue, the other was in an advanced stage of cirrhosis with an unusual amount of fibrous tissue. The attack of illness in youth had evidently been of the nature of a pyelonephritis which had destroyed one of the kidneys. The remarkable features of this case are the rapid deposition of lime salts throughout the body—this must have occurred in the course of a few weeks—the symmetrical calcareous tumours of the skin, and the fact that the patient lived so long, with such imperfect kidneys, without showing any signs of uræmia. The case will have to be taken into account in the future in any argument about the nature and cause of uræmic poisoning.

Mistaken Sex.

It is not often that Nature leaves the sex of a child a matter of uncertainty. Numerous instances, however, are on record of this elementary, yet all important detail, having been misinterpreted, and the error has, in several, been perpetuated until well on in adult life. Obviously, once an infant has been legally recognised to belong to "the female persuasion," or the contrary, it must be a delicate and even difficult matter to establish another kind of civil status. The worst fate that can befall a young gentleman born under a nebulous star, is to be constrained to wear petticoats, and to imbibe his intellectual and other acquirements in a feminine *milieu*. It is but a year or two since Dr. Fancourt Barnes, if we mistake not, showed at one of the medical societies, a young person, eighteen years of age, who had so far been accorded the deference due to supposed femininity, and it was not until certain manifestations, at variance with the code laid down for the conduct of young ladies' seminaries, had been noted, and presumably complained of, that a medical opinion was sought. This proved to be the turning point of that pseudo-young woman's

destiny, for in the result, she had to cast aside the appurtenances and bearing of the self-respecting maiden for attire and manners more in harmony with the dictum of the medical expert. The psychology of this *volte face* has yet to be elucidated. We have been favoured with a description of the young man who was made to see at nineteen years of age, having previously been perfectly blind, but his sensations, curious though they appear to have been, were probably small talk, compared with the mental and moral *bouleversement* of an abrupt change of sex, "by order." Only last week a similar error was brought to light in France, where a young woman was summoned to military service on the ground that, having been registered as a male, she must contribute, allegorically speaking, her pound of flesh. Doubtless, when it comes to the medical inspection, she (the pseudo-he) will be exempted on the ground of "palpable deformity," but red tape insists that she shall, in the meantime, "hold herself at the disposal of the military authorities," a rather dreadful fate for a right-minded young person who has been declared by competent medical authority to be a female. There are few topics that have not been turned to account by the industrious novel-writer, but here is a brand-new plot hatched ready to hand. "to be served hot." Even the title suggests itself, to wit, "The Discarded Petticoat, or Jilting made Easy."

The Registration of Midwives.

THE supporters of the Midwives Registration question are determined, evidently at all costs, to gain adherents to their views. They have now appealed to the Primrose League, the local secretaries of the branches of which have been asked to bring the "benefits" of the registration scheme under the notice of the members. Among the papers sent to the local secretaries are communications from Sir John Williams and Dr. Cullingworth, of course advocating the scheme. What an excellent advertisement for the two gentlemen named, and how much they are to be congratulated upon having taken such a public step in view of the fact that quite three-fifths of their own profession are against them.

Lecture Arrangements for 1896 at the Royal College of Surgeons, England.

THE course of lectures for 1896 at the Royal College of Surgeons, England, is the following:—On February 17th, 19th, and 21st, the Arris and Gale Lecturer, Dr. Ernest H. Starling, will lecture on "The Physiological Factors involved in the Causation of Dropsy." On the 24th, 26th, and 28th Professor Leonard E. Hill will lecture on "Cerebral Pressure and the Cerebral Circulation." On March 2nd, 4th, 6th, 9th, 11th, and 13th, Professor Charles Stewart will lecture on "The Integumentary System; its structure and functions." On the 16th, 18th, and 20th, Mr. W. G. Spencer, F.R.C.S., the Erasmus Wilson Lecturer, will lecture on "The General Pathology of Bone." And lastly, on the 18th, 20th, 23rd, 25th, and 27th, Professor J. A. Coultts will lecture on "Infantile Syphilis." The lecture hour is 5 o'clock p.m., and all Fellows and Members of the

College who desire to attend will be admitted on presentation of their private visiting card.

The New Photography in Surgery.

A LATE telegram which arrived as we are at press informs that the first surgical operation in which the first diagnosis has been made by means of the Röntgen rays was performed in Berlin on Monday last. The patient was a woman, who had broken the half of a needle into her hand two months ago, and who suffered very severe pain. With the help of a Röntgen photograph, the exact position of the fragment was ascertained, and its extraction made without difficulty.

Bone Grafting Extraordinary.

NOTHING is wasted in Nature, according to the proverb, and Mr. Waterhouse emphasised this fact in a case which he brought before last Monday's meeting of the Medical Society of London. Having found it necessary to scoop out the body of the os calcis for the removal of tuberculous disease, a foot was left, in which this important bone was represented only by a yawning cavity, bounded by a thin shell of compact bone. The outer wall of the cavity was wanting and the floor was badly damaged. This resourceful surgeon thereupon requisitioned the collar bone of a lamb (part of a shoulder of lamb which had been served for the dinner of the resident medical officers of the hospital). He decalcified the bone by steeping it in hydrochloric acid, freed it from fat by washing it in ether and then sterilised it by immersion in a solution of carbolic acid of suitable strength. The bone having been converted into chips was made into a paste with iodoform and packed carefully and tightly into the gaping cavity, over which the skin was securely sutured and the foot was then put up in an antiseptic dressing. It was not dressed again for a fortnight or so, and by that time healing was complete and has remained so ever since. We gather that this is the seventh or eighth case in which Mr. Waterhouse has employed this procedure with the same measure of success, and on this ground the method commends itself for general adoption in this class of cases. We have seen a finger grafted on to or into a nose, and a chicken bone used to patch up this or that small bone, but the utilisation of a lamb's collar bone to build up an absent heel is as interesting, and even as extraordinary, as either.

Anthrax in London.

THERE are no less than five cases of anthrax under treatment at the present time at Guy's Hospital. The patients have all contracted the disease at the same factory from the handling of goat skins. The main feature of treatment has consisted in the excision of the primary lesion. Fortunately anthrax is now almost unknown in this country as an endemic disease, and cases of this kind where the infection has been imported, are the only ones likely to come under the notice of the surgeon.

INFLUENZA is once more raging in the south of Russia.

It is proposed that in future every officer promoted to Surgeon-Major-General's rank on the Army Medical Staff shall spend three years in that rank before retirement. This will obviate the difficulty occasioned by the constant change of medical officers of districts, which has been a fruitful source of complaint for some time past among general officers in command.

AT a recent dairy show in New York cows were milked by machinery. The device obtains its power from a pulsating vacuum, imitating the sucking of a calf, which is created by an air pump in a series of pipes connected by rubber rays to the cow's teats. Ten cows were milked at once, the time consumed in milking being from three to five minutes. What next?

A CASE of small-pox recently occurred in the West-End district, and every effort was made to discover how the disease was contracted. At last it was found out that a number of circulars had been entrusted to a messenger to deliver at all the houses in the district. The bundle had been kept over night at his lodgings where small-pox had broken out.

THE "potted meat" case before the Central Criminal Court, which attracted so much attention on account of its abominable nature, was finished on Saturday last by the conviction of two manufacturers, John and Alex. Munro, on whom a sentence of six months hard labour was passed, with the option of a fine.

ANOTHER "new cure for consumption" is reported by telegraph, this time from America instead of Germany. The discovery is accredited to Dr. Cyrus Edson, of New York, and the treatment is said to consist of hypodermic injections of phenol, pilocarpine, and water.

A BUTCHER, of Salisbury, named Hart, was summoned last week by the Commissioners of Sewers, and fined £50 at the Guildhall Police Court, for sending for sale a carcase of a lamb which was diseased and unwholesome to the Central London Market.

DR. W. R. GOWERS has been appointed Bradshaw Lecturer for the current year at the Royal College of Physicians of London.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

UNIVERSITY OF GLASGOW AND QUEEN MARGARET COLLEGE.—At the time when Queen Margaret College was offered as a gift to the University of Glasgow a good deal of controversy took place, which, however, ended with the impression that the future University education of women had been solved by the Commissioners in a most progressive and liberal spirit, when by their ordinance on graduation of women the doors of the Universities were thrown open on equal terms both to men and women alike. It appears, however, that this impression was a mistake, and it is not unlikely that the incorporation of Queen Margaret College with the University will become a bone of contention. When the gift was made to the University, it carried no conditions other than it was to be used for the benefit of women only, and was thought at the time that

in medicine at least separate teaching would have to be conducted in Queen Margaret College, but that combined or separate teaching in the Arts Classes could be conducted either by mixed classes or otherwise as experience proved to be best. This understanding has, however, been called in question. In medicine, separate education in Queen Margaret College has firmly established itself, in consequence of which quite a considerable number of female students are attending the school. On the other hand, a request has been made by the female students themselves, that they may be admitted to the Arts Classes in the University, and the University Council, in April last, unanimously resolved that all the Arts Classes should be thrown open to female students, more especially as the number of such students attending College is so small it was considered incompetent to carry on separate classes for their benefit. This action has again been called in question as to the Courts legality. It may, however, be stated that at a meeting of the General Council on 4th May, 1893, a distinct and definite statement was made that "under the agreement the Court could at any time dissolve any class or classes specially at present created for teaching women, and provide that teaching in any way that was fit." There are restless spirits in the Council who are ever on the alert for points of contention and throwing obstacles in the way. When Queen Margaret College was gifted to the University, no endowment came with it, but it was collected and presented by the Council of the College. By itself, the building would be a burden on the revenue and resources of the University, as the cost of supporting it swallows up the greater part of the endowment, leaving annually only a balance of about £300. At the time when the gift was made, a certain section of the members of the Council preferred *affiliation* instead of *incorporation* for the simple reason that it would have opened the way for St Mungo's College, but in this they were foiled, in consequence of which, it may reasonably be expected that every obstacle will be placed in the way, so as to prevent the smooth working of the teaching machinery between the incorporated School and the University. It is to be hoped that matters will be amicably settled, otherwise there will be but one course open to the University, *i.e.*, politely return the "gift," which would be unfortunate. Great discretion and caution is therefore necessary in bringing about a satisfactory understanding in face of those who are apparently determined to separate, if possible, Queen Margaret College from the University.

LORD KELVIN'S JUBILEE.—A joint meeting of the representatives of the Corporation and of the Court and Senate of the University was held on the 5th inst., under the presidency of the Lord Provost, who said that he had been asked if the Corporation were disposed to take part in the celebration of the jubilee of Lord Kelvin, as a professor in the University. He had laid the matter before the Corporation, and that body having unanimously decided to assist in the celebration, had appointed a committee, consisting of five senior magistrates and himself. He wished to express the great gratification he felt that the University and the City were working together with an object which was so deeply interesting to them. The Lord Provost suggested that the celebration should take the form of a banquet, to be held in the Municipal Chambers, to be followed the next evening by a conversation at the University. It is likely the celebration will take place in the end of June.

THE PERTH INFIRMARY.—A very satisfactory feature of the annual report of the Perth Infirmary is the low mortality among the patients treated in 1895 in the institution, only 5.2 per cent., if 4 deaths which occurred within 48 hours of admission be deducted from the total. Owing to all the local authorities having adopted the Notification Act the number of infectious diseases treated has become very much greater. By an arrangement with the managers the authorities could occupy 40 beds free of charge for five years dating from 1891 on paying £1,500 towards the expense of erecting new buildings. The total number of such cases was 52 in 1891 and had risen to 233 in 1895. A further arrangement with the authorities is, therefore, absolutely necessary, especially as the hospital exceeded its income by £708 during the course of the year. In the medical officer's report reference is made to the prevalence of diphtheria in the city and county during the past year.

No fewer than 74 cases were treated in the institution, but owing to the use of antitoxin the death-rate had only been 5 per cent. compared with an average of nearly 40 per cent. for the last 18 years.

INSANITARY HOUSES.—The old time-honoured unseavoy rookeries in the cities of Scotland, once the abode of the nobility, have fallen on evil times. On every side attempts are being made to induce the working classes to migrate to more healthy quarters. During the past score of years Edinburgh has done much in this direction, but a great deal remains to be attempted. The chief difficulty in the way is the high rent charged for more modern and more sanitary flats, not that the rents for the older houses are by any means low; many are as much as £6 for one room only fit for kennels. The same difficulty is being experienced in Inverness. Many of the houses in the lower part of the town are uninhabitable, but to evict the tenants would only aggravate the evil and cause more overcrowding, owing to working-men's dwellings being so scarce. It was mentioned in the Town Council last week that one family paid £10 a year for one small room in which there was not a fireplace. The possibility of the occurrence of such a thing is a public scandal; the owner of the one apartment deserves the gravest censure. We are glad to see that the Town Council propose to take steps with the view of providing new houses for workmen at rents from £8 to £12. It is to be hoped that they will not fall into the error, which is so common, of building expensive houses necessitating high rents, which working men would rather not pay, when simple airy and well drained buildings would be much more suitable and cost much less. The erection of high priced houses of this description will not get them out of their difficulty, for many are unable to pay for them, and the lower class houses are as crowded as before, unless indeed they are pulled down, which is the only thing they are really good for.

MEDICAL SOCIETY OF LONDON.

THE meeting on Monday last (Feb. 10th) was a clinical evening. A variety of interesting cases were shown among others one by Mr. JOHNSON SMITH, of Greenwich, of a case of old standing obturator dislocation of the hip in a sailor, relieved by resection of the head of the bone. This case was followed by a similar one, also in a sailor, by Mr. W. R. TURNER, but the symptoms rendered it possible that there was a fracture as well as an obturator dislocation. The same treatment will probably be adopted in this case. Mr. MARMADUCE SHEILD availed himself of the opportunity to proclaim that the time was now quite past when a surgeon could with propriety endeavour to reduce old standing dislocations by the application of direct violence, the only scientific method being excision of the head of the bone.

Mr. COTTERELL showed a lad upon whom he had operated successfully for a large exostosis of the orbit without impairment of vision or ocular movements. He also showed a girl upon whom he had performed laminectomy of the cervical vertebrae for paralysis and disturbances of sensation consequent on caries of these vertebrae. Though he did not discover any particular disease the operation was followed by immediate return of motion and sensation.

Mr. GOODALL showed two cases of sinuses over the sacrum and coccyx which he had treated by laying them freely open and packing them with dry cotton. The interest of these cases, of which he has operated on 13, lies in the fact that the sinuses are not connected with the rectum nor with disease of the bones. Mr. SWINFORD EDWARDS concurred in this view, adding that the three cases he had operated upon on the author's plan had all proved rapidly successful. Mr. H. ALLINGHAM thought sinuses in this situation might sometimes be due to inflammation of cysts congenitally present, and he recalled a case in which he opened the abscess and dissected out the cystic lining membrane with perfect success.

Mr. J. MAORREADY showed a woman who suffered from intestinal obstruction consequent on cancer at the junction of the sigmoid flexure with the rectum. As the obstructive symptoms were acute, after ascertaining the situation of the disease by a median laparotomy, he closed the wound and did colotomy instead. Then, when the obstruction had passed off, he performed resection of the diseased portion of gut, and joined the divided ends. The woman has since been in good health, and has had no trouble at all

with the bowels, the motions passing *per vias naturales* since the artificial anus was closed. This case corroborates the conclusion arrived at by Mr. Allingham, that when there is intestinal distension it is necessary to perform a preliminary colotomy, leaving the enterectomy to be performed as a secondary operation.

Dr. OTTERBON WOOD showed a rare coincidence in three cases of congenital nystagmus in the same family. An older brother appeared to be free from the defect.

Mr. NOBLE SMITH described the treatment of fracture of the tibia and fibula in his own person by the application of strapping, early movement and early massage. The result proved most satisfactory, but how much of it was due to his excellent *physique*, and how much to this somewhat novel treatment is a matter for discussion.

Mr. WATERHOUSE showed a little girl in whom it was found necessary to remove the whole of the interior of the os calcis for tuberculous disease, leaving only a thin shell of bone, the outer surface of the bone being also completely wanting. He filled the big cavity thus left with chips of decalcified bone made into a paste with iodoform, and complete and permanent healing took place without a hitch. This makes the seventh or eighth case dealt with in this way, all having been attended with a like measure of success.

Correspondence.

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

ELECTION OF DIRECT REPRESENTATIVE FOR IRELAND.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The statement circulated last week in the MEDICAL PRESS AND CIRCULAR, and signed by the Poor-law Medical Officers, shows at least that gratitude is not dead in the hearts of those who have benefited by Dr. Jacob's hard labours. It is usual to taunt general practitioners by saying that they use up a man who works on their behalf, and kick him afterwards. I regret to say that this taunt is sometimes true. It is now in the power of every general practitioner to show that he appreciates the long and weary labours of Dr. Jacob. The practitioner who can show that by his efforts, and those who helped him, about £30,000 a year has been added to their income, is surely, even from the meanest motives, deserving of the vote of every general practitioner.

This election of Direct Representative to the Medical Council is entirely one to give medical practitioners—in contradistinction to the Universities and Colleges—the power and right to return one who will honestly represent them and their aspirations.

I hope that the two candidates who are included by the last vote of last week, will at once ask all those who promised their votes to cast them in favour of Dr. Jacob.

Dr. Jacob is a tried and well-proven candidate. He can point to actual work done, and to good efforts gained. Without disparaging the other candidates, I would honestly ask—What real and actual work have they accomplished, as compared with that of Dr. Jacob?

I am, Sir, yours, &c.,

A SUPPORTER OF REAL WORK, AND NOT PROMISES ONLY.

February 9th, 1896.

THERMO-INHALER FOR ETHER.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—As Dr. Dudley Buxton has not given the explanation asked for as promptly as he made his corrections, will you permit us to call his attention to our letter in your issue of January 22nd, which has probably escaped his notice? We do not wish to be troublesome in any way; our only desire is to have the benefit of Dr. Dudley Buxton's much-valued experience, and, therefore, of his suggestions which, we hope, may enable us to remove or to make good at least some of the many grave defects in the inhaler which he found in practice

inherent in its construction. The particulars of some of the results Dr. Dudley Buxton has obtained with the inhaler would also be much esteemed, as these would help us greatly in carrying out his suggestions, by comparing them with those obtained by Dr. Carter with the same apparatus.

We are, Sir, yours, &c.,

KROHNE & SIEBEMANN.

London, Feb. 5th, 1896.

PROSPECTS OF THE WEATHER FOR FEBRUARY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—As another period of *anti-cyclonic weather* has evidently set in over the British Isles, as in last month, it may interest your readers if I draw attention to the likelihood of the weather being coincident with a *diminished rainfall* for February.

That in last month turned out to have been *under the average* for January, as there were only *ten days* in which rain fell, more or less, with an amount of fall of only 0.610-inch or less than half what it ought to have been here.

Now it would appear from experience that we are likely to have another month of *dry weather*, as statistics show the general occurrence of a dry February after a dry January.

In 1867 there were 10 *days* of rain in January, followed by only 7 days in February.

In 1869 there were 11 *days* of rain in January, followed by only 8 days of rain in February.

In 1870 January had 10 *rainy days*, and only 7 in February.

In 1871 there were only 5 *days* of rain in January, and 4 in February.

In 1873 there were only 9 *days* of rain in January, and 8 days in February.

In 1874 there were only 5 *days* rain in January, and 2 days in February.

In 1878 there were only 9 *days* in January, and 7 in February.

In 1886 there were 10 *days* rain in January, and 11 days in February.

All the years since 1886 seem to have had here fairly satisfactory rates of rainfall, and constitute a cycle of *wet winter seasons* in this country.

On the other hand, we seem to have had a course of dry years in the '70's constituting a *dry cycle* of winter seasons, most of Great Britain.

With the prevalence of this anti-cyclonic weather we may be comforted by the assurance conveyed in Dr. Gillespie's address on Weather and Disease at the Royal Society, that it may turn out to be a normal healthy month.

I am, Sir, yours, &c.,

W. G. BLACK, F.R.C.S., F.R.M.S.

United Service Club, Edinburgh, Feb. 7th.

Medical News.

Vital Statistics.

THE deaths registered last week in thirty-three great towns of England and Wales corresponded to an annual rate of 19.1 per 1,000 of their aggregate population, which is estimated at 10,591,530 persons in the middle of this year. The deaths registered in each of the last four weeks in the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000:—

Birkenhead 17, Birmingham 22, Blackburn 18, Bolton 22, Bradford 14, Brighton 16, Bristol 15, Burnley 20, Cardiff 16, Croydon 14, Derby 14, Dublin —, Edinburgh —, Glasgow —, Gateshead 15, Halifax 17, Huddersfield 17, Hull 17, Leeds 20, Leicester 21, Liverpool 19, London 15, Manchester 21, Newcastle-on-Tyne 19, Norwich 19, Nottingham 18, Oldham 22, Plymouth 17, Portsmouth 18, Preston 20, Salford 20, Sheffield 21, Sunderland 16, Swansea 15, West Ham 16, Wolverhampton 15.

Notices to Correspondents, Short Letters, &c.

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

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

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

REPRINTS—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

READING CASES,—Cloth board cases, gilt-lettered, containing twenty-four strings for holding the numbers 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. RICHARD LARR.—We hope to have space for your paper on "Excision of Ossicles and Membrane in Chronic Suppuration of the Middle Ear" in our next.

DEAN FARRAR is thanked for his courteous note.

MR. CLEMENT SEAM.—We do not care to prolong the discussion, as the subject is somewhat *ultra vires*, and the point is included in previous correspondence.

MR. R. E. PARKINSON (Clithero).—The case is of almost daily occurrence, and there is no feature connected with that to which you draw attention deserving of exceptional reference. Dr. M— did what every right-minded medical man would do under similar circumstances.

THE NOTIFICATION CASE—MASON V. HADDEN.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—With reference to my letter in your issue of Jan. 22nd, I fear that a portion of it may be open to misconception.

After the recent decision of the full court in Dr. Hadden's favour, he was appealed to by the plaintiff not to press for his costs, and he, accordingly, instructed his solicitors not to ask payment of the same from the plaintiff.

I am, Sir, yours, &c.,

JAMES CRAIG, Hon. Sec. and Treas.

85 York St., Dublin, Feb. 8th, 1896.

MR. A. YOUNG.—We should advise our correspondent to refer the matter to his solicitor, and be guided by him before taking any active steps. The legal position does not appear to be plain.

GENERAL PRACTITIONER.—It is not clear that any impression has been made on the mortality from phthisis by the gualcol or creosote treatment.

Meetings of the Societies.

WEDNESDAY, FEB. 12TH.

LARYNGOLOGICAL SOCIETY OF LONDON (20 Hanover Square, W.).—5 p.m. Discussion on the Nature of Laryngeal Ulcerations during the course of Typhoid Fever, to be introduced by Drs. A. A. Kanthack and J. A. Drysdale.—Discussion on Foreign Bodies in the Upper Air and Food Passages, to be introduced by Mr. Charters Symonds.

THE SANITARY INSTITUTE (Parkes' Museum, Margaret Street, W.).—8 p.m. Dr. S. Monckton Copeman will open a discussion on The Influence of Subsoil water on Health.

HUNTERIAN SOCIETY (London Institution).—8.30 p.m. The Hunterian Oration on John Hunter and Some of his Contemporaries, by Dr. G. Newton Pitt.

THURSDAY, FEB. 13TH.

BRITISH GYNECOLOGICAL SOCIETY (20 Hanover Square, W.).—Specimens by Mr. bowreman Jessett, Dr. Alfred Smith, and Dr. E. T. Smith. Dr. Elder: Notes on a Supra-vaginal Hysterectomy during Pregnancy, performed because of threatened intestinal obstruction (with Specimen). Dr. George Keith: The Permanent Cure of Antiflexion by Operation. Dr. E. F. Elliot: Notes on Gynecological Cases from a Provincial Hospital.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY (Great Northern Central Hospital, Holloway).—9 p.m. Dr. A. Morrison: Cardiac Dyspnoea. Drs. Harry Campbell, Burnet, Christie, Ostlere, Alex. Reid, and others are expected to take part in the discussion on this paper.

FRIDAY, FEB. 14TH.

CLINICAL SOCIETY OF LONDON.—8.30 p.m. Mr. T. W. Nunn: A Case of Chronic Cancer. Mr. Pitts and Mr. Ballance: On Splenectomy for Rupture, with three successful cases. Dr. Hale White: Two cases of Pneumothorax in the course of Typhoid Fever, and both due to straining at stool. Mr. Golding Bird: A case of Lymph Scrotum and Lymphatic Varix.

Vacancies.

Bristol General Hospital.—A Surgeon on the Hon. Staff. Applications

to the Secretary before Feb. 19th. Rules relating to the office may be obtained.

Cardiff Union.—Assistant Medical Officer for the Workhouse, under the direction of the Medical Officer. Salary, £100 per annum, with rations, apartments, attendance, and washing. Applications to Arthur J. Harris, Clerk, Queen's Chambers, Cardiff.

Cumberland Infirmary, Carlisle.—An Assistant House Surgeon. Salary £40 per annum, with board, lodging, and washing. Applications to the Secretary before Feb. 25th.

East London Hospital for Children, Shadwell.—House Physician. Board, lodging, &c., are provided, but no salary. Further particulars from Thomas Hayes, Secretary.

Liverpool Royal Infirmary.—Assistant Honorary Physician. Applications to the Chairman of the Committee of the Royal Infirmary, Liverpool.

Naas Union.—Medical Officer. Salary £130 per annum, and £15 per annum as Medical Officer of Health, with fees. Election Feb. 19th. (See advert.)

Salford Royal Hospital.—House Surgeon. Salary £100 per annum, with board and residence. Applications to the Secretary by Feb. 22nd.

Stevens' Hospital, Dublin.—Gynecologist. Applications to the Governors and Guardians by Feb. 20th.

Western General Dispensary, Marylebone.—Two House Surgeons. Salary £70, or £50 with board and residence. Applications to the Hon. Sec. by Feb. 17th.

Westminster Hospital.—Surgeon on the Hon. Staff; must hold the F.R.C.S. Eng. Full particulars of Sidney M. Quennell, Secretary.

Appointments.

ALLEN, W. T. D., M.B., B.Ch., B.A.O.I., Assistant Medical Officer to the Parish Infirmary, Brownlow Hill, Liverpool.

ATKIN, C., F.R.C.S. Eng., Surgeon to the Sheffield General Infirmary.

BRIDGES, S., M.B.C.S., L.R.C.P., Assistant House Surgeon to the Devonshire Hospital, Buxton.

COOKE, W. C., L.R.C.P., L.M. Edu., M.R.C.S., Medical Officer of Health to the Bognor Urban Council.

COLVILLE, J., B.A., M.D., R.U.I., Anaesthetist to the Ulster Hospital for Children and Women, Belfast.

DIXON, F. J., M.A., M.B., B.C., Camb., Assistant Registrar to the Central London Throat and Ear Hospital.

EVANS, W. H., M.D. Lond., F.R.C.S. E., Assistant Surgeon, with charge of Skin Department, to the Royal Free Hospital.

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HARDYMAN, G., M.B., C.M. Edin., Honorary Surgeon to the Royal Mineral Water Hospital, Bath.

HARRISON, E., M.B., Ch.B. Vict., Medical Officer to the Birmingham General Dispensary.

HEATH, C. J., F.R.C.S., Assistant Registrar to the Central London Throat and Ear Hospital.

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SHARF, W. A., L.R.C.P. Lond., M.R.C.S., Resident Medical Officer to the Royal Hants County Hospital, Winchester.

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THOMAS, J. T., L.R.C.P. Lond., M.R.C.S., Medical Officer of Health by the Camborne District Council.

Births.

LIEWELLYN.—Feb. 6th, at 87 Earisfield Road, Wandsworth, the wife of John Liewellyn, M.B.C.S. Eng., of a daughter.

MAJOR.—Feb. 6th, at Clulow House, London Road, Reading, the wife of Arthur C. Major, M.B.C.S., L.R.C.P., of a son.

MATTHEY.—Jan. 23rd, at Georgetown, Demerara, the wife of Arthur Matthey, M.B.C.S., of a son.

ROBERTSON.—Feb. 4th, at Christ Church Road, Tulse Hill, S.W., the wife of John Robertson, M.A., M.D., of a daughter.

WIGGLESWORTH.—Feb. 6th, at Washam, Kirkham, Lanca., the wife of Sidney Wigglesworth, L.R.C.P., M.B.C.S., of a son.

Marriages.

FISHER—MEDLAND.—Feb. 4th, at St. Peter's, West Leigh, Devon, William fellows Fisher, M.B., of Dudley, to Mary Edith, third daughter of the late Rev. William Medland, M.A.

LISTON—COOPER.—Feb. 1st, at the St. Marylebone Parish Church, London, Walter Lawrence Liston, M.D., of Tewkesbury, to Kathleen Nora Cooper.

THOMPSON—SIDNEY.—Feb. 6th, at Washingboro' Church, Percy Walker Thompson, M.B., third son of T. Thompson, Esq., J.P., of Nosedale, Toronto, to Fanny, eldest daughter of the late George Sidney, Esq., Reighton.

Deaths.

HEWBY.—Feb. 1st, at Cambridge Gardens, London, W., John Fetch Hewby, B.A. Oxon. M.R.C.S., aged 61.

WALL.—Jan. 11th, at Carrick-on-Suir, G. A. Wall, L.R.C.P.I., L.R.C.S.I., aged 41.

The Medical Press and Circular.

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No. 8.

Original Communications.

TUBERCULAR DISEASES OF THE HIP-JOINT.

By R. L. SWAN, F.R.C.S.I.,

Surgeon to Stevens' and The Orthopedic Hospitals, Dublin.

(Concluded from page 159.)

It will be convenient to review those circumstances which will enable us to form an opinion as to the probable position of the deposit. Acetabular disease may, I believe, occur in three ways. 1st. As an extension to the joint of a tubercular mass in the cancellous structure of the pelvis, having a beginning quite unconnected with the articulation. 2nd. From an injury caused from transmission of force by impact of the head of the femur, and producing a slight traumatism which sets up acetabular disease; and 3rd. By extension of disease primarily commencing in the synovial membrane or transmitted thereto by the caseation and rupture of a femoral deposit into the joint. The symptomatology in such a case will be positive and negative. The positive signs will be the situation of the pain which as observed by Erichsen will be in the iliac region, or back of the thigh, and pain on digital examination per rectum of the inner pelvic surface corresponding to the acetabulum. This valuable symptom was first pointed out by a French surgeon, M. Cazin. At a period when the disease has somewhat progressed this surface may be found thickened in comparison with that of the opposite side, and may impart a doughy or softened sensation to the finger, from the presence of extravasated lymph or pus. As regards the reflex muscular starting, it appears to be common to every incidence of disease, and is, I believe, due to irregular interarticular pressure. At a later period the position of abscess, whether intra-pelvic or gluteal, or outside the thigh, will aid in establishing the situation of disease. The negative signs will be: The absence of thickening in the neck of the femur or trochanter, unless the disease had primarily begun in those tissues, and a comparative absence of deformity in the early stages.

That the tubercular deposit may sometimes originate in the ligaments of the joint there is no reason to doubt. Some recent writers, among them Mr. Edmund Owen, consider that the ligamentum teres is most frequently the starting point. It was demonstrated by watching the movements of the joint structures through a hole made in the acetabulum from the pelvic side that this ligament checks adduction of the partially flexed thigh. If a child fall, therefore, on the outer side of the partially flexed thigh, he may strain this ligament. If healthy, a simple synovitis, which a short rest will cure, is the result; but if otherwise, the ligament becomes thickened with inflammatory exudation, and after a time incorporated with the contiguous synovial membrane in tubercular infiltration. In such a case there will be deformity, flexion, and abduction, pain at the inner side of the knee. There is an elastic resistance to the rectification of flexion due to the bag of fluid existing within the joint. There may not be any marked pyrexia. If the trochanter and neck of the

femur be thickened, and only a moderate amount of pain be present with some lameness, it is probable that the deposit is in the neck of the femur, or at or outside the line of the epiphysis. If, as a sequence to a condition such as this, there be a sudden accession of acute symptoms, with fulness in the groin, and fixation in the joint, it is to be inferred that the articulation has been invaded. That the cartilage thinned by pressure has given way, and that the joint is filled with sero-pus. In such a case there is prominence of the structures in front of the joint. If a calliper be taken it will be found on measurement that the region of the femoral artery at the base of Scarpa's triangle is more advanced than the corresponding portion at the healthy side. There is generally abduction of the limb. There are usually blue venous radicles ramifying over the region of and below Poupart's ligament; indicating pressure. There is pain; starting; and pyrexia. It is convenient at this point, as we are often consulted when the conditions just related exist, to consider the line of treatment to be adopted, and the most important questions to decide are: Should we choose an expectant treatment, or should operative measures be preferred! When the condition of suppurative arthritis is recognised. When there is fixation, flexion, pain, and pyrexia, I do not hesitate to open the joint. This may be done under anæsthesia from behind through the gluteal fibres, or through the fascia in front of the tensor vaginæ femoris. A long narrow knife by which a free opening may be made into the capsule is best. It is often remarkable what relief will be at once given by this expedient. Not only is the pain relieved, but the general symptoms subside and extension of the limb may, if thought desirable, be at once adopted, but for reasons to be hereafter given this is not always expedient. I have in many instances repeated this measure in the same case, when signs showed a re-accumulation of the fluid, with benefit. Mr. Edmund Owen has advised the tapping of the joint by a trocar and cannula from behind through the gluteal fibres, or from beneath the anterior superior spine of the ilium, working inwards, and Mr. T. N. Fitzgerald, of Melbourne, passes a tenotomy knife into the articulation, allowing the fluid to escape into the surrounding tissues and so to be absorbed. If on opening the capsule with a knife, pus appears along its side, I make a practice of passing in a long sinus forceps into the cavity, and enlarging the canal by divaricating its blades, washing it thoroughly with boric solution, and plugging it with iodoform gauze. At the same time the patient must be kept at rest, and extension should be maintained. I here venture to make a few observations on this well-known subject. The theory that I have long held myself is—That it does good by the diminution of intra-articular pressure it affords if properly applied.

It is that pressure which produces muscular spasm, and by its removal the spasm is averted. This is proved by the fact that extension, if not applied in the axis of deformity, will increase spasm; in other words, although extending the muscular element, it increases intra-articular pressure, and is, therefore, useless. That this theory is practically correct may be deduced from the observations of E. H. Bradford, and R. W. Lovett, in a paper entitled "A Study of Traction in Hip-

Disease." The evidence presented by them was, experimental, pathological, and clinical.

In a number of dissecting room adult cadavera the legs were slightly flexed and abducted, and a weight varying from 50 to 60 lbs. was attached to the legs. It was found that the limbs could be lengthened three-quarters of an inch. It was found that no amount of force produced separation of the joint surfaces in adults if the legs were kept quite straight.

The hip of a foetus at full term was prepared in such a way that the skin was removed so as to expose the muscles round the hip. It was found that under a slight amount of traction separation was possible. A needle was inserted into the head of the femur, another into the ilium a little above the acetabulum—a slight traction caused a separation of the needles.

Traction separated the joint surfaces in all cases in children, dissected or otherwise. and the checks to separation in adults lay in the resistance—1st, of the capsular ligament, and especially of the anterior bands of the ilio-femoral ligament; 2nd, in the resistance of the cotyloid ligament, and to a slight degree to atmospheric pressure.

In children the lower edge of the acetabulum presents no resistance to traction in the axis of the body. In adults this presents a resistance which is avoided by abduction of the limb.

Both in children and adults, if the femur be extended to its utmost limits, the anterior bands of the ilio-femoral ligament prevent distraction by any force which can be applied with safety. In a diseased joint, where the capsule and cotyloid ligament are disorganised, distraction is easy.

Experiments were also made on healthy joints in living persons, and it was found that 20 lbs. weight produced in a girl, *æt.* 7, one quarter of an inch in lengthening, due to separation of joint surfaces.

In diseased joints 10 lbs. produces lengthening invariably by separation of joint surfaces before puberty, but the extent varies in different individuals, and is, as a rule, less in older children than in young ones.

The pathological evidence embraced cases where traction had been employed, and where it had not, and showed the different results; in the one case a preservation to a great extent of the head and neck of the bone, without displacement; in the other, the wandering acetabulum, with displacement upwards and backwards of the head of the femur, which had itself undergone destructive changes. The results arrived at by those investigators seem to prove:—

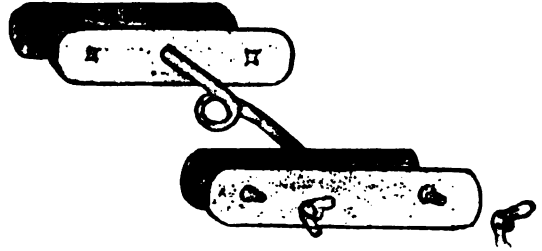
1st. That traction properly applied draws apart the articular surfaces both in the dead and living.

2nd. A greater force has to be applied than has commonly been used in hip-joint disease. Separation is less likely to occur in the adult than in the child and more likely in diseased joints than in healthy ones. Separation is more easy in a flexed and abducted position of the limb than in full extension.

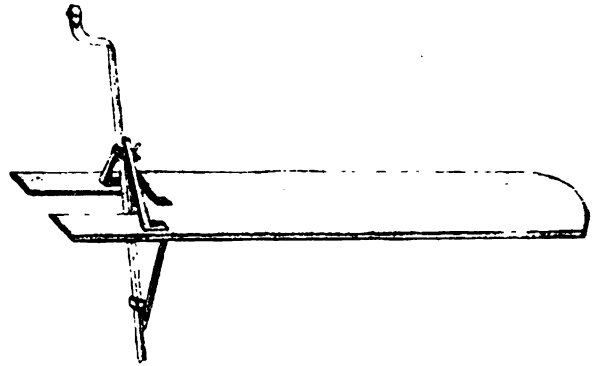
3rd. Pathological evidence demonstrates that the upper edge of the acetabulum and the head of the femur are eroded in hip disease where traction is not used.

Clinical evidence shows in routine hospital practice the absence of subluxation after the use of traction. In my experience I find that the weight used must, to a great extent, be regulated by the comfort afforded. For a child under ten years of age from three to nine pounds may be defined as the limit. I have adopted the plan of making the extension altogether above the condyles by placing a plaster-of-paris case outside padding applied to those processes and attaching webbing bands thereto. By leaving this webbing free below the knee two advantages are acquired. 1st. The knee-joint itself is not weakened, I have known it converted by extension of the ligaments into almost a diarthrosis; and 2nd, the knee may rest on a pillow

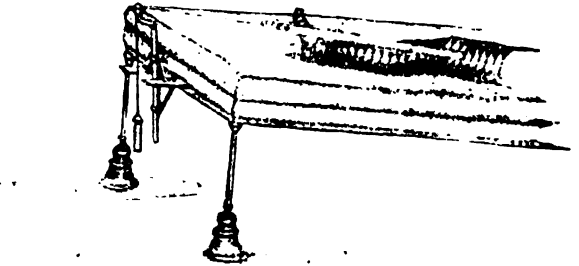
and remain semiflexed, such a position not interfering with the line of traction in axis of the deformity and affording great comfort to the patient. In many



1.—A small device for attaching stirrup for traction.



2.—Board for graduating pulley. To be slipped under mattress.



3.—Extension applied by means of plaster-of-paris bandages.



4.—Pelvimeter for estimating alteration in position of trochanters.

instances when extension has overcome deformity and starting has ceased, pain will return. This is caused by the overstretching of the inflamed ligaments, and in such a case the lessening of weight or its complete removal will afford relief. In such a case it will be prudent to secure fixation of the joint by a splint.

In cases where rarefying osteitis is present and where an arrest of development of the femur may be anticipated and consequent shortening of the limb, it is better to encourage a slight adduction. As a result

the shortening is of less importance than it would have been had ankylosis taken place in an abducted position. Sometimes, however, it is not possible to prevent abduction by traction in the axis of the limb or towards the other side, as it is almost impossible to prevent by any appliance the spinal accommodation which ensues. It is remarkable how even a very young child will extricate himself from the restraint of an irksome position. To obviate this I have found that a combination of lateral traction, by fixing the upper portion of the femur will allow of the downward traction being applied in the direction of adduction. If extreme adduction occur, as may be seen in cases of absorption of the head of the bone, or subluxation, or in cases of double hip-joint disease, of which a good example was in the Orthopædic Hospital a short time ago, a crossed-legged progression may result. In such cases much improvement may be made by the careful use of Thomas's double splint or of Phelps's box. It is important, however, in the application of traction for the rectification of deformity the result of tubercular trouble, to remember that we are dealing with diseased tissues in which lives a latent enemy easily aroused, and to proceed with the utmost gentleness.

Rotation, either inward or outward may be controlled in a variety of ways. Sandbags will usually suffice if there be a careful nurse in attendance. A piece of splint wood fixed by the plaster bandage behind the thigh and adjusted so that the patella must look straight in front, or a zinc trough moulded to the limb with two cross bars to prevent rotation, will effect the same purpose.

A question will arise. At what period may fixation alone be substituted for fixation and extension? We must be guided by the progress of the case, but my personal feeling is, that while I have never regretted maintaining extension for a lengthened period, even when it appeared unnecessary to the parents and even to the patient himself, I have often had cause to regret leaving it off too soon. Even when progressive disease has been arrested, the weakened elements of the damaged joint are easily influenced by muscular contractions or by extraneous causes, more especially if what is termed the ambulatory method of treatment be permitted. The temperature which perhaps for months has been normal will rise a little at night. Flexion at the joint will recur, and extension has again to be applied:—if pain be entirely absent; if muscular starting has altogether ceased and the limb be in a good position; if the general appearance and condition of health indicate that the disease is at a standstill; if there be no evidence of suppuration; if the digestion be good, the sleep sound, and the temperature normal, we may then direct our attention to the question.

Incomparably the best as a fixation apparatus in my opinion is a Thomas's splint; I need only allude to this well-known and useful apparatus, which is unfortunately often seen applied in a careless and inefficient manner.

A few words regarding the deformities met with during the existence of hip-joint disease. Flexion is a constant occurrence, and will be met with in all cases irrespective of the position of the diseased focus, but it will occur with greater rapidity when the synovial membrane is engaged and intra-articular effusion sets in. It seems to be a position instinctively assumed to lessen joint pressure. The deformity can be induced in the cadaver by injecting the joint through a hole in the acetabulum, and the mechanics of the phenomenon observed. It will be seen that the anterior part of the capsule, owing to the identification with it of the strong fibres of the ileo-femoral ligament, is dense and unyielding, but the posterior part is comparatively thin. On injecting a moderate quantity of fluid into the joint flexion occurs, and by increasing the amount a slight degree of abduction. I used glycerine myself in

making the experiment, being a fluid probably of consistence approaching that of the majority of intra-articular effusions. By tightly plugging the opening with a piece of indiarubber it was easy to observe the elastic feel which fluid in the joint imparted on attempting to extend the limb, and the intra-articular pressure produced thereby indicated by the difficulty in retaining the plug of indiarubber in position from pressure on its articular aspect.

At a later period, owing either to changes in all the structures of the joint, or to changes in the acetabulum, or to an alteration in the normal position of the head of the femur, adduction and rotation inward may happen. To the deformities of abduction and adduction is due the apparent shortening which is produced by the tilting of the pelvis. This may be estimated by comparing the measurements from the umbilicus to the internal malleolus on either side. Real shortening may occur; 1st, In acetabular disease from recession of the head of the femur; 2nd, From the displacement of the upper extremity of the femur consequent on so-called wandering acetabulum, or from a partial or complete dislocation of the head of the bone, which last is a rare occurrence. It may also happen from a shifting upwards of the acetabulum *en masse*, from a softening of its base, as I saw in the case of a boy, æt. 9, in Steevens' Hospital a few weeks ago, where it was necessary to amputate through the joint.

To causes referable to the femur. 1st, To absorption of the head or its removal as a sequestrum. To absorption of the neck, and lastly to an arrest of development of the femur, which may continue when the disease has ceased. To so great an extent may this arrest of development proceed, that in the case of a girl, æt. 18, of otherwise large proportions, who was bedridden for thirteen years, from extensive disease of the head and neck, and the femur and the acetabulum, and whose limb was removed from the pelvis, I found the femur, about the size of a radius, to which bone it bore a considerable resemblance. To estimate real shortening a line must be taken from the anterior superior spine to the inner malleolus, but it is important in making such a measurement, to place both legs in exactly the same position as regards flexion, abduction, or adduction, otherwise the measurement will be inaccurate. The upper margin of the trochanters normally touches Nélaton's line. The vertical measurement of any part of the trochanter which reaches above this line will indicate the shortening due to alterations in the head or neck of the bone. If the real shortening exceed this, the excess will be due to arrest of development in the length of the femur.

The position of the trochanter as regards the median line is significant. This may be measured by the small pelvimeter of which an illustration is annexed, No 5. The trochanter on the diseased side may be pushed out further than the other. This may be due to articular effusion, to serum or pus in the joint, or to an obliteration of the cavity of the acetabulum by a cell proliferation in the ligamentum teres. In dislocation on the dorsum ilii whether from acetabulum alteration or otherwise, the same thing may happen, but in such a case, the trochanter will be on a higher level than normal.

The trochanter will be nearer to the median lines either from absorption of the head or neck of the bone, or from disease of the acetabulum which has allowed a recession of the head into that cavity. This may be diagnosed by an examination through the rectum. At a later stage of the disease, and when acute symptoms have ceased, the trochanter at the diseased side may be found to approximate the median line more than its fellow. This will be due to arrest of development of the upper extremities of the femur, and may not have been observable during the existence of the disease in an acute form.

Lectures

ON

THE DIAGNOSIS OF INSANITY.

By THEO. B. HYSLOP, M.D.,

Lecturer on Mental Diseases to St. Mary's Hospital Medical School,
Assistant Physician to Bethlem Royal Hospital.

LECTURE VIII.

In this lecture I propose to deal with the subject of insolation as a factor in the causation of insanity, and it will be seen that the effects of a continued high degree of temperature upon the vital processes of man are very important and far-reaching. I do not propose to discuss the symptomatological aspects of insolation; but deem it advisable to consider somewhat in detail its etiology and sequelæ, and of the sequelæ I shall confine my attention more particularly to the mental defects and aberrations commonly met with in the insane.

The multiplicity of terms derived from the etiology, symptomatology, and pathology of insolation is liable to cause confusion, but the recognition that some of the numerous terms apply mainly to the several degrees of the same affection will serve to simplify matters. We have the terms sun fever, thermic fever, ardent fever, cerebral fever, cephalitis *Ægyptica*, coup de soleil, heat asphyxia, heat apoplexy, ictus solis, erythismus tropicus, causus ab insolatione, phrenitis indica, typhomania, calenture, &c., and also various combinations, varying according to the modes of causation.

Morache has conveniently divided the forms of insolation into two classes, (1) *Coup de soleil*, or sunstroke due to direct rays of the sun, and (2) *Coup de chaleur*, or indirect form, due to heat and other influences. Of the two forms, the latter appears to be the more common. In fact, the former, without the aid of a greatly heated atmosphere and other causes, such as humidity, &c., is seldom met with. A lengthy account of the atmospheric influences, together with the relative value of heat, humidity, and the influence of the various winds, as a cause would be out of place here; for although high temperature, rarefaction of the air with its direct sedative effects, quick evaporation from and inspissation of the blood, result in venalisation of the blood from diminution of the supply of oxygen at each inspiration, yet fatigue, faulty bodily habits, excesses (alcoholic, dietetic, or sexual) form the most important etiological factors. Wallther's experiments show that the heat from the streaming rays of the sun can be actually absorbed by the skin. Most authors, however, agree that it is by the combination of the sun's rays, a heated atmosphere, and a relative amount of humidity, acting together, that heat is retained in the body. As a true exciting cause, heat both direct and indirect may be an effective cause, but hygrometric and barometric states of the atmosphere have a special influence upon the general vigour of the constitution, and not only render a person more or less susceptible to heat, but also predispose him to suffer from it.

The difficulty in estimating the exact effects of the solar rays is not only due to the absence of a sufficient number of experiments, but also by the presence of other conditions, such as hot, rarefied, and perhaps, impure air, and heat of the body produced by exercise, and not attended by perspiration. Eckhard found that when a temperature much over the natural amount was applied to the nerves of frogs, the electrical currents through them were ultimately stopped. Weber also found that the same rule held good for men. Solar heat as an immediate or exciting cause may act in two ways, causing (1) prostration of nervous powers and syncope, with symptoms of debility, vertigo, weariness, nausea and incontinence of urine; or (2) venali-

sation of blood, with absence of perspiration, suppression of urine, and constipation. The latter group is aided chiefly by fatigue, impure air, alcohol, visceral disorders, and retained secretions.

Respirations are said to be lessened during hot seasons, and the higher the temperature, the less oxygen there is going into the system and the less carbonic acid exhaled. When isolation is established, the other organs are hindered in their action as compensatory excretors. Moore^(a) has pointed out that formerly many cases were not returned in India, but were overlooked owing to the fact that only those cases occurring after direct exposure to the sun were recorded. Dr. Tripe, at the Conference of the Royal Meteorological Society, in July, 1884, in discussing some of the relations of meteorological phenomena to health, pointed out that the effects of high temperature vary much according to the amount of moisture in the air, as when the air is nearly saturated in hot climates, or even in summer in our own, more or less languor and *malaise* are felt, with great indisposition to fatigue. With a dry air these are not so noticeable. In the former case, but little evaporation from the skin occurs, and the normal amount of moisture is not given off from the lungs, so that the body is not cooled down to such an extent as by dry air, sunstroke probably being the result, not only of the direct action of the sun's rays, but partly also from diminished cooling of the blood by want of evaporation from the lungs and skin.

Undoubtedly, hot climates eventually sap the foundations of life amongst Europeans, and although the hypothesis of acclimatisation, *i.e.*, that an injurious effect is first produced, and then accommodation of the body to the new condition within a limited time, is to a certain extent true, yet the rule does not extend to the progeny. In fact, it appears that acclimatisation of Europeans in India depends to a great extent upon the intermixing by marriage with the natives; otherwise, they do not reach beyond the third generation.

The effects of a tropical climate are, so to speak, relative, and beyond the conditions of temperature and humidity, we have to take into consideration the malarial influences arising from the putrescence of organic matter, and the effluvia from impure soil, which in their turn cause malarial fevers and other conditions equally fatal to human life.

Various winds prove dangerous to human life and tend to produce deleterious effects upon our nervous systems. The Scirocco of the North African Coast, Sicily, and Southern Italy, is a hot, dry, south-east wind, and blows from the heated Sahara passing over the Mediterranean where it absorbs a large amount of moisture becoming a hot moist wind on reaching the South of Europe, which causes languor, listlessness, and heat-stroke. The Leveche or Scirocco of Spain, and the Solano, are both productive of much nervous prostration. The Harmattan of the West Coast of Africa from the Desert, the Khamsin of Egypt, and the Simoon of Kutchee and Upper Scinde, are all particularly fatal to human life; the latter especially causing sensations of suffocation and the asphyxial form of insolation. The Mistral, Bora, Tramontana, Norther, and Pampero, all cause dry pleurisy, pneumonia, rheumatism, and muscular pains, but they have little or no effect upon the nervous system.

The hot winds of Australia are dry and even afford pleasure to some constitutions. The Föhn of the North Eastern Valleys of Switzerland is also fairly healthy. In India the hot winds are rather more conducive to good health than bad, and unless the exposure to sun and the heat of the wind are very severe insolation is not likely to occur. The Loomarna, however, is said to cause "hot wind stroke." In New York and other parts of America insolation according to some observers, generally develops in the night and

(a) "Diseases of India," p. 367.

not when the person is exposed to the direct rays of the sun.

Warm days in the cool seasons of the year are especially dangerous. Moist air, absence of wind, hot winds, all favour the development. In his account of diseases prevalent in the Persian Gulf, Evatt draws attention to the terrific heat of a moist character there prevalent. Even the natives cannot endure it, and heat apoplexy assumes a deadly form. The fatal character of the heat is derived from moisture. Further inland the intense heat again assumes a terrible aspect from the hot winds drying the skin and abolishing the salutary effects of perspiration. Gordon (a) believes that in calm sultry days when the sun is obscured by a film of clouds or impalpable dust insolation is most common, since varying amounts of moisture in the air materially affect the comfort and health of man. In this country, however, it is not only the absolute, but the relative proportions of aerial moisture which influence mankind. The bodily causes arising in connection with habits or diseases of the individual are of special importance, and among these may be mentioned fatigue, over-exertion, overcrowding, bad ventilation, unsuitable dress, retained excretions, defective secretions, in fact, anything tending to debilitate or contaminate the system. Injuries to the head, malaria, scorbutic taint, venereal disease, former attacks of insolation, and alcoholism all predispose to its occurrence. Malaria, syphilis, and alcoholism not only play an important part in the etiology of insolation, but they also tend to modify and influence the subsequent history of the individual, and give rise to many symptoms which are of the utmost importance for diagnostic purposes, but of 55 cases of insanity following insolation, I found that 8 had had malaria, 5 syphilis, and 7 had been alcoholic. The latter affection especially predisposes to the indirect form of sunstroke. Sir Charles Napier, in Scinde, was fully alive to the powerful co-operative aid of alcohol in producing heat-stroke when he declared that the sun should have in his case no ally in drink. In spite of what may be thought to the contrary, I believe that the authorities who organised our recent expedition to Coomassie exercised a very wise discretion in the matter of the distribution of alcohol to the troops, and those who have not studied the subject have yet to learn that, in malarial districts there are worse things to guard against than conditions of temporary exhaustion. The coloured races seem to enjoy a comparative immunity, but when the negro removes to cities and becomes loose and irregular in his habits, and eats and drinks to excess, he becomes equally liable to sunstroke with the white race. Spirit drinking, even in moderation, powerfully aids the external causes of insolation. Even wine and beer have this effect. A full habit of body and too much animal diet favour a plethoric condition and the development of heat-stroke. Especially is this apt to occur if, after a heavy meal there is also bad ventilation.

Plethoric intemperate men suffering from fatty heart are especially predisposed.

What the relationship of syphilis to sunstroke is I am not prepared to say. Undoubtedly, syphilis (as pointed out by Hutchinson) precedes attacks of sunstroke, but the part it plays in the etiology of the affection is doubtful, and much information is yet wanted.

The special and primary syphilitic brain-lesions affecting the meninges, or vessels, or encephalic nervous substance; and spoken of as cellular hyperplasia ending in scleroses or in gummata; may undoubtedly predispose to insolation, by weakening the resistive power of the organism, and brain particularly, to the effects of heat.

The effect of the sun is more to be feared in the case of new arrivals in India, and the liability to sunstroke—

according to Bryden—is quadrupled. (a) He pointed out that, taking the standard of ten years, 1860-69 the admission rate for heat apoplexy was 4.3 per 1,000, whilst that of newly-arrived regiments, for the years 1864-69, was 16.8 per 1,000. Still more did the rate rise if a newly-arrived regiment was sent into the field at once. Thus the ratio for the new army in the field in 1858 was 55.8 per 1,000. The diminution of heat apoplexy with length of service in India was shown in the case of the newly-arrived army in 1858.

There were, in 1858, 42.9 per 1,000 affected.

"	1859,	8.7	"	"
"	1860,	6.2	"	"
"	1861,	2.2	"	"
"	1862,	1.19	"	"
"	1863,	1.09	"	"

Dr. Paynten has stated that sunstroke is never met with in the French Army in Algiers, but Duncan (b) states that this is not correct, for sunstroke does occur in Algiers. Two points are remarkable in the history of sunstroke, viz., the extreme rarity of sunstroke in mid-ocean and at great elevations. In only one of the 55 cases did the attack occur at sea, and that was in the Red Sea where, as Parkes (c) has pointed out, the proximity to land does not invalidate the rule.

At great elevations the effect of the sun's rays *per se* is not less, but even greater, than on land or at sea level, yet in both sunstroke is uncommon.

The description of the forms of sunstroke, as given by Sir Joseph Fayrer (d), is particularly graphic, and with the recognition that the affection may occur in the form of thermal, ephemeral, or ardent fever, heat syncope, heat apoplexy, and heat asphyxia, or spinal congestion, or in various degrees of intensity of these forms, with a great variety of symptoms, I will pass to the consideration of some of the most important of the nervous sequelæ.

Dr. Handfield Jones has remarked that "any man of experience in the manifold disorders of jaded and exhausted nervous systems will recognise at once how close is the resemblance between the results of tropical heat and those produced by the ordinary causes in operation among the struggling multitudes in our large towns."

The acute sequelæ to sunstroke, as ardent fever with acute delirium, remittent and intermittent fever complicated with dysenteries, hepatic inflammations and congestions are all commonly seen in India, but they have not fallen within my experience. It has been my lot, however, during the last ten years to meet with a notable number of cases in which the after-symptoms of heat stroke have been evidenced by some nervous defect or perversion essentially consisting in a functional paralysis of one or more great nerve centres.

It may be observed that the most abiding results of insolation are almost all referable to impaired functional energy of the cerebro-spinal system, and this impairment shows itself either in motor paralysis, sensory paralysis either of common or special sensation, hyper- and dysæsthesiæ of the nerves of common and special sense, in debility, and undue excitability of the emotional centres, and in similar states of the cerebral hemispheres and spinal cord.

In addition to these the extreme sensitiveness of a patient to the rays of the sun or to excessive heat ever afterwards, and the effect exercised on them by alcohol point to an unstable condition of the great vaso-motor centre in the medulla oblongata. The mental sequelæ are of extreme interest and undoubtedly an attack of insolation is often attended with meningitis or cerebral changes, which may destroy the life or intellect sooner or later, or permanently compromise the whole health or that of some important function.

(a) "Vital Statistics."
 (b) "Diseases of Tropical Campaigns."
 (c) "Hygiene," p. 385.
 (d) "Sunstroke," Quain's Dict. of Medicine.

(a) Medical Times and Gazette, 1857.

In many cases the sequelæ may be attributed to the injury the brain suffers during the primary attack probably from the loss of nutrition in the case of the syncopal, and from congestion in the apoplectic forms, injuries by which it may be weakened for life.

The direct effects of actual attacks of insolation are, however, by no means the most appalling, for there are many who escape such attacks whose constitution is nevertheless thoroughly ruined by sun-heat, who are rendered liable to every form of tropical malady, and who are unable to survive even slight wounds or operations.

Of the syncopal, asphyxial, and hyperpyrexial forms of insolation, the two later seem to be the most important and dangerous, and are more liable to be attended with sequelæ of a degenerative type, although even in these forms, recovery may be complete.

It is not my intention here to refer in detail to special sensory or motor affections met with apart from mental aberrations, but rather, by a more general consideration of the mental functions affected, to endeavour to embrace and establish a connection between them. In infancy, insolation is certainly a cause of accidental idiocy.

Langdon Down (a) states that he has seen a notable number of feeble-minded children who owe their disaster to sunstroke while making the passage of the Red Sea and Suez Canal *en route* from India, or from exposure in that country, and he attributes the mental decadence as originating without doubt from the actual exposure to heat. At the Royal Albert Asylum, Lancaster, I met with six cases of mental defect in children, in all of which the damage to the mental powers was undoubtedly dependent upon sunstroke, and probably the degree and nature of the defect coincided with the amount of destruction of the nerve tissue. Parents are extremely ready to attribute the idiocy of their children to an accidental fall or blow, and even in adults such causes are apt to be assigned. In any case of idiocy or imbecility which is attributed to the effects of sunstroke the existence of hereditary neurosis, the occurrence of fits, or other diseases likely to be the cause of idiocy, as well as the nature, extent, and immediate consequences of the attack, ought in great measure to aid in the formation of a diagnosis. The amount of injury to the mental powers is variable, but in all the examples I have seen the patients have been simple-minded or imbecile, rather than belonging to the lower grades of idiocy.

Sometimes the mental symptoms are found intercurrent with the sopor and coma following the shock, and they may then take the form of delirium, or excitement with hallucinations, passing into a condition very similar to that of primary dementia. As a general rule, however, although there may be some trace left of the primary injury to the brain the prognosis is more favourable in such cases than when the psychosis develops some months, or even years, after the injury.

SOME RECENT RESULTS OF ORCHOTOMY (CASTRATION)

IN CASES OF

ENLARGED PROSTATE. (b)

By C. W. MANSELL MOULLIN, M.D. OXON.,
F.R.C.S. ENG.,

Surgeon to the London Hospital; Examiner in Surgery at the University of Oxford.

THE author stated that, while it was quite true that a large number, the majority, in fact, of old men who

suffered from this complaint were enabled to lead fairly comfortable lives by passing catheters from time to time, and when cystitis set in washing out the bladder; it was equally true that many went on steadily from bad to worse, and died at last after prolonged suffering from septic absorption and inflammation of the kidneys. Drainage of the bladder in such cases is only a palliative. The formation of an artificial urethra, either supra-pubic or in the perineum, is very little better, as the patient has to wear a portable urinal; and prostatectomy is a very serious operation, not so much from the operation itself as from its being done when it is too late, in a foul and septic bladder. Orchotomy, on the other hand, offers a chance of complete and permanent relief with but little risk to life. In support of this, Mr. Mansell Moullin mentioned the conclusions at which he had arrived from the twelve cases in which he had been consulted, or on which he had operated himself. Two, both under his own care, had died; one, nine days after the operation, from fatty degeneration of the heart, the other, five days after, from rupture of the left middle cerebral artery. Two others had also died but not for six months. One of these was 82 years of age, the other was 80; and they both had experienced great relief. Two more had suffered from a very severe attack of traumatic delirium, coming on shortly after the operation and causing the greatest anxiety. They both recovered and were well at the present time. There was no evidence either that this delirium, or that the mania which had been recorded as having followed this operation, was in any way different from the traumatic delirium that not unfrequently occurs in old people after severe injuries, and may even follow the administration of an anæsthetic. As it had occurred twice after the removal of only one testicle, it could not be due to the loss of any specific power exerted by the testicles, or if any substance formed by them and excreted into the circulation. Therefore, it was not to be treated by the injection of testiculin or orchitic extract. In all the twelve cases, including that of the patient who died upon the fifth day, there was a distinct diminution in the obstruction; and although this might, so far as the early days were concerned, be explained by vascular changes, the reduction in the size of the prostate, as measured both by rectal and urethral examination, was far too complete to be accounted for in this way. In some, the prostate completely disappeared. Nor was his the result of the palliative measures that were adopted at the same time; for, wherever it was practicable these had had a thorough trial by themselves first. In one case, that of a patient, eighty years of age, the diminution in size when measured by the finger in the rectum was not very great, and voluntary control was not regained. But as a soft catheter passed easily, whereas before only a metal one or a bicoudée could be used, and that with difficulty, and as the strangury, which had resisted all previous treatment, entirely disappeared, Mr. Mansell Moullin thought the case could not be considered a failure. It was never suggested that removing an obstruction at the neck of the bladder would be able to regenerate the muscular coat, if this had been destroyed by catheterism and previous cystitis. In another case the inflammation of the bladder persisted, but this again was not the fault of the operation, for the walls contained numerous sacculi, which could not be kept empty. Mr. Mansell Moullin also mentioned one case, under the care of Mr. Manning, of Salisbury, in which unilateral orchotomy had proved a very great success; and discussed the question as to the probability of section of the vasa deferentia being followed by as good a result as removal of the testes.

(a) "Mental Affections of Childhood and Youth," p. 46.

(b) Abstract of Paper read before the Harveian Society, Feb. 6th, 1896.

HOSPITAL TUBERCULOSIS.

By M. TERRIER,

Physician to the Hôpital Bichat, Paris.

[FROM OUR FRENCH CORRESPONDENT.]

THE contagiousness of tuberculosis is a question of capital importance in hospital practice. In many hospitals the phthisical are freely mixed with other patients. I consider tuberculosis extremely contagious. Mathematical proof of this fact cannot be given from observation of hospital patients since the disease does not declare itself until after discharge from the hospital, but ample proof is afforded among hospital nurses and attendants at consumption hospitals.

Out of 25 male and female nurses of the Hôpital Bichat who died in the service, no less than 20 perished of tuberculosis. The contagiousness is further proved by the number of pupils and house surgeons who develop the disease; and it always manifests itself most among those who work hardest and remain longest in hospital. The laboratories have afforded striking evidence; and M. Francois-Franck records the cases of two pupils affected after experimenting with desiccated tuberculous products. There can be no doubt that the dust of apartments where tuberculous patients remain becomes charged with bacilli. Suspected cases should be isolated, and in order to determine the question, an injection of tuberculine ought to be administered. It is only in this way that the dangers of contagion in hospital can be guarded against.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, FEBRUARY 14TH, 1896.

The President, Dr. BUZZARD, in the Chair.

MR. T. W. NUNN on a case of

CHRONIC CANCER OF THE BREAST OF MORE THAN THIRTY YEARS' DURATION.

The paper was in continuation of two former papers read before the Society in 1872 and 1878 respectively, and recorded in the sixth and eleventh volume of the Transactions. The patient, S. C., residing in Camden Town, was first an out-patient at the Middlesex Hospital in June, 1862, being then 37 years of age, mother of one child. Menstruation had ceased at *æt.* 30. There was a scirrhus tumour of the right breast and a chain of enlarged glands in the axilla. The breast was removed by Mr. Nunn in September following. Four years later, 1866, pain in the muscles of the arms and in the fingers was complained of, but the pain after a short while passed off. Patient examined in 1868; no alteration for the worse. In 1878, patient examined in the presence of the clinical class, a very limited return of the disease at the upper border of the cicatrix. In 1893, over more than thirty years from the commencement of the tumour, Mr. Nunn saw the patient again, having in the mean time lost sight of her. There was an increase in the cancer deposits which were in the form of flat vein-marked plaques, and the arm was swollen. Mr. Andrew Clark took charge of the case in the out-patient cancer department of the Middlesex Hospital. The swelling of the arm having subsided, the patient ceased her visits to the Hospital. In October of the just past year, 1895, Mr. Nunn found the patient still living and energetic, and doing work as a charwoman. In December it was found that the tissues of the axilla were puckered and shrunken, the arm somewhat swollen below the elbow, the patient having, however, continued her occupation. Appended to this case is the sequel of Case 2, recorded in 1878, above alluded to. The patient died a year after the date of Mr. Nunn's paper. The post-mortem revealed secondary deposits on the lungs and liver. Drawings of the microscopical section of the breast and secondary deposits made by the

late Dr. Lyell, were now submitted to the Society. As a further illustration of chronic cancer, Mr. Nunn referred to a case of which microscopical sections of the recurrent tumour removed by him were exhibited at the Pathological Society in 1880, the original tumour having been removed seven years previously by Mr. Curling; Dr. Goodhart, the late Mr. Marcus Beck and Dr. Rickman Godlee all having determined that the case was one of cancer, and Mr. Lawson operated on a second recurrence in 1882, and the patient is, or was until lately, still living.

Mr. HOWARD MARSH recalled the case of a lady, now 71 years of age, who had had a carcinoma of the breast almost continuously for 18 years. A few weeks ago he had performed the tenth operation which she had undergone. When first operated upon there was nothing to indicate that the case would not run the ordinary course, the operation being followed by rapid recurrence. He observed that these cases served a useful purpose in view of the statement that patients in whom recurrence did not take place within three years might be regarded as cured, for they showed that such was not always the case.

SPLENECTOMY FOR RUPTURE.

Messrs. BERNARD PITTS and C. BALLANCE, brought forward two cases of splenectomy for rupture. *Case 1*, was that of a labourer, *æt.* 36, who, on October 12th, fell from a scaffold on to an iron bar which struck him across the left lower ribs. He was able to stand and walk, but was very pale. Four hours later he became profoundly collapsed, the flanks being somewhat bulged and dull, especially on the left side. The area of splenic dullness was greatly increased, not, however, extending to the spine. The same afternoon an incision was made in the middle line below the umbilicus, and on reaching the peritoneum dark blood escaped. The wound was closed with a pad, and another made four inches long from the left costal margin two inches from the middle line and parallel with it. The spleen was then found to be ruptured. It was withdrawn, ligatured and removed. No irrigation was used and the wounds were closed. He went on well until mid-day on the 14th, when the abdomen became distended and vomiting set in. On the 16th, in spite of enemata and purgatives, nothing had passed by the bowels, the patient was very thirsty but complained of no pain. The liver dullness, previously absent, had returned. He passed a copious motion on the 17th with great relief to his symptoms. By November the patient was able to get up. On October 19th, he passed 72 fluid ozs. of urine. This decreased during the next few days. Between October 26th and November 1st large quantities were passed (70 to 101 oz.). During the increased flow there was a distinct increase in the urea. On November 9th the hæmoglobin showed 43 per cent. of normal. On October 14th the temperature gradually rose to 100° 8' F. During the 15th and 16th it fell to subnormal, rising again on the 26th to 100° 8'. It continued to oscillate above and below 100° until November 5th, then it fell to 97° F. For the next three days it was normal in the morning, rising in the evening to about 100°. On November 9th, it was 101°, and on the 10th 101° 4'. The changes in the blood were well-marked, the decrease in the red cells and the increase in the white being constant. There was loss of weight during November and the early part of December. One month after the accident he had lost 42 lbs. in weight. A gradual gain in weight and an improvement in his appearance were coincident with the improvement in the relative proportion of red and white corpuscles. The treatment was at first cod-liver oil and iron, the quantity of fat in his food being simultaneously increased. On November 29th, treatment by arsenic was commenced and progress towards convalescence at once became satisfactory, the daily rise of temperature ceasing. He left the hospital on December 18th, and reported himself on January 17th, looking remarkably well. His weight then was 12st. 6lb., the same as before the accident. He was examined in February for enlarged glands. The axillary glands were found to be enlarged, and the cervical and groin glands could also be felt. No enlargement of the mesenteric glands could be made out.

Case 2.—A lad, *æt.* 10, was admitted on September 11th, at 4.30 p.m., collapsed and evidently suffering from severe shock. He was pale and the skin was clammy, respiration hurried and diaphragmatic. The abdomen was held rigidly during respiration and was acutely tender to

palpation, especially in the splenic and iliac regions. Dulness in both flanks, that in the left flank varying with position. After oscillating a good deal, operative interference became imperative, so the abdomen was opened below the umbilicus. On opening the peritoneum, much liquid blood poured out and an incision was made in the upper part of the linea semilunaris. Blood and clots welled up and on examining the spleen it was found to be ruptured. A ligature was therefore applied and the organ removed, a spleniculon being found and left in. The lad made a good recovery and left the hospital on October 4th. The injury was caused by a blow with a cricket ball five days before admission, so that his condition on admission was due to secondary hæmorrhage from the spleen.

Case 3.—A woman, æt. 45, was admitted on September 15th, having been run over by a cab. She was extremely collapsed, and complained of intense pain in the left side. A catheter was passed and a little blood and urine was withdrawn. The abdomen was opened in the middle line when much bloody fluid escaped. Another incision was then made in the upper part of the left linea semilunaris, and the spleen was found to be transversely ruptured. It was removed, the pedicle being tied with silk. About a fortnight after the operation her condition grew worse, the temperature rose to 102° every day, the pulse was rapid, and her general condition was one of extreme feebleness. There was a diminution of red cells in the blood and an increase of leucocytes. This state continued for about a fortnight, when she was put on extract of spleen and raw marrow. From this date she gradually improved, and by November 19th, she was able to walk down stairs without assistance.

Mr. SILCOCK asked whether the spleen was actually bleeding at the time of removal. In the second case, judging from the specimen, the actual wound in the spleen seemed to have been small, and removal struck one as possibly a rather heroic proceeding. It occurred to him that possibly hæmorrhage might, in some cases, be checked by means of the actual cautery. Cases of ruptured spleen often get well by themselves, for in his post-mortem experience he had met with deep cicatrices pointing to spontaneous repair of ruptures of the spleen.

Sir DYCE DUCKWORTH observed that they had not much experience of the effects of removal of the healthy spleen in the human being, though it was sometimes removed in splenic leucæmia, Hodgkin's disease, but with an almost uniformly fatal result. It would be a valuable appendix to these notes if the authors would give the subsequent history of the patients.

Mr. WALLIS had also failed to gather from the papers whether there was actual hæmorrhage at the time of operation. It was undoubtedly a valuable proceeding to open the abdomen to let out the blood and clots, but he wished to know exactly why it was deemed necessary to remove the organ. At post-mortems on patients who had succumbed after injuries of this kind, he had often seen considerable attempts at repair.

Dr. MOTT pointed out that the spleen was subject to rhythmical movements which would render it more liable to secondary hæmorrhage than certain other organs.

Mr. BALLANCE, in reply, said the patient in Case 2 was still bleeding, the rupture involving the vessels of the hilum, so that he did not see what else there was to do. He operated in Case 2 for secondary hæmorrhage from the spleen.

Mr. PITT, in reply, said the number of cases of ruptured spleen he had seen post-mortem after removal was very small compared with the fatal cases in which death had taken place as a consequence of the hæmorrhage. They had laid stress upon the fact that the spleen ought not to be lightly removed. Their experience of the removal of wandering spleen has been that no special symptoms followed the operation. In Case 3 the patient was practically moribund, and the abdomen was as full of blood as it could be. When practicable, he would prefer suture of the tear to the actual cautery. The latter, moreover, necessitated pulling the spleen out of the abdomen, and he did not think it would be a scientific or a satisfactory procedure. He promised that they would do their best to obtain the subsequent histories of these patients.

TWO CASES OF PNEUMOTHORAX IN THE COURSE OF TYPHOID FEVER, BOTH DUE TO STRAINING AT STOOL.

Dr. HALE WHITE read notes of these two cases. The

first patient, a young man, æt. 19, had an ordinary attack of typhoid fever followed by a very severe relapse. He was convalescing from this when on the 41st day while the bowels were being open after an enema he suddenly became collapsed, livid, bathed in perspiration, and almost pulseless. For some time previous to this he had all the physical signs of a little fluid at the left base, and as immediately after the attack of collapse it was found that he had all the signs of left pneumo-thorax it was concluded that, whilst straining, the pleura weakened by inflammation had ruptured. The chest was aspirated. Seven ounces of non-purulent fluid with flakes of lymph floating about in it were withdrawn. The patient improved somewhat, but died three days later. The second case was that of a boy, æt. 12, who, in the fifth week of his illness, after a severe attack of typhoid fever developed the general and local signs of a localised empyæma at the right base. An exploring needle failed to withdraw pus, but the next day he coughed some up; as the temperature did not fall, arrangements were made for the empyæma to be opened externally, but two hours before the time fixed for this, while his bowels were being opened, the boy suddenly became extremely collapsed and livid, and developed all the signs of right pneumothorax. He appeared almost dead, and was quite insensible, but oxygen inhalations seemed to keep him just going. The right chest was opened, where from the physical signs it appeared probable that fluid was present, and twelve ounces of foul pus escaped. It was done without an anæsthetic, and the boy was so far gone that he never flinched. After the operation he gradually regained consciousness, and was ultimately discharged from the hospital quite well. Here probably the localised empyæma which had burst into the lung ruptured into the general pleural cavity during straining, and hence the pneumothorax.

Dr. GOODHART read notes of the case of a man, æt. 24, who was sent to him by Dr. Qualtrough, of Holloway, on May 7, 1891. He had had a slight attack of pleurisy in 1891, and returned to work after a stay at the seaside. He said he had had flying pains about his chest for some time, and for a week previously had felt puffy in his breathing on running upstairs. When he saw him he was pallid and short of breath, with well-marked pneumothorax on the right side, the heart being displaced to the left. He went into the country for a couple of months, and returned having gained 16 lbs. in weight, and being in all respects quite well. On July 5th, 1892, he came again with a pneumothorax on the left side, which had come on suddenly. He said he had had as before, flying pains about his shoulders and chest. The heart's beat was displaced to the epigastrium and the dulness reached to the right of the sternum. As on the former occasion there was no real distress, and he considered himself quite well. He remained well during the autumn and winter, and when he saw him again there was no difference between the two sides of the chest. The interest of this case lay in the pneumothorax occurring first on one side and then on the other, in both instances apparently without adequate cause, also that the air was rapidly absorbed on both sides without giving rise to any evidence of pleuritic disturbance. The rupture of an emphysematous bleb was, he thought, the most plausible explanation of the occurrence.

Dr. HABERSON remarked that of the cases of pneumothorax at Brompton at least 90 per cent. were due to tuberculous disease, but a large majority of the remainder were due to rupture of an emphysematous bleb. Not long since he had performed a post-mortem examination in such a case. He remembered a case of recurrent pneumothorax which returned to the hospital several times, and he thought that probably in this case the condition was also due to rupture of such blebs.

Sir DYCE DUCKWORTH pointed out that the last stages of very bad cases of enteric fever were accompanied by pyæmic symptoms associated with the presence of scattered abscesses in the lungs. Possibly the rupture of these abscesses into the pleura might account for pneumothorax in such cases. He pointed out also that the presence of emphysema in young people was quite exceptional, and though emphysema in older people was common, rupture was rare.

Dr. HALE WHITE, in reply, said that he had met with cases in which the rupture of emphysematous blebs had

given rise to pneumothorax. He doubted, however, whether this was so in the first case, for there had been actual pleurisy, and the thickness of the lymph deposit would presumably tend to strengthen the pleura and so check any tendency to rupture. In the second case it was possible that Sir Dyce Duckworth's explanation might hold good, especially as there was empyæma. He remembered a fellow student who got pneumothorax while suffering from pleuro-pneumonia. He recovered and had been quite well ever since.

LIVERPOOL MEDICAL SOCIETY.

MEETING HELD THURSDAY, FEBRUARY 13TH, 1896.

The President, DR. CATON, in the Chair.

AN INQUIRY INTO CANCER.

DR. E. T. DAVIES proposed the following resolution :—
1. That in view of the inadequate information possessed by the medical profession as to the value of operative procedure in cancer, it is desirable that relevant statistics should be requested from the various hospital authorities of this city, submitted to a committee of this institution, and reported upon at a subsequent meeting.
2. That a copy of this resolution be forwarded to the secretary of each hospital and infirmary.

DR. CARTER seconded the resolution—he never advised operation in pyloric cancer, and pointed out discrepancies.

After a discussion, in which Drs. Barr and Imlach and Mr. Paul took part, the motion was put to the meeting and lost by a large majority.

THE NEW PHOTOGRAPHY.

MR. ROBERT JONES showed a photograph taken for him by Professor Oliver Lodge, in the case of a boy shot in the hand. The photograph very accurately demonstrated the position of the bullet. It was situated opposite the articulation of the os magnum with the metacarpal bone.

MR. PAUL read a paper on

THE SURGICAL TREATMENT OF GALL STONES.

Nine cases were recorded, all of which recovered. They all occurred in women, and the average duration of symptoms of gall stone before operation was nine years. In four, the gall bladder was in a fairly healthy condition. In two, it was distended to form a large tumour. In one, distended and inflamed. In one, absent, the stones being in the common duct; and in one, the ducts were dilated up into the liver, where the stone receded, and it was necessary to do cholecystotomy, for which a Murphy's button was used. Mr. Paul thought cholecystotomy for gall stone the best operation that had been introduced into surgery during recent times.

DR. MACALISTER read a paper on

THE PHYSICAL EFFECTS OF THORACIC EFFUSIONS,

in which he related the results of clinical and experimental observations having reference to the explanations of some of the physical signs of the viscerai displacements. He indicated that in acute cases the dyspnoea, immobility of the side, and diminished conduction of the breath sounds are mainly the result of the incapacitation of the diaphragm by the pressure of the fluid upon it. The cardiac displacements were shown to be due to the pressure of the accumulated liquids and the lowering of the heart to be probably related to the way in which the pleura distends, superiorly where it crosses the middle line and overlays the heart. The anatomy of the displaced organ was referred to and its relation to the lung on the healthy side. The infrequency of any palpable depression of the spleen in cases of left-sided effusions was explained by the manner in which the diaphragm becomes depressed. A marginal cul-de-sac, near its attachment to the ribs, remains, in which the head of the spleen lies, and it so remains uninfluenced by the super-incumbent pressure.

DR. ABRAM said he had listened to the paper with great interest. He could not agree with Dr. Macalister's conclusions. He agreed with Traube, Vurordt, Douglas Powell, and others, that there is a certain amount of traction by the lungs upon the mediastinum, due to the fact that they are kept in a slight amount of distension by the pull of the chest wall. This

slight distension is an indubitable fact. It followed, he thought, that the first result of an effusion into the pleura was to neutralise the traction of the corresponding lung upon the mediastinum, and to allow that exerted by the lung of the opposite side to pull the heart to the sound side. Later, actual pressure was exerted by the effusion, and the heart was now pushed over, and the diaphragm depressed. He considered diminution of Traube's space to be significant of a considerable effusion.

DR. BUCHANAN recognised the importance of Dr. Macalister's investigations, but took exception to the method of experiment, in that the introduction of fluid into an indiarubber bag placed in the pleural cavity could not perfectly represent what would take place were fluid injected into the pleural cavity itself. As the pressure under which pleural exudations accumulate is not always the same, and undeterminable, alteration in respiration must also vary in different cases; the inflammatory nature of pleuritis with exudation would certainly produce dyspnoea, in proportion to its weakness. Pleural exudation must be much slower even in what are called "rapid" cases, and in Dr. Macalister's method of injecting fluid in a comparatively sudden manner, however small, one would expect a sudden dyspnoea. Cases of extensive pleuritic exudation are not uncommon, in which dyspnoea is not at all a marked symptom. Dr. Macalister's statement that the extent of the alteration of percussion note was due to the area of lung covered by fluid, and not proportionate to the amount of fluid, being very considerable in small exudations could hardly be accepted unless the lungs were prevented from contracting by the pressure of adhesions. The loss of breath sounds on auscultation could not be principally due to the diminished action of the diaphragm irrespective of the amount of fluid, for by surrounding a normal thorax with a water cushion, the diaphragm working, all sounds are greatly diminished.

MR. THRELWALL THOMAS related an instance of displacement of the spleen into the iliac fossa, by a large thoracic effusion, empyæma. It was a case that had been sent to the Women's Hospital for "tumour," from whence she was transferred to the Royal Infirmary, under Dr. Glynn, at whose request the empyæma was opened.

DR. GLYNN, BARR, and CARTER, and MR. DAMER [HARRISON] also took part in the discussion.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD THURSDAY, JANUARY 16TH, 1896.

The President, DR. PORTER, in the Chair.

CASES.

MR. SIMEON SNELL introduced a middle-aged man with Extreme Myosis on one side, and Argyll Robertson and Ophthalmoplegia Interna on the other. There was an absence of knee-jerks and other symptoms suggestive of locomotor ataxy. A recent blow on the forehead had caused attention to be directed to the eyes, but the conditions mentioned were of old standing.

DR. KEELING showed a Dermoid Ovarian Cyst recently removed from a young woman, æt. 20, at the Jessop Hospital. The right ovary was found also diseased and removed at the same time; on section it shows commencing dermoid change.

MR. SANDHAM SYMES introduced a case of

RETENTION OF URINE.

H. L., æt. about 50, was admitted to Chesterfield Hospital suffering from retention, the urine being only passed by drops. About four years ago he was a patient suffering from an injury of perinæum and laceration of urethra. I was then able to pass a catheter and kept one in until the swelling, &c., had passed away, two small incisions were then made in perinæum. The man left the hospital quite recovered. No. 12 sound introduced without difficulty. He was told to come to hospital once a week to have an instrument passed. I believe he only came twice. On re-admission, the bladder was distended almost to umbilicus, the urine coming drop by drop. The case had been considered as one of incontinence for many months. After many efforts a soft No. 2 catheter was passed through a very tight stricture and into the bladder, passing over some rough surface. A quantity of water was

drawn off, then the instrument became blocked. A sound passed through the stricture at once proved the presence of calculus. Next day the patient was placed in lithotomy position, a staff passed to stricture and an incision made down to stricture, after cutting some bands of stricture the stone slipped back into bladder and it was necessary to do a median lithotomy.

Mr. FLETCHER gave particulars of a case of Obstruction of the Left Bronchus due to a Foreign Body. The patient, a man, *set.* 59, while at dinner was attacked by sudden dyspnoea. The foreign body, which proved to be a fragment of bone, completely obstructed the left bronchus, no air entering the left lung. The symptoms not being urgent, tracheotomy was not performed. Physical signs of consolidation appeared at the left base behind in two days, the temperature rising to 103°. On the 7th day, the patient coughed up the foreign body. After the relief of the obstruction, recovery was speedy and complete, and the patient was discharged well on the 10th day.

MEETING HELD THURSDAY, JAN. 30TH.

1. Dr. PORTER showed a case of (?) Raynaud's disease. Symmetrical gangrene had been threatened in both hands and feet. The feet, however, had recovered, and only the tips of some three fingers on each hand now seemed likely to be lost. There was no history of crises, or hæmoglobinuria.

2. Dr. ARTHUR HALL showed a case of Xanthoma. Mr. SNELL made remarks.

Mr. BARKER BARBER showed a case of out-growing tenth costal cartilage—probable cause, rickets. The PRESIDENT and Dr. LITTLEJOHN made remarks.

3. Dr. ALFRED ROBINSON read short notes on a fatal case of Chorea Gravidarum." Remarks by the President, Dr. R. Favell, Dr. Burgess, and Dr. Martin.

4. Dr. HARVEY LITTLEJOHN read a paper entitled "Six Years Notification of Infectious Diseases in Sheffield." Remarks were made by the President, Mr. Edward Barber, Dr. Samuel Mathews, Alfred Robinson, Mr. West Jones, Dr. Martin, Dr. Stokes, Mr. Harvey, Dr. Hargreaves, and Dr. Burman.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Feb. 13th, 1896.

ARTIFICIAL SERUM.

M. LEJARS has published an interesting article which merits the attention of practitioners. He relates a case of diffused peritonitis from rupture of the intestine, followed by a flow of stercoral and purulent matter into the cavity. The condition of the patient was despaired of by the surgeons in attendance, in spite of laparotomy, which had been performed as soon after the accident as it was possible. As a last resource, and for conscience sake, a pint of artificial serum was injected into the subcutaneous tissue. The following day the patient was somewhat worse, the pulse was frequent (130) and irregular, the temperature below the normal, and black vomiting set in towards evening. The subcutaneous injections were renewed morning and evening. Twenty-four hours afterwards, the temperature rose to 102°, while the urine was rare. M. Lejars, at this stage, injected two pints of the serum into the vein of the arm. The pulse became a little stronger, and the patient expressed himself as feeling better. Two other intravenous injections were made that same day, and continued at the rate of three daily for four subsequent days. The general condition constantly improved under this treatment. After an interruption of two or three days the injections were renewed as the condition of the patient became less satisfactory, but on the ninth day, they were suppressed altogether. Consequently, in the lapse of nine days, the patient received *forty-five pints* of artificial serum! The patient was

saved in spite of an accident which might have seriously complicated the situation. On the tenth day, through an effort at coughing, the line of sutures burst, and the mass of intestines bulged forward through the wound, covered only by the peritoneum.

Two other cases were related by M. Lejars witnessing in favour of intravenous injections of artificial serum, and from which he drew the following conclusions:—Intravenous injections of aseptic serum at blood temperature and in massive doses (two pints three times daily) are inoffensive; these injections are capable of bringing about most unhopd for cures in certain affections, especially those interesting the peritoneum; the injections seem to act by provoking large evacuations of the toxins of the blood, through the kidneys.

The author terminates his article by giving a description of the *modus faciendi*. "Our method of operating is very simple. We use a glass recipient properly sterilised, and a glass cannula with a fine point; the vein is dissected through a small incision tied and opened with every antiseptic precaution above the ligature, and the cannula introduced, care being taken not to let in a bubble of air. By raising the recipient the liquid enters by its own weight; a certain thrill felt by the finger indicates that the solution is penetrating. At the end of the operation the vein is tied above the wound and the skin brought together by two sutures. At the second injection a segment immediately superior of the same vein is opened or one of the neighbouring veins. In proceeding thus by segments from below upwards from the bend of the elbow to the shoulder, on the superficial veins, quite a series of injections can be made, clots being entirely exceptional. In the case above related in detail more than twenty injections had been made in both arms.

"It might be possible to pierce the vessel directly with the point of the canula, if it were standing out in bold relief, but it must be remembered that the cases where these injections are useful the veins are frequently flaccid. Out of fifty intravenous injections we never observed the slightest accident, nor have we remarked that the operation was painful. Sometimes, however, we observed a little dyspnoea at the end of the injection. The patients feel the liquid penetrating they experience, at first, an irritation of the tongue and mouth, then a difficulty in breathing and finally a sharp abdominal pain of short duration, all these sensations proving that the liquid was being rapidly diffused. As to the liquid, the useful formula of Prof. Hayem:—

Chloride of sodium (pure), 5j;
Sulphate of soda, ʒij;
Distilled water, 1½ pints.

"The question of intravenous injections as applied to certain diseases is still on its trial, but in my opinion we have here a therapeutic method of considerable value in the great struggle with death."

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Feb. 14th.

At the last meeting of the Medical Society Hr. Laevin showed a case of

CONGENITAL SYNOPHTHALMIA.

The child was the sixth from a woman who had given birth to five healthy children. It was born alive at the

eight month, the labour being completed naturally, but only lived a minute. There was an abnormality of the anterior cerebrum. In the median line of the frontal bone, where the bridge of the nose comes, was a cavity in which the two eyes the development of which was arrested, could be distinguished. They presented the appearance of the so-called cyclops or synophthalmia. The two eyes were separated from each other about half a centimetre. The cavity was surrounded by two folds that could be recognised as the later eyelids. There was also hydrocephalus and also dropsy of the amnion on the part of the mother.

Hr. Rothmann showed a preparation of

TWISTING OF THE COLON,

taken from a young woman of 22. The father had suffered from obstinate constipation. The patient also suffered from constipation that gradually became worse. In the summer of 1894 she had an attack that lasted six days, with great sacral pain. Relief was obtained by means of repeated enemata of oil and water. In December of the same year she had a similar attack. The speaker concluded that the case was one of opoerostasis from stenosis of the large intestine. With careful dieting the patient got through another year fairly well, but with occasional attacks. The last attack was in December, 1895. On January 20th the speaker was called to her, as the bowels had not been opened for eight days, and all attempts to effect an evacuation failed. Vomiting came on, and on the third day Dr. Körte was called in. As the patient had then to be removed to Hr. Körte's klinik, opium was given, and the operation was performed the same day. First of all the cæcum was opened, to give exit to the collected fæces. The narrowed part was next sought for. During the night the patient became collapsed, and died the following day. Even at the operation a much distended blue-red coloured piece of large intestine appeared at the wound opening. At the autopsy the left half of the abdomen was found to be filled with blueish-red folds of large intestine, whilst the right half was occupied by small intestine. The narrowing was not at the cæcum, but at the right flexure of the colon, and was caused by twisting of the bowel. From this point was a part distended to the size of a distended stomach, and below this another point, the axis of which was also twisted, and below this normal rectum. It was concluded that there was congenital lengthening of the meso-colon that allowed of rotation, and that a subsequent attack of peritonitis had permitted adhesions to be formed in such a way that the bowel could not return to the normal direction.

Hr. Aronsohn showed

PHTHISICAL LUNGS FROM A GOAT.

This was the first time successful inoculation of a goat with tubercle bacilli had ever been performed. The animal had been under observation a long time, and had already been the object of experiment. In May, 1893, it had injected 2 ccm. of tuberculine, and these doses were gradually increased. In October of the same year, 30 ccm. of a pure preparation of tubercle bacilli were injected into the test, and in the following month, other injections were made in quantities of 45 to 150 ccm. In May, 1895, 200 ccm. were given. The animal lost weight, but otherwise it seemed well, with the exception of an evening rise of temperature. In July, 1895, a large quantity of blood was withdrawn, and this was followed by rapid changes; a sort of hectic set in. The animal emaciated, and in six weeks after the

venesection it died. The rapid course was a proof of the influence of debilitating influences in the origination of phthisis. Hr. Virchow remarked that no doubt had ever been thrown as to the tubercular nature of phthisis, but only the observation had been made that there were other forms of the disease which might be bacillary without being tuberculous.

Hr. Aronsohn said that he only had an earlier expression of Liebreich's in his mind to the effect that the essence of phthisis should not be sought in the tuberculosis, but in other accidents. He did not doubt that phthisis arose in other ways, he had only attempted to prove that typical phthisis might be set up by subcutaneous injection of tubercle bacilli.

A CASE OF MORBUS BASEDOWII CURED.

Hr. Liley, in connection with the opinions of Herren Senator, Ewald, and Mendel, expressed at the last meeting as to the uselessness of thyroidine treatment in Basedow's disease, brought forward a case that showed the contrary. The patient was first treated in Senator's Klinik with arsenic, but without result. The patient got worse from week to week although she was sent away into the country. On coming home again she showed all the symptoms of the disease, Graefe's sign, exophthalmus, trembling of the hands, &c., and she could only drag herself up the steps with difficulty. A lady made her a present of three boxes of German thyroidine tablets, of which she took six tablets a day. Although attending the poliklinik occasionally, she continued taking the tablets on her own responsibility, and at the present time, after about four months of the treatment, she could be pronounced nearly well. The circumference of the neck was reduced from 35 to 33 ctm., the cardiac murmur had disappeared, and scarcely any trembling remained. It had to be looked for carefully before it could be noticed. The subjective condition was good.

Hr. Senator said his observations had been made with the English tablets.

Hr. Ewald remarked that Hr. Silex's experience did not stand alone. A number of such cases had been described, especially in English literature. The majority of the observations were, however, unfavourable. He himself had seen no good result. In his case related at the last meeting the symptoms returned in an exaggerated form, and the thyroidine was no longer of any use.

Austria

[FROM OUR OWN CORRESPONDENT.]

Vienna, Feb. 14th, 1896.

BLOODLESS TREATMENT OF CONGENITAL LUXATION.

ADOLF LORENS brought forward a few of his cases for exhibition in the Gesellschaft this week. From his experience of more than 200 cases, upon which he has operated in recent years, we may conclude that congenital dislocation of the hip-joint is not a rare affection.

The deformity in all cases has been corrected and replaced by making an opening over the joint, clearing away obstructions, and re-establishing natural movement in the acetabulum.

After much thought and careful observation of the cases operated on he resolved to alter this treatment in 1895, and since that time has operated on 13 cases with perfect success and without any cutting. He qualifies the new treatment by affirming that it is unsuitable in

cases where the child has been allowed to grow up with it to the seventh or eighth year, as the rudimentary acetabulum has by this time become almost obliterated. In young children, by careful manipulation the head of the femur can be readily made to return to the fossa, with a sharp sound, and will remain without any external pressure.

The order of his treatment may be concisely arranged in four phases or stages: (a) *Reduction*.—The returning of the head of the femur, which is usually fixed above the fossa or acetabular depression. (b) *Reposition*.—The exact planting of the head in the rudimentary acetabulum. (c) *Formation*.—The developing by absorption of the acetabulum. (d) and lastly, *Restitution*.—The movement in the joint by the muscular apparatus.

In the operation of opening the joint by incision the order is slightly different, viz., reduction, formation of cotyloid cavity, reposition and restitution; but the object in view is exactly the same in both. In the bloodless operation the reduction and reposition may be taken together. The limb is extended, by hand or screw, slowly increasing the force, while the head of the bone is manipulated by the operator till he is satisfied that the position of the trochanter and head of the femur are in the normal relative situation to the epina superior anterior, when pressure is applied inwards, driving the head of the bone into the socket. To secure the latter result, *ad maximum*, the limb must be moved to a right angle by abducting the leg, which is a very essential part of the proceeding. If the operation be conducted slowly with the rolling outwards and bending the leg back an acoustic phenomena will occur that cannot be mistaken when the head of the bone slips over the lip of the acetabulum, which will signalise the reduction. After this the limb must be kept in the abducted position with flexion at the knee-joint, or the automatic action of the surrounding muscle will tend to re-dislocate the bone. This is also necessary in the incised operation, but is easier managed in the bloodless treatment. After accomplishing the reposition we must wait patiently, often for years, before the absorption is complete or the cotyloid cavity deep enough to safely retain the head of the bone, but during this period much may be done to hasten the operation when the patient is healthy, by arranging it in such a manner that the weight of the body may press the head well into the acetabulum.

After three or four months it will be found that the leg has lengthened three or four centimetres, and that an instrument is almost unnecessary, as the gluteal muscles are the principal sentinels in these cases.

The first case that he exhibited was four years old; she was anaesthetised on September 28th, 1895, the hip reduced, abducted and fixed. On December 11th, 1895, the abduction was reduced three centimetres, i.e., the healthy leg required a sole of three centimetres to equalise the lengths. This was fixed a second time, and not released till January, 1896. During the whole period the weight of the child was allowed to fall on the joint, and only during the first fourteen days was the child prevented from walking. After the removal of the apparatus, the child still wore the sole below the sound foot, but after a course of massage and gymnastics, the child now walks without anything, and without any trace of the former defect.

The second case was a child of three years; was anaesthetised, and first fixed on July 5th, 1895. This treatment was continued with one change till January 20th, 1896, lasting six months. At the present time, the child can walk without any apparatus excepting a sole of three

centimetres below the sound foot. The history is much the same as in the preceding case.

The third case was a boy of three years, who was similarly treated on April 30th, 1895, but was kept stationary for eight weeks. Three months after, the apparatus was removed; massage, &c., applied, and perfect recovery ensued.

Another case of a girl, four years of age, who, after seven months' treatment, was similarly restored.

Twenty-five other cases were shown, *seriatim*, ranging from one to three years of age, in whom no one could tell from their gait that there had been anything wrong.

BENEDIK'S JUBILEE.

During the past week Prof. Benedik has been the object of admiration and homage by all the learned bodies in Vienna. It is now forty years since he appeared in the literary world as a writer.

The Operating Theatres.

ST. THOMAS'S HOSPITAL.

ABDOMINAL SECTION FOR INTUSSUSCEPTION. — Mr. ANDERSON operated on a case of intussusception by abdominal section. The patient, a little boy, *æt.* 3, was admitted with symptoms of obstruction of twelve hours' duration. The usual symptoms of intussusception were present. An elongated tumour could be felt in the position of the ascending colon, extending into the adjacent portion of the transverse colon. The child was in considerable distress, and vomited after admission. An attempt was made to reduce the intussusception by rectal injection, but without success; the tumour was considerably reduced in size, but could still be felt, and the symptoms of obstruction remained unchanged. Mr. Anderson opened the abdomen by an incision in the right linea semilunaris. The large intestine was exposed, and in drawing it into the wound the intussusception, which was about three inches in length, was reduced without further manipulation. There was considerable thickening of the coats of the intussuscepted portion of the ileum, but the condition of the gut was otherwise favourable. The wound was then closed. Mr. Anderson remarked that abdominal section for intussusception had rarely been successful, but this depended upon the unfavourable conditions antecedent to operation, and there was little doubt that if the cases were brought before the surgeon at an early period the result would be in the majority of instances good. He drew attention to the readiness with which the invagination was righted in the present case because no adhesions had taken place. He disapproved of the preliminary use of injections, because although occasionally successful they placed the surgeon at a disadvantage when, as was usually the case, they failed; they not only caused loss of valuable time but the severe distension of the large intestine was liable to leave it in a paralytic condition that was in itself prejudicial to the patient's recovery. The abdominal section itself in a recent case was probably attended with a minimum of danger; less danger than the blind use of injections. He had, a few weeks previously, performed the operation upon a child of a few weeks old, and although the necessary manipulation was somewhat tedious owing to the long period that had elapsed before the child was brought to the hospital, a considerable improvement took place after the reduction, all signs of obstruction disappeared and the

patient lived until the fourth day when he sank from asthenia.

It is satisfactory to state that a week after the operation just described the child was doing well, the intestinal functions being restored.

MIDDLESEX HOSPITAL.

UTERINE MYOMA COMPLICATED BY AN OVARIAN TUMOUR.

—Dr. WILLIAM DUNCAN operated on a woman, *æt.* 35, who was admitted with a solid central tumour reaching nearly up to the umbilicus, and which she had noticed for some years. In addition, there was a cystic swelling occupying the left side and extending up under the ribs. This was diagnosed to be an ovarian tumour. Per vaginam, the solid growth was found to be connected with the uterus, and filling up the right side of the pelvis. On opening the abdomen in order to reach the cyst, the incision had to be extended half an inch above the umbilicus. The swelling was found to be ovarian, pushed up by a large fibroid occupying the lower abdomen. The cyst was tapped, drawn out of the abdominal cavity, the pedicle transfixed, and the tumour removed in the usual way. Dr. Duncan then proceeded to remove the uterine growth. The uterine artery on the left side could be felt pulsating, but owing to the myoma burrowing in between the layers of the right broad ligament, the artery on that side could not be felt. He next passed an elastic ligature tightly round the lower end of the tumour, fixing it by means of a clamp forceps. The large myoma which was seen to spring from the right side of the uterus was then cut across, the peritoneum dissected off its surface, and it was finally enucleated from its attachments both to the uterus and in the broad ligament. In separating it from the uterus the uterine cavity was fortunately not opened. The elastic ligature was next removed, upon which very severe hæmorrhage took place from numerous vessels, both arterial and venous, which were seen to be spouting from the wall of the cavity left in the broad ligament after the removal of the tumour; this cavity was about the size of a small foetal head. The vessels were clamped with forceps and each one tied separately until all bleeding was arrested. The edges of the raw surface on the right side of the uterus were carefully brought together with silk, as were also the edges of the layers of the broad ligament, with the exception of a small opening into which a glass drainage tube was passed to the bottom of the cavity. The abdominal incision was then brought together in the usual manner. The operation lasted nearly three hours, but the patient's condition was very good at its completion. Dr. Duncan remarked before operating that the cystic tumour was most probably ovarian, although the whole condition felt on abdominal palpation might be accounted for by a uterine fibroid undergoing cystic degeneration. After the operation, he pointed out the great difficulties attaching to the removal of a uterine myoma which burrows between the layers of the broad ligament, and he said that the operation would have lasted even longer than three hours had he not been able to have the valuable and kind help of his colleague, Mr. Henry Morris. The elastic ligature completely controlled all bleeding until it was removed. He thought that in another similar case, instead of draining through the abdominal wound, he would carefully and completely shut off the cavity in the broad ligament from the general peritoneal cavity and make an opening into the vagina, through which he could pass a drainage tube, and thus get more complete drainage.

At the end of eleven days, the patient's condition is satisfactory, but as she is a very stout woman, there is suppuration in the abdominal wall, especially where the drainage tube was kept in for thirty-six hours.

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“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, FEBRUARY 19, 1896.

PHARMACOLOGY AT THE LONDON CONJOINT BOARD.

THE recent action of the London Conjoint Examining Board in discarding pharmacology from the subjects of examination calls for some explanation in view of the importance of the subject thus summarily dismissed. In January, 1882, the Board issued a synopsis of pharmacology, setting forth the scope of the examination in that subject, and this synopsis was reissued in November last, without alteration or modification. In conformity with the policy enunciated in this synopsis, the lecturers at the various London and Provincial schools abandoned the teaching of *materia medica*, pharmacy being in most instances relegated to the hospital dispenser, confining their attention to pharmacology and therapeutics. So far, all was plain sailing, and we do not remember to have heard any objections to this arrangement for conveying to the students an elementary knowledge of a highly important branch of medical education. A short time ago, however, just when an examination was imminent, an agitation was

set on foot, in which, as far as we can gather, Drs. West, Norman Moore, Fowler, and Thorne-Thorne, took a principal part, against the subject of pharmacology, and at the meeting of the College which took place on the 13th inst., a resolution was passed abolishing pharmacology as a subject to be taught and examined in. *Materia medica* is already done away with, so that the student of the future will only be called upon to occupy himself with pharmacy. Now, pharmacy is undoubtedly a subsidiary branch of medical knowledge of great practical importance, indeed, we should welcome more stringent requirements in this direction in order to prevent the writers of prescriptions from making themselves, as is at present so frequently the case, the laughing stock of dispensers. But surely a knowledge of pharmacology, which is the science of the physiological action of drugs, is a subject in which the medical man ought to be peculiarly proficient. Without it he can only follow the beaten track, without it prescribing becomes a matter of routine, and further progress of knowledge in the direction of the application of drugs for the relief of disease becomes impossible. Pharmacology constitutes the chief basis for the application of remedies in disease, and may, indeed, be regarded as the connecting link between *materia medica* and the art of pharmacy. The *rationale* of the employment of such drugs as it is customary to exhibit in particular conditions or to meet special indications must necessarily escape the practitioner who has never been taught the action on the healthy organism of the drugs he employs, and further developments in this direction become impossible. Are we to take this retrograde step, for such it appears to us to be, as a manifestation of the prevailing spirit of therapeutical scepticism which has come over the authorities who control medical education? Or is it that those who are responsible for the change think that the advent of what has been styled organic therapeutics, by the aid of serums and juices, renders a knowledge of the properties of the old-fashioned remedies completely unnecessary. We are, of course, not in possession of the arguments on the strength of which this sweeping alteration has been brought about. The curriculum may be unduly crammed, and it may be that it exacts more than the most diligent student can compass within the allotted time. But even so one would have thought that pharmacology, which is to therapeutics what a knowledge of anatomy is to surgery, would at any rate have retained the honoured place which it has occupied up to the present time. We are strongly of opinion that the subject ought to find a place somewhere in any and every scheme of medical education, and we are fain to hope that it may be reinstated somewhere in the curriculum without waiting for generations of students to be foisted on the public ignorant of the very elements of their art as practitioners of medicine. Possibly, the Education Committee of the General Medical Council may hold that the matter is one calling for their consideration, indeed, we are unable to reconcile the action of the College with the requirements of the Council in this respect.

MAGISTRATES AND THE MEDICAL ACTS.

SINCE the successful prosecution by the Medical Defence Union of the quack named Ferdinand who sought to pose as a qualified medical man by the use of the titles M.D., U.S.A., one would have thought that the precedent then established would have been sufficient to enable any magistrate to arrive at a right judgment upon a similar case which happened to come before him. Apparently, however, this is not the fact. Either certain magistrates do not read the newspapers or they do not profit by the information which the latter contains. The following is a case in point:—At the Cardiff Police Court, last week, a person styling himself "Dr. Bridgwater, M.D., U.S.A.," was summoned under the Medical Acts for having wilfully and falsely represented himself to be a doctor of medicine. The chief witness against the defendant was Dr. Morris Evans, a retired medical practitioner who had received a circular of a nature which clearly showed that Bridgwater intended the public to believe that he was a medical man. The solicitor for the prosecution rightly contended that the letters "U.S.A." did not exonerate the defendant from liability under the Acts. Despite, however, the clear exposition of the law of the case by Mr. Sheil in the Ferdinand prosecution, the magistrate held that the defendant had not used a description implying that he was a registered practitioner of the United Kingdom. He therefore dismissed the summons. In the meagre report which has reached us of this case it does not appear that the successful prosecution of Ferdinand for the same offence was ever referred to. If, however, no reference was made to it, there is no denying the fact that the prosecution in the present instance was sadly mismanaged. But in the absence of evidence upon this material point it is impossible to discuss this matter further. With regard to the magistrate's decision it will be observed that he seemed to think that any medical title could be assumed, without offence against the law, provided that the person so doing did nothing to imply that he was registered under the Medical Acts. Clearly this is a most dangerous and erroneous interpretation to have conceived of the clause in the Act of 1858, which deals with the assumption of medical titles. The clause in question may here be quoted: "Any person who shall wilfully and falsely pretend to be or take or use the Name or Title of a Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner or Apothecary, or any Name, Title, addition or description implying that he is registered under this Act, or that he is recognised by law as a Physician, or Surgeon, or Licentiate in Medicine and Surgery, or a Practitioner in Medicine, or an Apothecary, shall upon a summary conviction for any such offence, pay a sum not exceeding twenty pounds." Could anything be clearer than this clause? It specifically lays down that any person who falsely pretends that he is recognised by law as a physician or surgeon is liable under the Act, and this is precisely the offence which a quack commits when he assumes the title M.D., U.S.A. He

poses, in other words, before the public as a medical man. By virtue of his titles he is believed to be a medical man "recognised by the law." It is not necessary in these cases for evidence to be produced showing that the quack did anything to imply that he was registered under the Act. The public knows little or nothing about the Medical Register. The only thing to which they pay any heed is whether a person claiming to be a doctor is one or not, and when they find that he calls himself a doctor, and attaches to his name "M.D., U.S.A." they naturally arrive at the conclusion that he is a medical man. At this point it will be seen how important it is for the law to step in and protect the public in such a matter. But, obviously, if the magistrates who are paid to administer the law will not take the trouble to inform themselves in respect to the proper legal aspect of these cases, the sooner that something is done to remind them of their duty the better. It is to be trusted that "Dr. Bridgwater, M.D., U.S.A.," will not be left for long in undisturbed possession of his titles, but that the case will be taken up by the Medical Defence Union, whose officers have proved themselves in many instances to be quite *au fait* in demonstrating to magistrates the true meaning of certain clauses in the Medical Acts.

SHEFFIELD, AND ITS MEDICAL OFFICER OF HEALTH.

PUBLIC health work does not seem to be very highly esteemed in Sheffield. The majority in the City Council do not show any very marked desire to retain the services of a man with ripening experience in the work of his department. In Dr. Harvey Littlejohn, they have an excellent public servant; a man who has discharged the onerous duties of his position with a fearless honesty of purpose, tact, and energy, and has given complete satisfaction to the Members of the Health Committee, under whose oversight his work more immediately lies. He has won the confidence and cordial co-operation of the medical profession in the city, and the clauses of the Notification Act have been carried out without the slightest friction. Moreover, he has given the town five years good hard work. What has been his reward? On Wednesday, February 12th, at a meeting of the City Council, a proposition was brought forward by the Health Committee unanimously, that Dr. Littlejohn's salary should increase each year by the sum of £50, until it attained a maximum of £750 a year. From the members of his Committee he received the highest encomiums upon his work. It was pointed out that places which are certainly not of greater importance (though it cannot be denied that they are possessed of a more enlightened appreciation of their responsibilities, and of good work) than Sheffield, pay their Medical Officers of Health much better. Brighton gives £800, Hull £700, Bristol £800, Newcastle-on-Tyne £750, Nottingham £600, and so forth. It was pointed out also that during the five years Dr. Littlejohn has been in Sheffield, the work of his department has greatly increased. But all to no purpose. There was no grand scheme before the Council dealing with the expenditure

of thousands, and with a possible flavour of party spirit about it. Instead there was a mean pettifogging spirit of economy in the air, which evidently affected the minds of men who ought to have been above it. They were bent on proving to the ratepayers that they had their interests at heart, and meant to guard their pockets. They set no store upon the possession of a good man, with an excellent record of service, and a ripening experience of the work with a thorough knowledge of the details of the requirements of his department. No! an infinitesimal saving of a fraction of a farthing was of far greater importance than such considerations. A Mr. Muir Wilson proposed, and a Mr. Wardley seconded an amendment that the advance sought for should be refused, and this, to the disgrace of the Council, was carried by a vote of 29 to 21. Of the aldermen only 3 voted against, as compared with 12 who voted for the advance. Dr. Littlejohn may congratulate himself upon the support he received from the men of enlightenment and position on the Council. The majority have very little to congratulate themselves upon; they certainly will not be regarded with any feelings of admiration by those who know that good work is worth paying for, and not to be dealt with in a spirit of mean economy. Men of ability must, in future, not regard Sheffield as a place where talent is likely to be appreciated and rewarded; they must look upon it as a place in which experience may be acquired, but, when acquired, they must go elsewhere to have it appreciated at its proper value. The minds of the majority of the City Council of Sheffield are too small to allow of their doing so. They think that a hard and fast income of £500 a year is all that a first-class man should receive for watching over the health interests of a population which, at the last census, numbered 330,000, and which, during the past five years, has increased by another 25,000 people; truly they rate the position and importance of their city and its dignity at a low figure, and cause it to take a back place among the towns which do appreciate public health work at its proper value. We trust that the members of the profession in Sheffield will take an early opportunity of expressing their disapproval of Dr. Littlejohn's treatment by the Council, and their appreciation of the work that he has done for Sheffield.

Notes on Current Topics.

Pharmaceutical Controversies.

A QUESTION has recently been raised by an apprentice serving in the establishment of Grattan and Co., of Belfast, who asked that his certificate of such service should be accepted by the Pharmaceutical Society as qualification for its examination. The Society refused on the ground that Grattan and Co. were not registered pharmacists, but only a general trading firm with a pharmaceutical department. The apprentice applied to the Queen's Bench for a *mandamus* to compel the Society to admit him to examination, but he was defeated because the Court held that a limited company is not a "pharmaceutical chemist,"

and, therefore, cannot give valid certificates. But the Court thought that the apprentice had a legitimate grievance, and "recommended him to mercy" of the Society. Forthwith nine other apprentices, similarly placed, applied for recognition, and after grave debate the Council of the Society decided that it is questionable whether they have any legal power to admit even one apprentice under such circumstances, and they adjourned the question to allow of a law opinion being taken. The decision thus given that a company is not a "person" has, however, resulted in the defeat of the Society upon a much more important dispute. The Society sued a limited company at Lisburn for compounding prescriptions through the agency of a duly qualified pharmacist. The facts were admitted and it was also admitted that an unqualified person would be liable to penalty for compounding, but here again the Court held that a company is not a "person" and is, therefore, not touched by the law at all, and is not liable to either prosecution or penalty. The effect of this decision, if it is upheld in the Court of Appeal and in the House of Lords (where, we believe, the Society intends to take it) will be to throw open the practice of pharmacy to any or every person who chooses to call himself a company and to register himself as such. This ruse has already been adopted to a considerable extent in England, and if the appeal fails, there will be no remedy for the abuse save an alteration in the Act of Parliament.

The Direct Representation Contest in Ireland on the General Medical Council.

THE result of the preliminary vote instituted by the Cork Society for the purpose of selecting a candidate to carry the flag of the provincial lists was announced on the 11th inst., showing that Dr. Cuming, of Belfast, had polled 376 votes; Dr. MacDonnell, of Dundalk, 232; and Dr. Greene, of Ferns, 77. The result of this vote has been the retirement of Drs. MacDonnell and Greene, and the contest now lies between Drs. Jacob, of Dublin, Cuming, of Belfast, and Thomson, of Dublin. It is impossible to draw any just conclusion from this vote considering that, out of a total constituency of about 2,700, only 685 voted on this occasion. The only fact calling for observation is that Dr. Cumings' total vote exceeds in number his first published list of supporters by only 33 votes, these representing apparently all the additional supporters whom he has been able to gather together since the issue of that list. The nomination papers of the three candidates were lodged at the Branch Council's Office on the 15th inst., and the voting papers will go out on or about the 20th. The poll will continue until the 27th, and the result will be declared about the 3rd of March. The trial of strength lies practically between Dublin, represented by Mr. Thomson, with some country following; Belfast, represented by Dr. Cuming, with a strong support from the two adjoining counties; and Dr. Jacob, who depends upon the Poor-law men and other country practitioners, but has also a fair share of Dublin support.

The Medical Staff Corps and Drilling.

THE *Broad Arrow* never loses the opportunity of finding fault with or deprecating the Medical Department of the Army. The latest "grievances" are that there is far too much "soldiering" in the Medical Staff Corps, that string bands are by no means necessary luxuries, and that the hospital staff at Aldershot might easily exist without a band. Our kindly disposed contemporary also adds, "that any day at Aldershot men of the Army Medical Staff Corps may be seen learning manual exercise, or sometimes amusing themselves and the doctors who command them, by acquiring proficiency at battalion drill. All this is utter nonsense. In savage countries it is no doubt desirable that the hospital orderlies, &c., should be armed in order to give them the means of protecting their lives in cases of emergency. But if our medical people take rifles into the field in a European War, how can they claim to be non-combatants? All the ordinary drill that the Medical Staff Corps requires is the power of forming fours in order to march to church. Rifles are useless to them and so is everything of a military character which is not strictly connected with the discharge of hospital or ambulance duties." What petty jealousy the above remarks display. We wonder how long it will continue to be fashionable among army officers to follow the lead of the late Commander-in-Chief, and sneer at everything that the Army Medical Department does which tends to add to its efficiency.

Influenza in India.

INFLUENZA, according to a recent issue of the *Indian Daily News*, is raging throughout the Upper Punjab. Rawalpindi, Abbottabad, Nowahera and Peshawur have had their full tale of sufferers. In Peshawur especially there have been few houses in the cantonment exempt from the scourge, in either a mild or severe form. The great want of rain and the consequent prevalence of dust may have increased the virulence, but there is no doubt, that the residents have been visited by an epidemic of the severest type affecting all classes. Chest diseases also are very much to the fore, and the medical staff is having a hard time of it. The year has certainly not begun well from a health point of view, for all the hospitals are pretty full.

"No English Wanted."

THE official announcement to the effect that the English language will be excluded from the proceedings of the Twelfth International Medical Congress to be held in Moscow in August, 1897, has naturally excited a good deal of irritation both in this country and America. The announcement, quoted in full, is as follows: "French is recognised as the official language of the Congress in all its international relations. At the general meetings the addresses may be delivered in other European languages. Papers may be read and discussed in the meetings of the section in French, German, or Russian." It is of course true that most men of any scientific note are quite *au fait* in the French and German languages. But it is not only for scientific men that these congresses are held. These

reunions take place just as much for one section of the medical community as for the other, just as much for the general practitioner as for the scientific consultant. To exclude, therefore, the most important language in the world from the Congress, simply means that those who speak it, and are not sufficiently acquainted with the official languages, will not attend. Perhaps, however, there may be many reasons for the decision which has been arrived at in this regard. The Roman Congress, as is well remembered, was a complete fiasco in many respects owing to the unwieldy attendance; it may be, therefore, that the Russian authorities have seen that one of the sources of overcrowding will be eliminated if no facilities are provided for the attendance of English-speaking practitioners.

Medical Journalism in Australia.

At a special meeting of the Medical Society of Victoria, held in December last, it was decided to amalgamate the *Australian Medical Journal* with the *Inter-colonial Quarterly Journal of Medicine and Surgery* under a new title. Thus our old and well conducted contemporary, the *Australian Medical Journal*, will, as such, cease to appear. However, regretful as this act may be, there is nevertheless this to be said greatly in its favour, namely, that it has done a good work in its time. Founded as long ago as the year 1856, the journal had become one of the oldest of the monthly medical periodicals in existence. It was started by and has always been the organ of the Medical Society of Victoria. In an editorial in the issue for December last the circumstances are explained under which the change to be carried out has been brought about. One important factor was the commercial depression through which the colonies have been passing. Another was the decision of the Australian branches of the British Medical Association to supply their members with the *Australian Medical Gazette* as well as with the organ of the Association. Thus the competition became too great for the existence of an independent journal, and this has led to the amalgamation scheme to which reference has been made.

Alcoholism in Children.

It is well known that cases of alcoholism and dipsomania are met with in children. The tendency, in some cases, is hereditary; often it is the result of some psychical disturbance. Many cases are due to the ignorance of mothers who quiet their infants, even while at the breast, with wine or spirits. The pernicious habit of parents taking their children into public houses, and there allowing them to share the drinks, is self evident. Another matter is that there is always a risk in ordering alcohol for children. Moreover, where there is a history of alcoholism in a child's parentage, the safer plan would be to avoid the stimulant entirely. Dipsomania, generally hereditary, occurs both in boys and in girls, in the latter about the time of the first menstruation. Delirium tremens has been seen at five years of age; and cirrhosis of the liver, with a definite history of abuse of alcohol, at three years and a half. Again, children who have suffered

from the effects of alcohol, are especially liable to epilepsy, hysteria, insanity, and so forth. Of course, the prognosis in such cases is bad. All these facts are worthy of careful consideration when the question of administering alcohol to children comes before the medical practitioner. The probability is that the confirmed drunkenness in many women has taken its origin from the alcohol which has been given them in the early days of their childhood, when they were regarded as "delicate," and unable, without some stimulant, to "keep up their strength."

An Opening Ceremony.

THE Cardiff Medical Society held its annual meeting last week, and at the invitation of the Society, many members of the South Wales Branch of the British Medical Association attended the proceedings. Mr. Frederick Treves was present and read a paper on "The Present Position of Abdominal Surgery." Subsequently, the members of the Society and their guests adjourned to the newly acquired meeting rooms. Whereupon, quoting from the *Western Mail*, "Dr. Treves was called upon to perform the opening ceremony, which he did in a few words, remarking that he was familiar in some degree with the opening of chambers, but he found the opening of the abdomen not nearly so difficult a feat as the opening of a Medical Society's rooms."

The Army Medical Report.

LAST week the report of the Army Medical Department for 1894 was issued from the War Office. The report deals exhaustively with the health of the forces in all parts of the Empire, and the Director-General (Surgeon Major-General Sir W. A. Mackinnon) states that the statistics from the United Kingdom compare favourably with those of 1893. In the Colonies the general health shows improvement, and in Egypt the improvement was marked. In Bengal there was an increased rate of sickness, a severe outbreak of cholera occurring, with a very high percentage of mortality. At Lucknow 144 cases occurred, ninety-seven of which proved fatal; and on investigation the opinion was formed that the sand in filter-beds attached to wells was contaminated with the cholera microbe. The Madras statistics showed increased sickness as compared with 1893, and in Bombay also the comparison of 1894 with the preceding year and the previous ten years was somewhat unfavourable. At home there were eleven cases of small-pox, the highest recorded number since 1888; the other eruptive fevers had decreased, also enteric fever and influenza. But how is it that the Report for 1894 appears two years late?

At the Queen's Hospital, Birmingham, last week, a successful operation was performed with the aid of the Röntgen photograph. A fortnight ago a woman ran a needle into her hand, and the hand became much swollen. Dr. Hall Edwards took a photograph of the hand, and the needle was clearly seen. With the aid of the print, the foreign body having been localised, extraction was successfully carried out.

Vegetarians as Cancer Curers.

CANCER is a terrible malady, which has hitherto baffled the skill of the surgeon in its cure no less than of the pathologist as to its origin. Its treatment appears to exercise a perfect fascination upon a host of trespassers in fields medical. The vegetarians have now entered the happy hunting ground, and one of their leaders, Mr. A. F. Hills, has started a cottage hospital at Loughton, in Essex, for the reception of cancer patients for three, six, or twelve months, "according to the circumstances of the case." The main part of the programme is to be "a vegetable regimen, coupled with a plentiful use of distilled water." Our authority for this statement is the *Vegetarian*, which journal also states that this system was formerly carried out by the famous Mr. Abernethy, who gained some small success in suspending the progress of the malady. We cannot agree with the conclusion of the writer that if the progress of a disease be stayed for a time something has been done towards mastering that disease. It is often possible to check somewhat where one cannot altogether stop a runaway horse. For our own part, we believe that it would be just as feasible to arrest an avalanche with a row of market carts as to cure cancer with a diet of vegetables and distilled water. Few things are now impossible to the human intellect, and the bringing of this terrible malady, cancer, within the control of legitimate medical treatment will, in all probability, be a mere question of time.

The Scientific Treatment of Crime and Criminals.

DR. AUSTIN FLINT believes that the treatment of crime and criminals under the existing laws and their methods of execution is a serious failure, inasmuch as these are based upon the ancient idea of vengeance and retaliation in the form of punishment. He holds that the medical profession should at least endeavour to induce the judges, lawyers, and law-makers to study law in the light of modern scientific knowledge. As an abstract proposition, this is undoubtedly excellent, but experience has often shown that the legal mind is very difficult to influence in the direction indicated. Criminals may be divided into two classes—the curable and the incurable, and in the scientific study of crime the medical man has to do mainly with the occasional, the habitual, and the born criminal. Each obviously demands a different mode of treatment, if any satisfactory progress is to be made towards reformation. This matter is one which is well worthy of close attention, and might be made the subject of a useful and interesting inquiry by some competent prison medical officer.

Industries in Prisons.

THE decision to substitute productive for the present unproductive labour in prisons will generally meet with approval. The Prisons' Board will now provide work that will interest, and the knowledge of which will probably prove useful to prisoners on release; and a commencement of this new arrange-

ment has been made at Wormwood Scrubbs Prison. For male convicted prisoners, handmills for grinding wheat will supersede the crank machines; while washing and needlework for Government departments will replace, to a large extent, the oakum-picking by female prisoners. No doubt, in time, other methods of labour will be introduced which will be beneficial alike to the Government and the prisoners. Presumably, the treadmill is now doomed, and all such devices which did the prisoners no good, and were otherwise quite useless.

Leicester and its Refuse Removal.

THE "pail system" of closet clearance presents so many difficulties and drawbacks, that its speedy complete disappearance from all modern cities may be predicted with confidence. Leicester is well known for its peculiar views on many sanitary matters, but its citizens seem to have awakened, at any rate, to the advisability of adopting an improved method of sewage removal. The town authorities lately presented a petition to the Local Government Board for a provisional order which should empower a clean sweep of the present order of things. In consequence of this request, a special board of inquiry will shortly be sent to Leicester, when the whole circumstances of the case will be carefully investigated. One of the chief obstacles in effecting a reform of this kind is the cost that would be necessarily entailed. The Leicester Council has determined that in exceptionally bad cases, the cottage owner should be compelled to carry out the conversion at his own expense. In all other cases, however, they propose to defray the cost out of the public funds, and for that purpose to obtain the money by additional borrowing powers. As to this part of the project, no doubt, much may be said on both sides. Few persons would object to the relief of the small property owner by such a payment. On the other hand, however, many economists would at once condemn the proposal to make a huge addition to the value of the property of the wealthier owners. In other compulsory sanitary alterations, the fact that the house landlord has obtained a substantial addition to the value of his property is usually regarded as a sufficient counterpoise to the enforced drain on his pocket.

The Importation of Wines into America.

SOME remarkable figures with respect to the importation of champagne and other sparkling wines into the United States have been recorded. During the year 1875 the number of bottles of these wines amounted to 1,857,840; in 1885 the number increased to 2,608,152; and in 1895, just closed, 2,878,140. Enormous as these totals are, they are quite surpassed by the total for the year 1890, which was 4,753,836. Perhaps the latter year was one of great prosperity to American citizens, who very properly made the most of the time.

THE Duchess of York has appointed Sir John Williams, Bart., M.D., to be her Physician-Accoucheur; and the Duke of York has appointed Dr. Robert W. Burnet to be his Physician in Ordinary.

The Parasites of Malaria.

THE discussion on the parasites of malaria which took place at the last meeting of the Royal Medical and Chirurgical Society comes in curious juxtaposition with Dr. Lawrie's affirmation that Laveran's so-called plasmodium is a delusion and a snare. While this eminent observer declares his disbelief in the validity of Laveran's discovery, we over here are engaged in discussing whether particular parasites can be identified as the cause of particular varieties of malarial disease. Certainly the scepticism telegraphed from the far East found no echo among those who took part in this discussion, and until we are in possession of the data, on the strength of which Dr. Lawrie bases his repudiation of the association between the plasmodium and the genesis of malaria, we are entitled to continue to hold that the presence of this parasite is really the cause of the disease. It must be admitted that the parasites found in this association are numerous and present a picturesque variety in the matter of shape. It is, however, quite possible that many of the forms described and figured are really different stages in the evolution of the self-same parasite, but this is a conclusion which only long and painstaking observation can decide. An interesting collateral question was raised by Dr. Curnow, who challenged the conclusion arrived at by the authors of the paper, that malaria is not a water-borne disease. Their conclusion in this respect was based on researches carried out principally in a province in Spain, and it must strike everyone that in view of the extreme variety which obtains in the manifestations of diseases grouped as malarial, it must be unsafe to generalise on the strength of observations carried out in such a limited area. Certainly the instances alleged by Dr. Curnow of apparent infection through drinking contaminated water render it difficult to believe that malaria is never water-borne. In several recorded instances the disease attacked only those who partook of the contaminated water, the others escaping. Then, too, sailors are generally of opinion that they can trace the onset of the disease to their having made use of river water from malarial districts, and their opinion is supported by the fact that in many no other source of infection can be alleged. This is obviously a point of exceeding practical importance, and its significance is enhanced by the fact that sailors on vessels where condensed water is used suffer in vastly smaller proportion than their fellows on less-favoured ships.

Salvioni on Röntgen.

THE new rays of Professor Röntgen seem destined to have some day a wide field of application in many arts and sciences. In the meantime, one of the most extraordinary developments hitherto announced in connection with the new photography comes from Rome. According to the special correspondent of the *Daily Chronicle*, Professor Salvioni, of Perugia, has achieved no less a feat than the visual penetration of opaque bodies. The scientist mentioned has constructed an instrument called a cryptoscope, which, when fitted to the eye, enables the wearer, by means of the Röntgen rays, to see through opaque bodies. It

is added that the retina is impressed through the agency of the cryptoscope exactly in the same way as a photographic plate. If this news be true, it points to possibilities of an extraordinary nature. With such a marvellous extension of the human faculties as that foreshadowed by Salvioni, science may hope at an early date to acquire an enormous mass of hitherto unascertained physical phenomena. It seems not impossible that some of the more remarkable and important developments will profoundly affect the media of communication between the earth and the heavenly bodies.

Women as Prison Medical Officers.

THE question, as to whether or not a woman doctor is fitted to fill the post of Prison Medical Officer is now causing much diversity of opinion in the town of Cardiff. Many medical men, who do not disapprove of the admission of women to their profession, nevertheless, object strongly to this particular proposal. The chief argument advanced in favour of such an appointment is the familiar one that the female prisoners under certain circumstances would often prefer a female surgeon. With regard to this point it may be honestly doubted whether 999 out of every 1,000 of the women inmates would trouble their heads about the matter. Indeed, an air of unreality hangs about the whole affair, which has little immediate interest or value beyond the advancement of a principle. Under these circumstances we should advise the lady doctors to leave the prison appointments severely alone. Women are now admitted to the staffs of many medical charitable institutions, and have by strenuous perseverance opened up many fresh fields of medical enterprise. It would be a pity if by coveting too much they should run some risk of injuring their cause. There is no blinking the fact that their *clientèle* is for the most part drawn from the wealthier classes of the community, and that, so far, the poor do not flock to their ministrations in any ponderable numbers.

The Dublin Branch of the British Medical Association.

THE Annual Meeting of this Branch is announced as having been held a few days ago. As a medical organisation it does not seem to be an unequivocal success. It has existed for nineteen years and has had about a dozen honorary secretaries, and yet the outgoing president plaintively appealed to his audience to save the Branch from being shut up altogether for want of members and funds. The fact is that there is nothing for the Branch to do which is not much better done elsewhere, and it has, therefore, really no *raison d'être*.

THE Local Government Board have intimated to the Chelsea Board of Guardians that no objection would be taken to the appointment of a female practitioner as assistant medical officer for the Chelsea Infirmary, provided the Guardians were satisfied that suitable accommodation could be found for such an officer.

THE recent results of the Netley and London exa-

minations for the Indian Medical Service (eighteen surgeons) and Army Medical Staff (nine surgeons) show that Mr. Bukhla, who is a Hindoo, won four prizes. There was one failure in the Army Medical Service.

The New Electrophraphy ; Rontgen's Rays.

At the meeting of the Sheffield Medico-Chirurgical Society, held on Thursday last, Dr. Hicks, President of Firth College, very kindly gave the members a succinct *résumé* of all that was known as to the new process of electrographing, and placed before them very numerous examples, the result of his own experiments. For these experiments, he was very fortunate in securing a Crookes's tube, which appeared to be specially adapted for the work. It seems that all tubes are not alike, and that it is a matter of some difficulty to secure one that will answer the purpose properly, as the rays do not proceed from all parts of the tube alike. At Dr. Addison's suggestion, and in conjunction with him, Prof. Hicks made some beautiful electrographs of the hand, showing the bones and the bloodvessels injected with a preparation of lead, and also of the kidneys prepared in the same way. The result was in the highest degree interesting, as the circulation in both cases was beautifully illustrated, as far as the distribution of the vessels was concerned; nothing better could be desired. This appears to open out an important field for further results in the use of this wonderful discovery. Two electrographs were shown, in which the previously undiscoversible position of a needle in a foot, and in a hand, were at once demonstrated, and the foreign bodies easily removed. In one case, that of the foot, the needle was end up, and only showed as a small black spot.

DR. KNOWSLEY THORNTON will deliver the second Hunterian Society's lecture on Wednesday, February 26th, at 8.30 p.m., in the theatre of the London Institution, Finsbury Circus. The subject will be, "The Lines of Advance in Abdominal Surgery." Members of the profession are cordially invited.

THE latest returns of the Metropolitan Asylums Board show that scarlet fever is still prevalent in London. The total number of patients in the several fever hospitals of the Board suffering from this particular disease is now 3,020.

THE *Daily News* reports that Professor Virchow's assistant has succeeded in photographing a chloroformed frog with Röntgen rays in which the lungs of the frog in the act of breathing are distinctly seen.

THE Pharmaceutical Society have now turned their attention to Belfast, where they have prosecuted a firm of photographic dealers for selling bichloride of mercury.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE HONORARY DEGREE FARC.—Each year the Scottish Universities do themselves the honour of conferring honorary degrees on certain celebrated and, no doubt, deserving gentlemen. How far the Universities will go in this respect is only a matter of conjecture. If they only conferred these titles on well known and public men not much could be said against them, and the honour would be regarded as being of some value. We may divide the recipients of these empty titles into three categories:—First, those who have done something to deserve them, and whom it is an honour to the Universities to recognise in the only way open to them; secondly, those who have given large sums of money for the advancement of science, or to some infirmary, and who receive the honour as a *quid pro quo*; thirdly, and often the most numerous, local nobodies, especially if they happen to be personal friends of members of the *Senatus Academicus*. The *Senatus* of the University of St. Andrews has resolved to confer the honorary degree of LL.D. on Dr. George W. Balfour, of Edinburgh, already an LL.D. of the University of that city, and on Dr. Andrew Smart, also of Edinburgh, and one of the ordinary physicians of the Edinburgh Royal Infirmary, among others. To give Dr. Balfour a second degree of LL.D. seems to be a work of supererogation, but we suppose that it has been given on the principle of "scratch my back and I'll scratch yours," as Dr. Balfour is one of the University Court officials in favour of the enlargement of the medical school at St. Andrews. The other recipient of the degree is an amiable member of the medical profession who, we have no doubt, will be much surprised to find that he is a Doctor learned in the Law. We believe that at St. Andrew's each professor, it may be in rotation, has the right of proposing a name for an honorary degree. If this is so the degrees so obtained lose all their significance. It is a prostitution of what should be a jealously guarded right. The friendship of a professor and, it may be supposed, a little judicious adulation now and then, may, we presume, suffice to ensure a friend the coveted honour. Perhaps, in addition to the three classes of recipients enumerated above, a fourth might be added, namely, professors in other Scottish Universities, who appear to get the degree on the mutual admiration principle. A university which honours the officials of another probably expects a like honour in return in the persons of its own *Senatus*.

THE SCOTTISH UNIVERSITY M.D. UNDER THE NEW REGULATIONS.—There is some dubiety in University circles in Scotland how the clinical examination which is now necessary for the M.D. degree, in addition to the time-honoured thesis, is to be conducted. The prevalent feeling among the authorities seems to centre in a glorified M.B., C.M. clinical examination, in which the candidate for the higher degree should be asked to examine cases and report thereon, though he may be a physician of some standing, and to undergo an examination in the out-of-the-way branches of medical science, such as ophthalmology, laryngoscopy, and the like. If this be decided upon a great injustice will be done to the profession. For instance, a specialist for throat affections under the old regulations might send in a gold medal thesis on some branch of his speciality. If the suggested conditions are insisted on he may send in as good a thesis, but because he does not happen to know very much about medical electricity or the microscopic appearances of ringworm, he loses all chance of distinction and gains a mere pass. The plan that should be adopted in our opinion is as follows:—Each candidate, in addition to sending in his thesis, should be requested to send in the branch of medicine in which he would wish to be examined, that is if he has any preference, and is not an all-round Admirable Crichton. The University professors are supposed to know all branches of medical science, but might well be supported by expert assessors if necessary. Such a plan would be fair to all. Perhaps, however, the wish of the University professors to proceed with the new examination in the old way is due to a laudable wish not to expose their possible ignorance of special subjects, a supposed

ignorance which cannot be regarded as reprehensible when the rapid strides of modern medicine are considered.

THE TYPHOID OUTBREAK AT DUNBAR.—The history of this outbreak, as amended up to date, is a sad commentary on the achievements possible under the name of Local Government. East Lothian is the only county in Scotland, we believe, which chose the second alternative allowed in the Local Government Bill for the appointment of county medical officers. In the others, the medical officer of health is resident in the county, and is debarred from general practice. He is given a salary supposed to be sufficient for his wants. In East Lothian, a consulting medical officer was appointed, and subordinate medical men for the different districts. The consulting medical officer is a practitioner living in Edinburgh, who has not got a Public Health Degree, but who happens to be the surgeon to the local corps of Yeomanry. We have no wish to disparage this official's attainments, but such appointments are apt to render the working of the Local Government Bill nugatory. No one in the county seems quite to know who really is in authority, or who is responsible for reports and the ordering of inquiries. For instance, during the epidemic of typhoid fever at Dunbar, which we are glad to be able to report seems at last to be declining, the district committee of the county council did not meet for weeks after the commencement of the outbreak, and when they did meet, under the pressure of public opinion, they gave as a reason for their neglect, that they had delegated all powers to a public health sub-committee. This sub-committee met once, and in turn, delegated all powers to the district medical officer. In fact, the members of the sub-committee did not know whether they existed as an official body after the annual elections in December, and no meeting of the new council was held until January 21st. The position of affairs was rather involved. A serious outbreak of fever, a county council which did not meet, a sub-committee which did not know if they were defunct officially or not, a consulting medical officer of whom no mention is made in the reports on the subject, and a local medical officer in practice, on whom the brunt of the work and the odium attaching to it fell. It is to the credit of the last named that at length effective measures were taken to stamp out the fever. We will return to the subject next week.

TUBERCULOSIS: ITS CAUSE AND PREVENTION.—A memorial presented by the Medico-Chirurgical Society of Glasgow to the Health Committee of Glasgow Town Council "calling attention to the fact that tuberculosis is now fully recognised as an infectious disease, and asking them to take the matter into their serious consideration, with a view to protection of the community from infection," was remitted to Dr. Russell, Medical Officer of Health. Dr. Russell has just issued in pamphlet form an exhaustive report dealing with the whole subject, concluding with a number of practical suggestions. The report has been sent to all the medical men practising in Glasgow, and to all the public institutions. It is pointed out in the report that the local authority ought to resolve that, in the interest of public health, it is necessary that washing and disinfection should be carried out after every death from pulmonary consumption. Dr. Russell insists on the importance of taking immediate action in the direction of eliminating tuberculous cows from dairies, and for this purpose powers must be given to an expert veterinary surgeon.

THE PROPOSED MATERNITY HOSPITAL FOR DUNDEE.—After the grant of £5,000 by the Cobb Trustees there is every prospect of the proposed Maternity Hospital for Dundee soon becoming an accomplished fact. So far back as 1892 a scheme for the foundation of such an institution was partly sketched out by the Forfarshire Medical Association, and submitted to the Cobb Trustees, along with a request for substantial financial assistance. The suggestions of the Association consisted in substance of the erection of a hospital in a central part of the city, with accommodation for twenty beds, arranged in two series, to be used alternately on hygienic grounds, and each series to consist of two wards of four beds each, an isolation ward, and another ward. The cost of erecting and finishing such a building was estimated at about £5,000, and the annual expenditure about £800. In order not to depend for the income altogether on public subscriptions, it was intended that at the outset there should be an endowment, from which about half of the annual expenditure could be

obtained. It was considered that before anything could be done it would be necessary to have at least £10,000 in hand. This scheme is still being prosecuted by the Medical Association, and, besides the £5,000 given by the Cobb Trustees, donations of £1,000 and £500 have also been promised. There has not yet been time to take any definite steps for securing a building, but large houses in different parts of the city have been spoken about. It is expected, however, that next week a forward step will be taken in the matter.

As in many other parts of the country, the unseasonable warmth of the past month has had a remarkable effect on the death-rate in Edinburgh. Notwithstanding the old adage about a green yule, it is many years since the mean temperature has been so high, and the mortality so low, in January. The mean temperature for the month was 2.6° over the average, the death-rate 14.75 per 1,000, or 6.77 per 1,000 below the average for the last five years.

EXAMINATION PAPERS FOR THE DIPLOMA IN PUBLIC HEALTH AT THE UNIVERSITIES OF OXFORD, CAMBRIDGE, DURHAM, (a) AND VICTORIA. AND THE CONJOIN BOARD OF ENGLAND.

(Continued from page 124.)

OXFORD, NOVEMBER 27TH, 1895.—PART II.

10 a.m. No. III.—*Preventive Medicine.*

1. How may the nature of the soil on which a dwelling-house is constructed produce conditions injurious to health? Discuss the relative advantages and disadvantages of gravel and clay soils.
2. What are the practical difficulties usually met with in the case of the "Common Lodging Houses" and "Tenement Houses" of the poor quarters of large towns in maintaining the water-carriage system of excrement removal in a wholesome condition? Describe the kind of water-closet which is in your opinion best suited to the circumstances. Illustrate your description by diagrams.
3. State what you know about the occasional unwholesomeness of the following kinds of preserved food; how this occasional unwholesomeness is manifested; and to what you believe it is due: viz., ham or bacon, tinned lobster, and tinned fruits.
4. Describe the leading characters of Rickets. To what extent do you consider it is influenced by insanitary conditions?
5. Enumerate and describe the rashes that may resemble the eruption of Scarlatina, giving the differential diagnosis in each case.
6. What is the essential difference between an antiseptic and a disinfectant? Give examples of each, and state shortly in what circumstances they, severally, are useful.

2 p.m. PART II.—No. IV.—*Preventive Medicine.*

1. You are consulted as to the hygienic regulation and management of an Industrial School. What diseases would you expect to occur in such an institution, and what measures would you advise for preventing their occurrence and spread?
2. A village consisting of one hundred and fifty houses, chiefly labourers' cottages, is situate on the banks of a rapid stream flowing to a river from which a large town takes its water-supply at a point twelve miles below the village. The "dry-earth" system has been adopted in the village, and it is contended that its drainage cannot therefore seriously pollute the stream. What are your views on this question?
3. Enumerate the provisions of the Public Health Act, 1875, against the spread of infection from infected persons and things.
4. In what respects and to what extent may the general death-rate of an "Unhealthy Area" be influenced by causes independent of sanitary administration or local sanitary conditions.
5. Enumerate, in the order of their importance, the matters in which sanitary authorities have power to make bye-laws for the safeguarding of the Public Health.
6. The District Council of a well-to-do suburban district,

(a) Examination for the Degree of Bachelor in Hygiene, and for the Diploma in Public Health (D.P.H.) Durham.

with a population of about twelve thousand, is about to reorganise its staff for sanitary purposes. The question arises whether it is desirable for the offices of Building Surveyor and Inspector of Nuisances to be held by the same person. Give your own views on this subject.

CAMBRIDGE, THURSDAY, OCTOBER 3RD, 1895.—PART II., PAPER I.

1. What advice would you give by way of securing such care and control of milch-cows as would tend to prevent the spread of bovine tuberculosis on a dairy farm? Differentiate between such recommendations as can be enforced by any local authority and those which must be left to the discretion of the dairy farmer. Explain your grounds for each recommendation.

2. The council of an urban district of 20,000 inhabitants have requested from you, as their Medical Officer of Health, a report on the subject of the provision by them of a hospital for the isolation of small-pox, together with an explanation of the grounds on which each point you refer to is based, especially in regard to the position and construction of such hospital. Write out such a report.

3. It is sought to provide a wholesome water-supply for a village which has at present no available water except from ponds and ditches, and which lies on a deep layer of subsoil clay. Explain the various ways in which such a supply may, under differing local circumstances, be procurable.

4. Give an account of the history of small-pox in this country during the last fifty years. Specify the various legislative and other administrative measures which have been taken during that period to control this disease. Explain, as regards each such measure, how far it has succeeded or failed.

5. Explain the law as to Nuisances under the Public Health Act, 1875. Give an account of the several steps to be taken by the local sanitary authority and their various officers to secure the abatement of an ordinary nuisance and of one that is likely to recur.

FRIDAY, OCTOBER 4TH, 1895.—PART II., PAPER II.

1. To what extent does local injury from previous disease affect the susceptibility of the body to microbic diseases? Illustrate your remarks by reference to facts relating to the prevalence of such diseases.

2. Give the relative rates of mortality at the different ten-year age periods, from fifteen years and upwards, from the following classes of disease; cancer, phthisis, diseases of the nervous system, of the circulatory system, of the respiratory system (not phthisis), and of the digestive system. State the influence to which each such incidence of disease is probably due.

3. Give some account of researches upon the prevalence of disease in "back-to-back" houses, and draw out plans for their conversion into more healthy habitations.

4. Describe any efficient measures for the disinfection of houses, clothing, &c., after the occurrence in them of infectious diseases. Give your reasons for employing the means of disinfection that you select.

5. Draw out a list of the diseases that may arise from drinking impure water, and, with reference to cholera and enteric fever, describe the conditions under which infection from this source is likely to occur.

6. Describe in detail the measures necessary for the prevention of diphtheria.

(To be continued.)

Correspondence.

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

THE EDINBURGH M.D.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your Journal of January 29th ulto., states that "under the new regulations, the candidate for the M.D. may pass a further examination in Clinical Medicine, and thus escape the ordeal of furbishing up Greek or Moral Philosophy." You remark, on this,—“The University of Edinburgh appears to be acting wisely in making the path

of its alumni as smooth as may be from starting point to goal.”

I am aware that the "further examination in Clinical Medicine," for the final M.D., may be made a very wide and searching test; indeed, such a kind and degree of clinical test, should be, of necessity, a strict part of the M.D. examination, but I venture to differ from you, if you think that any feebly severe or strict test in clinical medicine can justify the omission of logic or psychology or philosophy. It is precisely in that kind of culture which the study of these subjects gives, which is so lamentably absent from the medical mind. It is not that the study of logic or psychology gives any new facts of "practical medicine" to the student, but it opens his eyes to the method and relativity of all knowledge and of all facts. The mind which has studied logic or the history of the growth and evolution of human knowledge, or the great principles which lie at the root of what philosophers call "education," will be, throughout the life of the individual, vastly aided in correct generalisation in his profession and practice; he will be able to form juster conceptions of new theories and new methods of practice; he will be, in the best sense of the word, a far more "educated" man than if his culture be confined to the technicalities of his profession.

Unless this basis of philosophic method and culture come to the medical man early it will very rarely, if at all, be attained afterwards. Such culture lays the foundation for a just modesty of mind; it shows the young man in how great a world his field of work lies; he is enabled to see, in his own work and studies, that the higher method of all philosophy exists. The young man will often, by a study of logic and philosophy, be saved from the narrow arrogance, which the knowledge and practice of technical professional work only, is apt to induce. This higher kind of culture, this breadth of view, this conception of the relativity of all knowledge, of the unity of method of all knowledge, this culture for the sake of "sweetness and light," this method for the fuller use and understanding of bare facts, is all the more important now for the higher degrees in medicine, seeing that the varied licensing bodies are pouring forth such a vast number of "qualified" "physicians and surgeons" (M.R.C.S., L.R.C.P., &c.), men who, in the main, have little preliminary education, and who have no time, in their five years' curriculum, to look at anything but the bare facts needed for their searching examinations. These men are usually at once absorbed into the "business" of practice, and culture never or rarely comes to them afterwards.

Uniformity of curriculum in medical education would be a great calamity; nor less a calamity would be the "one-portal" system, or the domination of any great society having very much the spirit of a "trades-union." Medicine is not a mere technical art, but it is part, and a very great part, of all science and all philosophy. It is, therefore, reasonable and right, that those who aspire to the higher—or what should be the higher—degree of M.D. should give proof that they have seen into the Method of the human mind in knowledge; should give proof that they can arrange their ideas in an orderly fashion, and can draw inferences with a logical severity of truth.

Holding these views, I cannot but feel that the University of Edinburgh has made a very retrograde movement. Just when the philosophies of Hume, Kant, &c., are beginning to be understood in England, and at a time when men's minds need steadying under the great waves of progress which have followed Darwin, F. Schlegel, &c., the University of Edinburgh has deprived its alumni of a very ancient light of true method.

I am, Sir, yours, &c.,
SALISBURY CRAIGS.

Edinburgh, February 12th, 1896.

Medical News and Pass Lists.

National Hospital for Consumption, Ventnor.

THE Report of the 27th year of the operations of this well-known hospital for chest diseases, adopted at the annual meeting of governors held on Thursday last, shows that the work has gone forward steadily and satisfactorily

The Board of Management have accommodation for 134 patients, in ten blocks of houses situated in the Undercliff, Isle of Wight, each patient being provided with a separate bedroom facing south and overlooking the sea; and while every bed continues to be occupied, there are a large number of cases for which there is at present no accommodation. The total receipts in 1895 amounted to £15,133 (including legacies £4,623), and the expenditure to £11,160. The number of patients treated was 778, some of whom were resident as long as 30 weeks, though the average stay was nine weeks; 34 died, and 509 were improved in health by treatment. As the annual subscriptions are only £2,361, an effort will be made this year to obtain the necessary funds for maintenance by a festival dinner in London on April 29th, at which the Attorney-General (Sir Richard E. Webster, G.C.M.G., Q.C., M.P.) will preside. Mr. George J. Drummond was unanimously elected treasurer of the hospital. The re-election of the retiring members of the board and auditors, and a vote of thanks to the chairman, brought the proceedings to a close.

Hospital Finance.

A CRISIS has developed in the affairs of the North-West London Hospital, in the Kentish Town Road, N.W. Lord Rathmore, the Chairman of its Committee of Management, reports that the Treasurer, (Mr. George Herring) says that, in his opinion, the hospital must be closed at once, unless it can attract more support. He has in hand £300, whereas the institution owes a debt of £2,000, and entails an expenditure of £80 a week against an income of only £16 per week from annual subscriptions. Mr. Herring offers to subscribe a sum equal to one-third of the result of a special appeal.

The Hunterian Society.

THE annual General Meeting was held on Wednesday, Feb. 12, in the London Institution, Mr. C. J. Symonds, President, in the chair. A cordial vote of thanks to the retiring President was passed by acclamation, and after the usual compliments to the officers of the past year, the following list was unanimously elected for the coming year:—President: Dr. G. E. Herman. Vice-Presidents: Drs. R. H. Fox and A. T. Davies, Messrs. T. Mark Trevell and T. H. Openshaw. Treasurer: Dr. F. C. Turner. Trustees: Dr. H. P. Fotherby and Mr. F. M. Corner. Librarian: Dr. A. T. Davies. Orator, 1897: Dr. Hingston Fox. Secretaries: Dr. Fred J. Smith and Mr. A. F. Tubby. Council: Drs. T. H. A. Chaplin, J. M. Etkles, B. Dawson, T. G. Lyon, J. W. Oliver, W. Rawes, Henry J. Sequeira, St. Clair, B. Shadwell, J. T. Woods, Messrs. Hope Grant, C. J. Symonds, J. H. Targett. Auditors: Dr. T. G. Lyon, and Messrs. F. G. Brown, Hope Grant, T. R. Humphreys. The Fellows then adjourned to the Theatre of the London Institution to listen to the Annual Oration, delivered by Dr. G. Newton-Pitt, on "Hunter and His Contemporaries, with Special Reference to Hunter as a Clinician, and his Influence on the Medical Societies of his Time," a full report of which will appear in the Transactions, and a large portion, we hope, in the journals, as of much wider interest. After a warm vote of thanks to the orator, proposed by Dr. Davies, and seconded by Dr. James H. Sequeira, the meeting dissolved. The Annual Dinner was held at the First Avenue Hotel, on Friday, Feb. 14th. Sir Joseph Lister honoured the Society as a guest at this function.

Vital Statistics.

THE deaths registered last week in thirty-three great towns of England and Wales corresponded to an annual rate of 20.5 per 1,000 of their aggregate population, which is estimated at 10,860,971 persons in the middle of this year. The deaths registered in each of the last four weeks in the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000:—

Birkenhead 16, Birmingham 20, Blackburn 15, Bolton 26, Bradford 17, Brighton 20, Bristol 18, Burnley 18, Cardiff 17, Croydon 15, Derby 17, Dublin 24, Edinburgh 17, Glasgow 19, Gateshead 21, Halifax 24, Huddersfield 15, Hull 18, Leeds 20, Leicester 22, Liverpool 25, London 20, Manchester 21, Newcastle-on-Tyne 16, Norwich 25, Nottingham 16, Oldham 21, Plymouth 19, Portsmouth 19, Preston 22, Salford 22, Sheffield 20, Sunderland 24, Swansea 15, West Ham 16, Wolverhampton 24. The highest annual death-rates per 1,000 living, as measured

by last week's mortality were:—From measles, 1.6 in Leicester, and 4.8 in Norwich; from whooping-cough, 1.7 in Salford, and 3.9 in Bolton; from fever, 1.3 in Bolton; and from diarrhoea, 1.0 in Burnley. The death-rate from scarlet fever did not reach 1.0 per 1,000 in any of the large towns. The 102 deaths from diphtheria included 63 in London, 5 in West Ham, 5 in Birmingham, and 3 in Edinburgh. One death from small-pox was registered in Swansea but not one in any other town.

The Mortality of Foreign Cities.

THE annual death-rate per 1,000 in the principal foreign cities according to the weekly returns communicated to the Registrar-General, is as follows:—Calcutta 39, Bombay 31, Paris 22, Brussels 17, Amsterdam 17, Rotterdam 17, The Hague 13, Copenhagen 15, Stockholm 16, Christiania 18, St. Petersburg 34, Moscow 36, Berlin 17, Hamburg 16, Dresden 18, Breslau 19, Munich 21, Vienna 23, Prague 23, Buda-Pesth 21, Trieste 23, Rome 23, Turin 20, Venice 38, Cairo 51, Alexandria 34, New York 23, Brooklyn 21, Philadelphia 23, New Orleans 30.

Royal College of Physicians of Edinburgh, Royal College of Surgeons of Edinburgh, and Faculty of Physicians and Surgeons of Glasgow.

At the quarterly Examinations for the Triple Qualification held in Edinburgh during January the following were the results:—

First Examination, Four Years' Course.

Of 24 candidates, 11 passed, viz.:

Alfred John William Noble, William O'Sullivan, Joseph Horgan, Francis Carter, Alfred Sigismund Powell, Eldred Ladyman, William MacKirdy, Edward Bennett, James MacRae, George Robert Harland, and Timothy Murphy.

And three passed in one division of the Examination.

First Examination, Five Years' Course.

Of 28 candidates, 11 passed, viz.:

Edith Neld, Robert Jackson Mackay, Charles Richardson White, George Henry Fullarton Graves, Edward Parker Haythornthwaite, David Coffey, John Blunt Swinden, William Arthur Dawson, Agnes McLean Black, James Patrick Lavery, and Lizzie Beatty.

And 6 passed in one or two divisions of the examinations.

Second Examination, Two Years' Course.

Of 52 candidates, 21 passed, viz.:

Maurice McSherry, Thomas Killips Greenfield, George Crofts Beamish, Robert Hamilton Fleming, Robert Phillip Graham, Berlyvine Goldsmith Roscoe, John Robert Askew, Eldred Ladyman, John Kirkpatrick, Anthony Joseph Renouette, Samuel David Clements, Denis Nyhan, Edward Eumbant Kellett, John Henry O'Sullivan, Thomas Harold Waddington, John Titus Newton, Charles Herbert Thackrah, Robert Stenhouse Williams, James Charles Bouchier-Hayes, Percy Ashworth Wedgwood, and Clayton Simpson.

And 13 passed in one or two divisions of the examination.

Second Examination, Five Years' Course.

Of 12 candidates the following 8 passed:—

Abraham Johannes Benjamin Albertyn, John Tobin (with distinction), Henry Fowler, Thomas Neville, James Ross, Charles John Grig, Vaughan Bateson, and James Sharp Hamilton.

Third Examination—Five Years' Course.

Of 8 candidates, 7 passed, viz.:

James Murray, John St. John Murphy, Albert Fletcher Jones, George Herbert Arthur Taylor, Joseph Martin Donovan, Richard Francis Flood, and Georgina Collier.

Final Examination.

Of 137 candidates the following 65 passed, and were admitted L.R.C.P.E., L.R.C.S.E., and L.F.P. & S.G.:—

Elizabeth Henderson, William Henry Rowthorn, Arthur James Troughton, Charles Graves, Arthur Bishop Carey Ormrod, Emilia Margaret Guthrie, Richard Wolfendale, Bryce Johnstone Macaulay, Walter Pearson, Martha Florence Armitage, Selim Hishmeh, David Alexander, Charlotte Susannah Vines, Samuel Robb, Elizabeth Mary Cooper, James Blewitt, Henry Greaves, Percy Sandiland Vesteven, Robert Willbond, Walter Scharengrüvel, Percy Ridley Gange, Herbert Arthur Lake Banham, Edward Buller Hicks, Joseph William Furey, Daniel Urban Hanley, Denis Hennessy, John Collingwood Thompson, Arthur Wellesley Ball, Annie Gillespie, Solomon Harold Richards, Joseph O'Meara, Walter Squibbs, John Ewart Martin, Thomas Aspinall, Andrew Morris Stewart, Eric Norham, John Edmund O'Ryan, Thomas Canning Hunter, Patrick Bernard Molony, James Munce, Alexander Jason Hassard, Richard Lester Park, William Barclay Thomas, James McAllister Ramsay, Timothy O'Callaghan, Hendrik Jan Van Brock, Douglas Albert Robinson, Thomas Francis Elmes, Henry Edward Birmingham, Thomas William Herbert Young, Thomas Matthew Donovan, Thomas McKinlay, Martin Cleary, George Gillon Irving, William Hugh Jones, Thomas Bannerman, George Henry Field, Maurice Hickey Knight, Thomas Graeme Dickson, Hugh Sommerville Doble, Ernest Brice, Alexander McLellan Wilson, Benjamin Hilton Leigh, William John Nixon Davies, Charles Herbert Harris, and thirteen candidates passed in one or more divisions.

Notices to Correspondents, Short Letters, &c.

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

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

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

M.R.C.S. (Manchester).—The matter is unfortunately of every day occurrence, and is apparently on the increase. Although regrettable, it is hardly one to bring before his College, it is more a question of etiquette and gentlemanly feeling, of which your neighbour evidently possesses a very small modicum.

THE KISBY FUND.

To the Editor of THE MEDICAL PRESS and CIRCULAR.

SIR,—I shall be glad if you will allow me to acknowledge the receipt of the following subscriptions to this Fund, in addition to the list published in your issue for January 29th.

I am, Sir, yours, &c.,

Carrickmacross.	P. MCKENNA, M.B., Hon. Sec.		
Dr. H. Stear, (Saffron Walden)	.. ..	£1	1 0
Dr. Jas. G. Cahill (Ballinacary)	.. ..	1	0 0
Dr. W. G. Dunwoody (Monaghan)	.. ..	0	10 6
Dr. McQuaid (Coothill)	.. ..	1	0 0
Dr. R. M. Target	.. ..	1	0 0

DR. J. B. T. (Preston).—We shall be glad to receive the MS., and, if possible, insert the paper in an early number.

GUY'S TONIC COMPANY.—We received a long communication from the Manager of this Company as we were at press, animadverting on some remarks made by us on "quack medicines." We hope to deal with this in our next.

DR. F. T. S.—We have forwarded your letter to the address of the gentleman concerned, who is, we understand, abroad at present.

MR. MOADAM BOOLE'S Lecture on "Hernia" is marked for early insertion.

THE TRIALS OF THE PROFESSION.

DOCTOR (to husband of patient): Your wife is in a critical state, I should advise you to call in a specialist to consult on the case.

HUSBAND: Yes, I told my wife long ago that she ought to get proper medical advice, but she thought you would be offended.

Meetings of the Societies.

WEDNESDAY, FEB. 19TH.

NORTH-WEST LONDON CLINICAL SOCIETY.—8 p.m. General Meeting.—8.30 p.m. Clinical Meeting.

ROYAL MICROSCOPICAL SOCIETY, (20 Hanover Square, W.)—8 p.m. Mr. F. R. Dixon Nuttall: On the Male of *Stephanoceros Eichhornii*.—Messrs. W. and G. S. West: New Freshwater Alga.

THURSDAY, FEB. 20TH.

HARVEIAN SOCIETY (Stafford Rooms, Titchborne Street, W.)—Dr. J. E. Squire: Some Clinical Aspects of Pneumonia.

SOCIETY OF ANESTHETISTS, (20 Hanover Square, W.)—8.30 p.m. Dr. Prince Stallard (Manchester): Pental, Its Administration in 150 Cases.

ROYAL INSTITUTION.—8 p.m. Prof. H. Marshall Ward: On Some Aspects of Modern Botany.

FRIDAY, FEB. 21ST.

ROYAL INSTITUTION.—9 p.m. Mr. E. Frankland: The Past, Present, and Future Water Supply of London.

Vacancies.

Birmingham Provident Dispensary (Sands Cox Trust—Hockley Branch).—Medical Officer. Minimum salary £250, with residence and gas. Full particulars of the Secretary, A. Derrington, 20 Weston Road, Handsworth, Birmingham.

Buckinghamshire General Infirmary, Aylesbury.—Resident Surgeon and Apothecary, unmarried. Salary £80 for the first year, with an advance of £10 per annum until it amounts to £100, with board, lodging, &c. Original testimonials to Mr. George Fell, Solicitor, Aylesbury before February 24th.

Cumberland Infirmary, Carlisle.—An Assistant House Surgeon. Salary £40 per annum, with board, lodging, and washing. Applications to the Secretary before Feb. 25th.

East Suffolk and Ipswich Hospital.—Second House Surgeon. Salary £70 per annum, with board, lodging, &c. Applications, with testimonials, to the Secretary on or before Feb. 25th.

Great Northern Central Hospital.—House Physician. Salary £60 per annum, with board, lodging, &c. Applications, with testimonials, to the Secretary on or before Feb. 25th.

Lincolnshire County Hospital.—Assistant House Surgeon. An honorarium of £10 for each period of six months, with board and residence. Applications, with testimonials, to the Secretary on or before Feb. 22nd.

Salford Royal Hospital.—House Surgeon. Salary £100 per annum, with board and residence. Applications to the Secretary by Feb. 22nd.

Sheffield General Infirmary.—Junior Assistant House Surgeon. Salary £50 per annum, with board, lodging, &c. Applications, with testimonials, to the Medical Staff of the Sheffield General Infirmary, to the care of the Secretary, on or before Feb. 29th.

Sheffield Royal Hospital.—House Surgeon. Salary 170 guineas per annum, with board and lodging. Applications, with testimonials, to Dr. Sinclair White, Secretary to the Hon. Medical Staff, on or before Feb. 26th.

Sheffield Union.—Resident Assistant Medical Officer. Salary £100 per annum, with apartments, rations, and the other usual allowances. Applications, with testimonials, to Joseph Spencer, Clerk to the Guardians, on or before Feb. 26th.

Victoria Hospital, Folkestone.—House Surgeon. Salary £80, rising £10 annually, with board, residence, and washing. Applications, with testimonials, to the Secretary by March 20th.

Appointments.

COLMAN, W. S., M.D. Lond., M.B.C.P., Assistant Physician to the National Hospital for the Paralyzed and Epileptic, Bloomsbury.

EDMOND, G. M., M.D., C.M. Aberd., Second Assistant Physician to the Royal Infirmary, Aberdeen.

ELSWORTH, R. C., M.B., C.M. Edin., M.E.C.S., Visiting Surgeon to the Swansea Hospital.

GARSTANG, F. W., M.R.C.S., Medical Officer of Health to the Northwich Urban District Council.

HAINES, EDWARD, L.M.C.P. Lond., M.R.C.S., Junior Medical Officer for the Infirmary of the Wandsworth and Clapham Union.

JONES, RICHARD, M.D., C.M. Edin., D.P.H. Camb., Medical Officer of Health for the Urban District of Festinog.

KENDALL, HERBERT W., M.R.C.S., L.R.C.P. Lond., Assistant Surgeon to the Bristol Hospital for Sick Children and Women.

MORRIS, C. D., L.R.C.P. Lond., M.R.C.S., Medical Officer of Health by the Sunbury District Council.

NITCH-SMITH, REGINALD, L.R.C.P. Lond., M.R.C.S., House Physician to Westminster Hospital, S.W.

ODELL, R., L.R.C.P. Lond., M.R.C.S., Assistant Honorary Medical Officer to the Hertford General Infirmary.

PROK, E. G., L.R.C.P. Edin., M.R.C.S., Medical Officer for the Queensbury Sanitary District of the Halifax Union.

WARD, FRANCIS, M.B., C.M. Edin., Senior House Surgeon to the East Suffolk and Ipswich Hospital.

WILSON, S., L.R.C.P., L.M. Edin., Medical Officer for the Enniskillen Workhouse Infirmary.

Births.

CHAPMAN.—Feb. 12th, at 1 St. John's Street, Hereford, the wife of Paul M. Chapman, M.D. Lond., F.R.C.P., of a son.

DRACON.—Feb. 11th, at Warrington House, West Crofton, the wife of J. G. Deacon, M.D. Irel., of a daughter.

WILLIAMS.—Feb. 8th, at Fairfield, Pontypridd, Glam., the wife of T. R. Hamlen Williams, M.R.C.S., L.R.C.P., of a daughter.

Marriages.

CURRIE—GUBBINS.—Feb. 8th, at Harrismith, Orange Free State, Oswald James Currie, M.B. Lond., M.R.C.S.E., of Marlburg. Natal, eldest son of Alexander Currie, of Blackheath, Kent, to Sara, second daughter of the late George Gough Gubbins, of Summerville, Co. Limerick.

HOSKINS—PASCHAL.—Feb. 12th, at St. Nicholas Parish Church, Chiswick, William Hoskins, M.B. Aberd., of Lansdowne House, Brookbourne, to Georgina Augusta, only daughter of the late Col. Paschal, 70th Regt., of Morton House, Chiswick.

HOWARD—CUNNINGHAM.—Feb. 8th, at St. Saviour's, Aberdeen Park, John Alexander Howard, M.D. Lond., only son of John Howard, of Ashby Road, Canonbury, to Emily Gertrude eldest daughter of the late Chas. Cunningham, of Balfour Road, Highbury New Park.

PATON—PERSHORE.—Feb. 12th, at St. Mary Magdalene, Up-on-Torquay, Henry H. L. Patch, M.R.C.S., L.R.C.P. Lond., of Chudleigh, to Elizabeth, eldest daughter of Francis Pershore, of Chelston Towers, Torquay.

Deaths.

COLLUM.—Feb. 12th, Archie Tillyer Collum, M.B., F.R.C.S., of 7 Grosvenor Street, London, W., aged 28, fifth son of Surgeon-Major Robert Collum, M.D., M.R.C.P., of Enniskillen, Co. Fermanagh.

EDIS.—Feb. 8th, at Barton Street, Gloucester, Thos. Edis, M.R.C.S., L.S.A.

EKIN.—Feb. 14th, at his residence in London, Surgeon-General Jas. Ekin, C.B., M.B. Lond., aged 67.

HARDCASTLE.—Feb. 11th, at 18 Chester Crescent, London, late of Newcastle-upon-Tyne, Hugo Macaulay Hardcastle, M.D., aged 36.

HOOPER.—Feb. 14th, at Allandale, Southampton, Chas. Hooper, M.R.C.S., aged 75.

SAUNDERS.—Feb. 16th, at Hartham Road, Camden Town, Thos. J. Saunders, M.R.C.S., L.R.C.P., aged 32.

SWIFT.—Feb. 6th, at 14 Leyburn Terrace, Dover, Benjamin Pratt Swift, M.D., Deputy-Inspector-General of Hospitals, late 14th and 96th Regiments, aged 79.

TUXFORD.—Feb. 15th, at his residence, The Square, Boston, Lincolnshire, James Ed. Tuxford, M.R.C.S., J.P., aged 92.

WALKER.—Feb. 9th, at 54 Fulham Park Gardens, S.W., the Rev. Hyde Edwards Walker, M.A. Oxon., L.R.C.P. Lond.

WILSON.—Feb. 16th, at 7 Warrior Square, St. Leonards-on-Sea, of pneumonia, Robt. J. Wilson, F.R.C.P. Ed., J.P., aged 68.

NOTICE.—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

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WEDNESDAY, FEBRUARY 26, 1896.

No. 9.

Original Communications.

NOTES ON A CASE OF SUPRA-VAGINAL HYSTERECTOMY. PERFORMED DURING PREGNANCY

FOR
THREATENED INTESTINAL OBSTRUCTION. (a)

By G. ELDER, M.D.,

Surgeon to the Samaritan Hospital for Women, Nottingham.

THE patient from whom the specimen was taken which I exhibit this evening, is 37 years of age, and was married three years ago. She comes of a very hardy stock and had herself always had exceedingly good health prior to marriage and since, excepting increasing difficulty in having her bowels relieved, until a few weeks before consulting me. Although menstruation had always been very free, it was regular and remained so until three or four months before her illness, when it ceased. Marriage had not affected the amount or the regularity of the flow, and up to her illness she had not the faintest suspicion of being afflicted with pelvic mischief. As above mentioned, constipation had been suffered from for a long time past, but this had become very much worse during the past five or six months, and during the latter five or six weeks of this period, relief could only be had by the use of increasingly large doses of aperients. In addition to this symptom there had troubled the patient only since her marriage frequently recurring attacks of sickness. The cessation of the menses for four months coupled with enlargement of the breasts, made the patient suspect herself pregnant. The illness which culminated in the operation shortly to be described, began suddenly on the 12th of last December with violent sickness which continued almost continuously day and night for three days; and for four days thereafter, it was excited by any attempt to take food. The vomit was bilious in character, and although towards the latter part, it is described by the patient as being "thick, dirty-looking stuff," it does not seem to have been feculent. Repeated enemata failed to relieve the bowels until the seventh day, when a small motion was passed, and from this time onwards, until January 1st, when she saw me, despite the use of the same means, assisted by aperients, there had only been two good stools, these being on December 31st and the morning of January 1st respectively. During her illness, she had become very sallow, and lost considerably in flesh, and it was felt by her medical attendant, Dr. Rafferty, of Waltham, who, throughout had recognised the gravity of her condition, that an operation offered the patient the best chance of recovery. On examining her abdomen, there could be seen and felt a somewhat prominent tumour, rising up from the pelvis to within an inch of the umbilicus, consisting of a major central portion, of which the upper part felt like the pregnant uterus. Two offshoots could very distinctly be felt running up from the uterine mass, the left and larger was very irregular in shape, whilst that on the right seemed to have a closer connection with the parent

tumour and consisted of two or three somewhat large nodules.

Per vaginam the os could be felt with difficulty, as it was pressed to the left by a large solid, evidently fibroid, growth, which completely blocked up the pelvic outlet.

On January 4th supra-vaginal hysterectomy was performed in the following manner:—First of all, both broad ligaments were tied off, so as to minimise the risk of tension, then the uterine appendages were removed, and, now, on lifting up the growth preparatory to its removal, a coil of small bowel, from three to four inches long, was found firmly attached to its upper surface. Fortunately, without interfering with the integrity of the bowel, the adhesions were freed and ligatured. A provisional elastic ligature being passed round the uterine neck, a circular incision through the peritoneal investment was made a few inches above, and the whole mass shelled out. Nothing now was left but part of the cervix, and when the uterine arteries were ligatured, the elastic ligature was removed, and bleeding points controlled by ligature or pressure from the several layers of sutures which were put in to bring together the raw edges of the stump. This having been fixed at the lowest angle of the wound, the abdominal parietes were brought together in the usual manner, provision being made for drainage by a glass tube passed down to Douglas's pouch. The patient bore the operation well, but some eight hours afterwards, probably as the result of sickness, the surface of the stump bled freely, to check which it had to be somewhat opened up and its surface desiccated by the solid perchloride of iron and pressure applied. Although this incident has somewhat prolonged the convalescence of the patient, in other respects recovery has been uneventful, and she is returning home this week with her wound perfectly healed.

The patient had the first week considerably more pain than is usually found accompanying this treatment of the stump, and it was not until the fifth day that the fluid drained off became clear and allowed of the removal of the glass tubes. As will be seen from the charts which I hand round, the temperature only once ran above 100°, viz., on the evening of the 8th day, and the pulse, except on the 1st, 2nd, 3rd, 4th, 5th, 6th, and 7th days, never went above 100.

Description of the Tumour.—The specimen, as will be seen, consists of the uterus cut through the cervix, and containing a foetus eight inches in length together with the amniotic fluid. In the region of the left broad ligament there is a series of pediculated myomatous nodules of irregular shape, in all about the size of a foetal head at term. Anterior and posterior to this there are two separate nodules of the size of a guinea fowl's and hen's egg respectively. Occupying the uterine wall on the right side there is a more flattened myomatous mass, and at the fundus and behind the cervix there are also other nodules. (The whole tumour has shrunk very much since its removal six weeks ago, more especially the uterine cavity, although the foetus was not removed until after the finish of the operation.)

Comments.—Although there are many points of interest in this case the one to which I wish to specially

(a) Read before the British Gynaecological Society, Feb. 13th, 1896.

invite your attention is the evident connection which marriage bore to the perilous illness of the patient. Some eighteen years of menstrual life had been passed without the patient ever suspecting herself to be suffering from any uterine trouble. Almost a parallel condition of matters was experienced in the case of the Porro operation which I described at this Society last November, where the woman up till the moment of labour believed herself to be absolutely healthy.

Lectures

ON

THE DIAGNOSIS OF INSANITY.

By THEO. B. HYSLOP, M.D.,

Lecturer on Mental Diseases to St. Mary's Hospital Medical School,
Assistant Physician to Bethlem Royal Hospital.

LECTURE IX.—(Conclusion.)

THE possession of an unstable nervous system is attended with a peculiar liability to easily succumb to the effects of heat. This is seen in a marked degree in the Mongolian and Kalmuc type of idiocy. Their circulation is usually feeble. They advance in summer and undergo retrogression in winter. They undergo, in fact, a species of hibernation. Not only are they prone to chilblains and froetbites, but they are little tolerant of excessive heat and proximity to a fire, which to many would be only agreeable, would to patients of this class be attended by a serious blistering of the legs even when protected by stockings or other articles of clothing. (a) I have seen several cases of syncopal attacks, and one of an asphyxial character occurring in imbeciles after exposure for a few hours to a hot sun, and their exceeding proneness to be affected in this manner by heat renders it necessary to exercise care during the hot months that they are not exposed unduly.

Epilepsy is one of the most common of the sequelæ and occurs in various degrees of severity from slight epileptiform convulsions to the severest forms of the disease. Mickle (b) is of opinion that the apoplectiform seizure or epileptiform *petit mal* of general paralysis has been mistaken for sunstroke, and in support of his views he states that he has seen some cases with severe extensive brain-lesions of general paralysis. Maclean (a) observed that immense numbers of soldiers were invalidated home from India for this affection following sunstroke, but in a large proportion of the cases the attacks disappeared before arrival at Netley, particularly in the long voyage round the Cape of Good Hope. As a rule, the disease seemed to be amenable to treatment. The same author also noted a few examples of chorea-like movements of the muscles of the forearm and hands, probably due to nerve irritation. The frequent occurrence of epilepsy is suggestive, and, as in the cases of the periodical psychoses, of which I have given several examples (b), the disorder seems to be a manifestation of an unstable vaso-motor state.

Both idiocy and imbecility may be dependent upon early epilepsy, but the absence of spastic symptoms, contractures, strabismus, and other deformities, together with the absence of progressive deterioration associated with the occurrence of the convulsions, are in my opinion characteristic of the acquired type rather than the hereditary, and in cases of epilepsy following upon sunstroke, the mental defect and convulsions are collateral phenomena, both depending upon the same cause, whilst the positive signs of alienism, such as anomalies of character and moral perversions, with

defective or one-sided development of special faculties, all point to an acquired psychosis, in a large measure differing from the progressive deterioration of ordinary idiopathic or hereditary epilepsy.

In adults I have seen the occurrence of episodic attacks somewhat analogous to epilepsy in which there was a periodical attack of depression, or maniacal delirium, or even conditions closely resembling the maniacal, epileptiform and apoplectiform attack of parietic dementia.

Insanity arising from insolation is much like that due to traumatism, but as a rule, progressive deterioration terminating in parietic dementia is far more common in the latter than in the former. Insolation forms an acquired predisposition to insanity, and as in the cases of traumatism, the most serious psychoses are developed months, or even years, after the injury.

Earle's tables of 107 admissions to the Northampton Lunatic Hospital show that four were due to sunstroke. (a) In the York Asylum 7 out of 864 admissions were referred to the same cause. In Bethlem Hospital, out of 1,947 cases admitted, no less than 49 were attributed to sunstroke. Clouston believes that few Englishmen become insane in hot climates, in whom that cause is not assigned, and that sunstroke gets the credit of far more insanity than it produces. (b) He only admitted twelve cases in nine years which could be said to have been due to traumatism or sunstroke, being only one-third per cent. of the admissions. This, I believe, to be unusually low, but possibly the high percentage (2.4) in the case of Bethlem may be accounted for by the large numbers of officers and others admitted who have seen foreign service.

Mickle (c) is of opinion that sunstroke is not uncommonly a cause of general paralysis among British soldiers in India.

In the returns of the Commissioners of Lunacy (d) 94 (or 2.8 per cent.) of 3,374 male, and 3 (or 3 per cent.) of 910 female cases of general paralysis were attributed, or partly so, to sunstroke.

In 60 cases of general paralysis Meyer (e) found three from sunstroke, and he endeavoured to distinguish clinically the cases following insolation from those following exposure to other great heat.

Victor (f) has described several cases apparently of general paralysis due to exposure to excessive heat in a gun foundry. Berstens (g) has published similar cases. Calmeil declared that exposure to great furnace heat was a cause of "polypharésie" and was frequently seen in labourers in iron-works, rolling mills, &c.

General paralysis is said to be rare in hot climates but it is an old observation that this comparative exemption does not extend to new comers. (h) I have only seen one case of general paralysis with a history of sunstroke, and in this case the symptoms and pathological appearances were by no means conclusive as to the nature of the disease, whereas the number of cases simulating general paralysis has been remarkable. In no less than twenty-two of the cases tabulated the symptoms consisted in associated mental and motor defects, which rendered the differential diagnosis one of extreme difficulty. They mostly had physical symptoms, such as tongue tremors, thickness or slurring of speech, inequality of the pupils, altered reflexes (chiefly exaggerated), shaky and interrupted handwriting, tottering or weak gait, loss of control over bladder and rectum, hallucinations or perversions of all or some of the senses (most frequently of sight, hearing, and taste), and mental conditions, such as

(a) Lendon Down, *op. cit.*, p. 12.

(b) "General Paralysis of the Insane," p. 272.

(c) "Diseases of Tropical Climates," p. 150.

(d) See Tables.

(a) "Manual of Psychological Med. Inc." Bucknill & Tuke, p. 97.

(b) "Mental Diseases," p. 414.

(c) "General Paralysis of the Insane," p. 272.

(d) Reports of Commissioners of Lunacy, Nos. 35-6-7-8.

(e) Archiv. für Psych., 111 bd., p. 289.

(f) Allgem. Zeitschr., für Psych., 21 bd.

(g) Jour. Ment. Science, Oct. 1884, p. 442.

(h) Mickle, *op. cit.*, p. 150.

melancholia, hypochondriasis, but more commonly exaltation, extravagance, excitement, and even acute mania. With such a combination of symptoms the diagnosis was apparently simple, but most of the cases proved deceptive, for after a time the physical signs disappeared, leaving, however, the mental health in a weak and permanently impaired condition, as shown by some childishness or simplicity, or perhaps irreluctancy or inattentiveness, or more commonly by smiling, pleased, self-satisfaction, and a trace of fixed expansive ideas.

Such patients are tractable, docile, useful, and industrious, and are perhaps able to resume work, and so they may go on for many years with no return of the motor symptoms, no special sensory disturbances, and no marked change in the mental state from year to year.

A very common symptom is cephalalgia (*a*), which may occur periodically or persistently, and probably depending upon chronic meningitis, with some thickening or opacity of the membranes, these patients cannot tolerate heat, and a close or heated atmosphere will cause an exacerbation of the sensory symptoms, or even a recurrence of the mental disturbance. Alcohol is also apt to aggravate the symptoms, just as in cases of traumatism. In several cases perhaps alcohol played a considerable part in the production of the insanity; but this was possibly owing to the readiness with which alcohol disturbs a brain previously weakened by sunstroke. Where this happens the primary affection usually leaves no immediate mental or physical defect; but, nevertheless, it forms a predisposition to the disastrous effects of other exciting causes, such as alcohol, &c.

The symptoms of bromide poisoning, plumbism, locomotor ataxy, and tabes dorsalis, acute ascending paralysis, acute, chronic, or more or less generalised palsy, generalised or diffuse paralysis or ataxy following acute affections, epilepsy, senile dementia, disseminated sclerosis, and brain tumours, all may tend to complicate the task of differentiation. The greatest difficulty, however, is experienced with such affections as general paralysis of the insane, syphilitic disease of the brain and membranes, alcoholic insanity, dementia, with paralysis from local lesions, or circumscribed cerebral lesions with dementia, and paralysis due to softening, hæmorrhage, embolism, or thrombosis. There are few motor, sensory, or mental features which can be regarded as characteristic of sunstroke; it is rather by the history of the case, and the consideration of all the details, that a diagnosis can be made.

The pathology of the affection is somewhat indefinite. Many writers uphold the view that exposure of the uncovered head to the scorching rays of the sun may give rise to purulent meningitis; but the question may be asked, why, when so many people are exposed to the injurious influence, so few suffer from it? The difficulty in answering this question is increased by the want of a satisfactory physical explanation of the fact. Obernier (*b*) has endeavoured to show by both clinical and experimental observations that the cause and nature of sunstroke are to be sought in the abnormal increase of temperature in the body, and Liebermeister (*c*) has further shown that the cerebral symptoms associated with high temperatures are only to a limited degree, if at all, dependent upon cerebral hyperæmia. With due regard to the observations of these writers, there is some probability that at the onset of the symptoms there is some hyperæmia of the pia and brain, or, more accurately speaking, a distension of the whole venous system with, may be, cedematous infiltration of the brain substance, and the changes found after death may further assume the

existence of a cerebral congestion similar to the congestion found in other organs. Enough facts are not yet established to justify any decided opinion as to the pathology, and accurate anatomical investigations in the various stages are much required.

Experiments have shown that moderate heat, directed upon the cranium, causes dilatation of the vessels, and we must conclude that the initial congestion of sunstroke is due in part to heat. Buck (*a*) is of opinion that a tendency to capillary stasis is induced, the heart labours to overcome the obstruction, and failing, gives us the syncopal or cardiac variety; or the nervous system, resenting the increased abnormality of the circulation, develops convulsions and coma as the cerebro-spinal variety of the disease.

The post-mortem appearances vary according to the form of the disease. In ardent fever, serous effusions in the ventricles and between the membranes of the brain have been noted (*b*) with turgescence of vessels and congestion of the pulmonary system.

The cause of death is said to be most commonly due to asphyxia and not to apoplexy, and the most important changes are found in connection with the thoracic viscera. (*c*) When the medulla is affected, accumulation of blood takes place in the right side of the heart and lungs, with, secondarily, as a consequence, a want of that fluid duly arterialed in the brain. Roth and Lex (*d*) state that death in the majority of cases occurs from cardiac paralysis and only occasionally from cerebral disturbance. Arndt (*e*) speaks vaguely of a "diffuse encephalitis" as explaining the cerebral symptoms which often remain after the acute attack. The same author points out that the blood is acid during an attack of insolation, is very rich in urea and white globules, and shows very little tendency to coagulation. Köster (*f*) and Fox (*g*) have called attention to the occurrences of hæmorrhages in the superior cervical ganglion, and the former found hæmorrhages, separation of the nerve fibres and extravasations in both vagi and phrenic nerves. In one case (Dr. Shuttleworth), there was found after death, meningitis with effusion and traces of old standing disease of the membranes. In another case (*h*), there were no effusions, but the membranes were thickened and somewhat opaque more especially at the vertex.

In one case I found marked opacity of the arachnoid with an excess of serous fluid between the convolutions and in the ventricles. The dura mater was apparently healthy and non-adherent to the skull cap. The inner membranes stripped readily, and in one coherent film, leaving the surface of the convolutions intact. The vessels at the base were healthy and normal in arrangement. There was no marked congestion of the nervous system. The convolutions themselves were well formed and the cortex was of good depth and colour. Striation, however, was ill-defined and throughout the white substance of the brain there was a "water-logged" condition. On microscopic examination of the cortex cerebri, I found a considerable number of spider cells in the interstitial substance and these were by no means confined to any particular layer of cells. The presence of these spider cells is common in general paralysis of the insane. Although by no means special to it Mickle (*h*) has observed them in chronic local syphilitic cortical cerebritis; and in connection with local destructive, and in parts, slightly indurative, changes following traumatic (*i*) cranial and cerebral damage.

The absence of adhesion of the pia to the cortex, and

(*a*) Clouston, *op. cit.*, p. 415.
 (*b*) Obernier. "Der Hitzschlag." Bonn: 1867.
 (*c*) Liebermeister. "Ueb die Wirkungen der Fäbrilen Temperatursteigerung." Deutsch. Arch. f. K. T. Med. I. Bd.

(*a*) Buck. "Hygiene and Public Health," vol. iii, p. 157.
 (*b*) Moore. "Diseases of India," p. 263.
 (*c*) Fajrer, "Quain's Dict. Med," Sunstroke.
 (*d*) Duncan, *op. cit.*, p. 253.
 (*e*) Ziemss, *Cyc. of Med.* vol. xii., p. 439.
 (*f*) Berlin Klin. Wochenschr., 1875, No. 34.
 (*g*) Fox. "Influence of Sympathetic on Disease," p. 279.
 (*h*) Mickle. "General Paralysis of the Insane," p. 307.
 (*i*) Popoff "Virchow's Arch.," xiii, 421, and "Centralblatt," No. 33 1875.

the presence of the spider cells is not at variance with the view of Mendel (a) that by the pathological swelling of the spider cells, increase of nuclei and of formed intercellular substance, the outermost layer of brain-cortex is swollen. Simultaneously, dilatation of vessels exist in the pia, and hindered circulation, and from this condition of pia and cortex the space normally existing between them is obliterated, and the friction between pia and cortex leads to exudation, and nuclear proliferation in the pia, which last passes into and incorporates itself with the cortex; a condition favoured by the belt work resulting from increase of the intercellular substance.

Undoubtedly, the densely matted network of scavenger cells (b) which pervades the upper or outermost region of the cortex immediately under the pia may remind one of the increase of connective tissue passing along Glisson's capsule in a sclerosed state of the liver, but the presence of spider cells in the cortex does not invariably imply obliteration of the epicerebral space or adhesion of the outermost layer with the pia.

In another case which was diagnosed as general paralysis, the dura mater was found normal, no pachymeningitis, great excess of subarachnoid fluid all over the surface of the brain, especially marked over the upper ends of the ascending frontal and parietal convolutions. Pia mater, sodden and thick, but peeling readily from the upper surface of the brain leaving the convolutions intact. The convolutions were somewhat thin, arteries at base slightly atheromatous, pia mater at base peeled readily and did not tear the surface of the convolutions. On section the grey matter was pale and ill-defined, especially over the whole of the frontal region. Left lateral ventricle somewhat dilated, right apparently normal, no sign of disease in ganglia at base, pons and medulla apparently normal, white substance of brain soft and pale, the spinal cord was interesting, the dura mater was distended by fluid in its lower parts, whilst along the cervical and chiefly dorsal regions there were numerous hæmorrhagic patches on its outer surface consisting principally of clotted blood lying in the meshes of thin gelatinous material, no lymph or actual inflammation of the membranes. In the lower cervical region the anterior surface of the dura mater was adherent to the posterior surfaces of the bodies of three cervical vertebrae by old firm adhesions. No compression of cord and no caries of bone could be detected. The cord itself was firm and healthy and did not show any signs of degeneration. Köster (c) has described a hyperæmic condition of the brain, the occurrence of several small ecchymoses under the pependyma of the left ventricle, infiltration of the lower lobe of the right lung and also ecchymoses under the peri and subcardium of the left ventricle." The same author, however, has seen similar results in the case of a syphilitic woman where excessive increase of temperature could not have been the cause of death, and he further calls attention to the possible occurrence of disturbances of the vasomotor and respiratory nerve centres which must take place in a pronounced form in patients suffering from sunstroke. The inner membranes were easily stripped from the convolutions. There was a slight excess of cerebro-spinal fluid; the white substance of the brain was œdematous and gaped on section; otherwise, beyond considerable injection of the choroid plexus, the brain was fairly healthy.

Hitherto, I have endeavoured to bring before you some of the more difficult problems of diagnosis arising in connection with heredity and bodily illnesses. Although I have made use of some material which may be considered old, I feel that the importance of the subjects renders occasional repetition desirable.

EXCISION OF OSSICLES AND MEMBRANE IN CHRONIC SUPPURATION OF THE MIDDLE EAR.

By RICHARD LAKE, F.R.C.S.

OPERATIVE treatment on the mastoid, in otitis media suppurativa chronica; has come very prominently forward of recent years, and it is with a view of pointing out the mean, which exists between the antiseptic local treatment of the ear, and the operation of opening the mastoid antrum (letting alone those far more serious operations on the lateral sinus, or for otitic brain abscesses which do not come within the list of methods of treatment of the above diseases), that this paper is written.

The occasions for removal of the diseased structures in this complaint are: (1) The cure of otherwise intractable suppuration. (2) Improvement of the hearing power. (3) A minimising of the risk of intracranial complication. (4) As a substitute for mastoid operation. From a consideration of these points, especially the first two and last, the exact indications for operative, and successful operative procedures should result.

I would like to remark at once, that save in the exceptional circumstances which will be pointed out as we proceed, no operation should be attempted unless the suppuration is of over three months' standing, and has resisted antiseptic treatment carefully carried out for that time, or unless the discharge is for ever recurring.

For the cure of this disease, it is necessary not only to remove polypi, granulations, and sequestra, but, and in this lies the key to the value of the operative treatment, also to supply efficient and free drainage; it is precisely in cases in which the perforation is high up in the membrane that the operation is most useful, for instance, in Shrapnell's membrane, in the posterior superior quadrant. For although these two points are both at the lower part of the attic, yet we know unfortunately that true basal drainage rarely obtains here, and that the irregularities and divisions of the attic, its inaccessibility to antiseptic irrigation, cause the contrary really to be the case. Neither in the remaining cases, those in which the two large ossicles are partly destroyed, and their bodies alone, with more or less of the membrane remaining, is drainage free for the semi-necrotic ossicles are partly shut off from the exposed cavum by cicatricial tissue, pus percolating through its meshes.

With respect to necrosis of the ossicles, it has been said, and I think rightly, that the malleus alone is rarely affected; but when one ossicle only is affected it is usually the incus, naturally, there is no regular rule for the extensive destructions of membrane which are accompanied by destruction of the handle, and sometimes exfoliation of the incus, so that when excising the malleus the incus should be sought for.

But by removing the ossicles and membrane we have not in all cases finished our work, for a study of specimens, and published results, will show that a large proportion of these cases are not really cured by these proceedings even in the large perforation cases with long-standing suppuration, since in these, as previously stated, the attic and antral orifices are not infrequently obstructed by a mass of cicatricial bands or webs with caseous pus and detritus ready to take an active septic development from suitable stimulation; as a result of this condition it behoves the operator to remove with curettes all the tissue from these regions, and to combine this with a careful irrigation with an efficient

(a) Mendel, Med. Soc. of Berlin, Feb. 14, 1888.

(b) Bevan Lewis, "Manual of Mental Diseases," p. 523.

(c) Köster, *op. cit.*

antiseptic, after using hydrogen peroxide. I believe that if this be done carefully in suitable cases it will frequently obviate the necessity of the mastoid operation, though if after this has been done suppuration continues the major operation is clearly indicated, and should be done without hesitation. It is also probable that a removal of the anterior attic wall would be advisable in many cases.

Now with regard to the improvement in hearing; after this operation no one who has performed this operation with a sensible appreciation of its objects, can fail to have been struck by the usual marked improvement in the cases so treated over those which have been quieted down by a long and often tedious treatment of antiseptics, when from one cause or another more radical measures have not been possible.

The acoustic functions of the organ are always adversely affected in the latter, often indeed to a point of absolute suspension, with a probability of ultimate destruction, together with the permanent risk of intercranial disease, or a recurrence of the distressing discharge. By an intelligent appreciation of the aim of this operation is meant the recognition of *all* the objects in view, that is to say, the *whole* membrane must be removed to obtain the happiest results in the improvement of hearing. The object being to expose the stapes, and not to have it covered by a piece of useless *membrana tympani*, which will most probably later on form adhesions, thus still further preventing sound waves reaching the stapes direct.

Operation.—The most efficient antiseptic irrigation of the canal should be performed with a cool unirritating lotion (not a hot one), in order not to cause unnecessary relaxation to the vessels; also irrigate the attic, if open, by means of Hartman's cannula.

The ear is then packed with wool soaked in cocaine hyd., 20 per cent., and left for five minutes, even if general anaesthesia is used. Commence the excision by dividing the membrane at its attachment to the meatus, taking care that this circumcision is complete, a probe will demonstrate this. The tendon of the tensor tympani and the anterior ligament next require division; the membrane is then seized with forceps, snare, or extractor, and together with the malleus is dragged down and out. Haemorrhage during the operation is to be checked by cocaine and pressure.

It is usually the extraction of the incus which gives most trouble, but a crotchet-shaped curette will usually extract it, or an incus hook may be used, but the incus is in difficult cases only a remnant. Haemorrhage is sometimes very troublesome and persistent, but if this is so, patience will eventually conquer it.

Crotchet-shaped curettes should be used to clear out the attic thoroughly.

General anaesthesia is not necessary if the patient has sufficient self-control to keep still; moreover, I think that it increases the bleeding on account of the posture of the head; again, it is certainly less easy to operate with general anaesthetics than with cocaine alone.

During the operation there are certain details which should be remembered in this operation; and one is not to cut the corda. In order to avoid this, great care is often required, indeed, it would in certain instances seem impossible to avoid doing so, for instance, in those cases in which the nerve either runs an abnormal course or is adherent to the membrane at the usual level. As a general rule, however, if when dividing the membrane at its posterior attachment care is taken not to have more than just the point of the knife through the membrane no accident will happen. The corda lies about 1-32nd of an inch beneath the membrane.

The second point is the necessity of dividing the anterior ligament of the malleus as well as the tendon

of the tensor tympani, and this is most easily done with a rectangle tenotomy; this is passed upwards anterior to the head, its division being made by a forward and outward cut.

A third point is the division of the long process of the incus or the inco-stapedial joint. Experience shows that quite as frequently as not this is not necessary, not only because the joint usually gives way when the incus is pulled on, but because in long-standing cases the long process is frequently destroyed wholly or in part. If the points above mentioned are adhered to the whole strain of the pull on the malleus is transferred to the incus, and the latter bone will often come away also.

The following unsatisfactory results may ensue:—Continuance of the discharge in spite of treatment, requiring the opening of the antrum. Transient vertigo is of no special importance, on account of its temporary character. But a more objectionable sequel is the formation of false cholesteatomatous masses in the attic, as has been reported by numerous observers, though I have not seen it myself; there would be no particular difficulty in cleaning it, though it would probably recur, and is usually present before. The malleus may break off short, if it does the effect of treatment may be tried before further operation, as the whole trouble may have been in the neck of the bone. Section of the corda: this causes paralysis of the sense of taste on the same side of the tongue, in its anterior two-thirds, with a sense of numbness over the same region. This never lasts for more than two months. Transient facial palsy may occur if energetic curettage of the tympanum is required.

As in this paper other than suppurative conditions are not under consideration, I shall not touch on the other diseases, for the relief of which excision of the ossicles and membrane has been brought forward lately.

The following suppurative conditions are, in my opinion, sufficient to justify operation; if careful treatment has failed to stop the discharge when consistently carried out for a period of from six weeks to three months, or if, the treatment being successful, there is great impairment of hearing, with good bone conduction, and the stapes not visible:—

1. Perforation in *membrana Shrapnelli*, with definite evidence of caries and deafness.
2. Perforation over *foramen ovale*, *i.e.*, in posterior superior quadrant.
3. Large perforation in the inferior half of the membrane, or including the whole membrane.
4. Perforation of the M.S. with destruction of the anterior attic wall and disease of the ossicles.
5. When there is evidence of caries of the inner tympanic wall, as evinced by lateral vertigo, &c., on syringing; dizziness alone being usually the effect of pressure on the stapes.

19 Harley Street, W.

Clinical Records.

CANCER HOSPITAL, BROMPTON.

Haemorrhagic Cyst of the Ovary filling Pelvis—Accompanied by Adeno-Carcinoma of the Uterus—Pan-Hysterectomy and Removal of Cyst and Appendages—Recovery.

Under the care of MR. FRED. BOWREMAN JESSETT, F.R.C.S.

A. C., *Æt.* 43, married, was admitted under my care complaining of bleeding from the vagina. Has always had good health. She had had six pregnancies, and three

children, the last being three to four years ago. The youngest child is ten years old.

History.—Up to two months ago patient had always been quite regular and natural, but since then there had been almost continuous bloody discharge per vaginam. Has not missed any period, nor was there any increase in the amount of blood lost at the previous periods.

During the earlier part of the time there was some intermittent abdominal pain, but lately has had none.

Present Condition.—Patient is anæmic with pallid lips and pearly conjunctivæ. By abdominal palpation there is found a round, hard, fixed swelling occupying the left iliac and hypochondriac regions. The limits of the swelling cannot be determined with any degree of accuracy.

Per Vaginam the cervix is found to be high up and pointing forwards, but normal in appearance and to the touch, excepting in the posterior lip which is rather hard. The os is papular and admits the finger tip. There is a large hard mass, semi-elastic, situated in Douglas's pouch and projecting into the posterior fornix. This swelling is continuous with the swelling felt in the abdomen, the whole mass is very slightly mobile and attached to the uterus. Digital examination caused slight bleeding.

On December 31st the patient was examined under ether. The fundus uteri was then found to be firmly adherent to the mass. The os was high up behind the pubes. The mass was found to be fairly mobile. The uterus sound passed $4\frac{1}{2}$ inches. After consultation it was decided to perform an exploratory operation, the diagnosis being soft rapidly-growing myoma of uterus.

On January 7th, the vagina having been kept douched with hyd. perchl solution, 1-3,000, and cotton-wool tampons soaked in 1-5,000 hydr. perchl. solution, with the assistance of my colleague, Dr. Purcell, I performed the following operation.

On opening the abdomen, it was found that the tumour was firmly adherent to the sigmoid flexure and filled the pelvis. With some difficulty, the adhesions were separated which fixed the growth to the pelvic peritoneum. On passing my hand down on the left side, I tore through the cyst wall, and a large quantity of dark, almost black, blood clot escaped. By degrees, I separated all adhesions, and then peeled the cyst off the posterior surface of the uterus, ligatured the ovarian arteries on the left side, and divided the broad ligament. The right ovary was then examined and found to be much enlarged, and containing a cyst the size of a large walnut, filled with dark blood clot. This ovary was firmly adherent to the cyst on the left side, and as you see by the specimen, this was the point I tore through when separating the adhesion. It became a question, then, whether to remove the cysts and appendages and leave the uterus, or to remove that organ. Being guided by the history of the case, and the enlarged condition of the uterus suggesting possible malignant disease, and also to some extent by the fact that the cyst which in the first instance suggested possible tubal pregnancy, had been so adherent to the posterior surface and to the whole of the pelvic peritoneum, I thought the patient would be in a better condition if the whole organ were removed, and free drainage arranged for through the vagina. I therefore proceeded to perform pan-hysterectomy in the manner I have so recently advocated here, leaving a glass drainage tube in the vagina, and packing wound with iodoform gauze. The patient made an uninterrupted recovery, was up in three weeks, and leaves the hospital on Saturday. The Pathologist has furnished me with a report of the specimen whereby my decision to remove the uterus is thoroughly justified. Mr. Plimmer says "A section from the uterus presents the characteristics of malignant adenoma, the tissues being infiltrated by atypical gland formations. The wall of the cyst is composed of fibrous tissue, with irregular bands of unstriped muscle arranged without any order, so that the section shows these bands cut obliquely in all ways, longitudinally and transversely. The interior is lined with epithelium, which is arranged in papillary processes. The sections of the cyst show no sign of malignant growth, being apparently formed of disorganised ovarian stroma tissue."

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, FEBRUARY 13TH, 1896.

The President, CLEMENT GODSON, M.D., in the Chair.

SPECIMENS.

MR. F. BOWREMAN JESSETT showed two specimens:—

(1) Hæmorrhagic cyst of the ovary, filling the pelvis, accompanied by adeno-carcinoma of the uterus, pan-hysterectomy, with removal of the appendages, which will be found in another column under the heading "Clinical Records."

(2) Case of advanced uterine carcinoma, treated by chloride of zinc paste. Recovery.

The author was induced to show this specimen for the following reasons: First, because the patient was first seen by the President, being sent to him by Dr. Chambers; and the President had asked him to see her and perform the operation. She was 74 years of age, highly nervous, and suffered from heart disease; and it was therefore thought that she could not bear the shock of vaginal hysterectomy. After scraping away as much of the disease as possible with a Volkmann's spoon, he applied the dredger, and then packed with chloride of zinc wool. The slough came away on the tenth day. Secondly, he showed the specimen as illustrating how difficult it was in some cases to avoid the accident of a slough into the rectum. For, in this case, a fecal fistula occurred; ten weeks after the operation, however, this had quite healed. Thirdly, the specimen supplied an answer to the question whether the peritoneal covering of the uterus shared in the process of sloughing. In this case the peritoneal reflections, both in front and behind, could be plainly seen on the specimen.

The PRESIDENT said he was very gratified to see this specimen. The patient was the mother of a medical man; and when she learned from her own medical attendant, Dr. Chambers, that she had malignant disease, she was greatly distressed. But, having in view the operation performed by Mr. Jessett, he felt that he could hold out to her hope of recovery. Formerly such a case would have had to go unrelieved. It was too soon to speak of permanent results; but meanwhile the patient was greatly relieved, her life was prolonged, and she had the hope that the disease was cured; and this result was a great deal in itself.

DR. PURCELL was still in doubt as to the presence of the peritoneum on the slough shown; he did not know whether the specimen had been submitted to the pathologist. The principal accident to be feared was sloughing into the rectum; and the risk could be minimised by applying sufficient bicarbonate of soda to neutralise the excess of chloride of zinc.

DR. HAYWOOD SMITH thought the technique of the caustic operation was most important. He would ask whether in this case the chloride of zinc wool was used too wet; it should be only damp, as advised originally by Sims. He thought the bicarbonate of soda should be applied next to the chloride of zinc, without the intervention of gutta percha.

MR. JESSETT, in reply, said that in this, as in other cases, he used a gutta percha cap, but inside it, next to the chloride of zinc wool he inserted some dry wool, which absorbed excess of chloride of zinc sufficiently to act on the lower part of the uterus. As an additional precaution he had lately adopted the further procedure of packing the vaginal walls round with lint covered with iodoform ointment. He had found that if the wool was too dry it had little or no effect, as it could not then be got strong enough. He used the paste in pellets which he packed in one at a time into the uterine cavity, and by this means the caustic was applied as dry as was consistent with efficacy.

DR. GEORGE ELDER, of Nottingham, showed two specimens: 1. From a case of supra-vaginal hysterectomy during pregnancy for threatened intestinal obstruction, full notes of which will be found on page 205.

2. A large fibroid, increased rapidly after marriage, in the discussion that followed.

The PRESIDENT thanked Dr. Elder for his interesting specimen, and asked him whether the symptoms were

such as to require immediate interference, or whether it would have been possible to allow the patient to go on to a later stage of pregnancy, a Porro's operation being then performed. For, though there had been obstruction, it was apparently relieved the day before the operation.

Dr. BANTOCK joined the President in congratulating Dr. Elder on the success of his case. He thought it was a serious step to question the judgment of a man who had a case like this to deal with, as he alone could have the knowledge necessary to guide him to a correct decision. For this reason he upheld Dr. Elder's action. The specimens illustrated very well the arguments he had repeatedly urged against intra-peritoneal treatment of the stump. The chief difficulty was hæmorrhage. For, at the time when hæmorrhage was likely to occur, they found that it did occur from the stump, in the extra-peritoneal method, however well controlled at the time of operation; and if the stump was inside the peritoneum, they had no command over the hæmorrhage. As a matter of fact, the intra-peritoneal method was now no longer performed by any operator of repute. It was largely replaced by the method of total extirpation, which was a form of extra-peritoneal procedure. His experience led him to regard this operation with favour; nevertheless, in view of the importance, in his opinion, of keeping the vaginal roof intact, he contended that the cervix should be left, when this was possible.

Dr. PURCELL did not gather whether Dr. Elder used a Keberlé's serre-neud; if so, could the hæmorrhage not have been controlled by it? He was glad to hear that Dr. Bantock had come round to the view that pan-hysterectomy was an extra-peritoneal procedure.

Dr. BANTOCK observed that he had always held this view.

Mr. BOWREMAN JESSETT congratulated Dr. Elder on his case, and remarked that statistics showed that, under such circumstances, removal of the uterus and tumour was the proper procedure. The only point in which he differed was that he thought it would have been better to remove the whole cervix, in which case there would have been no after-hæmorrhage. When the cervix was left, and the peritoneum laced over it, then, if hæmorrhage occurred, it formed a hæmatocele between the stump and the peritoneum, which would require interference. He contended that pan-hysterectomy did not weaken the vaginal roof; he had seen now many instances where the after-results showed the contrary. Moreover, the possible weakening was not to be compared in gravity with the weakening of the abdominal wall, with the tardy convalescence, and with the risk of abdominal hernia and fistula, which resulted from treatment by the serre-neud.

Dr. ELDER, in answer to the President's question, said that the fœtus in this case was dead; but had it been living, the patient's condition was so grave as to place her interests paramount, and, further, the nearest doctor lived seven miles away. His only regret was that he left the cervix, as otherwise the patient might have been spared both pain and risk from hæmorrhage. He did not use a serre-neud, but brought the peritoneum round the stump.

Dr. GEORGE KEITH read a paper on "The Permanent Cure of Antelexion," and Dr. ELIOT read some "Notes of Gynecological Cases," both of which we hope to publish in our next.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF ANATOMY AND PHYSIOLOGY.

MEETING HELD FRIDAY, JANUARY 24TH, 1896.

The President, Dr. JOHNSON SYMINGTON, in the Chair.

THE PRESIDENT, after expressing his thanks for the honour accorded to him by his election to the chair, formally declared the business of the evening opened. He then exhibited a pulmonary artery with four valves, all of which were well-developed, and of nearly equal size; two of them were somewhat more closely connected than the others. The President also exhibited, for Professor Cunningham (who was unavoidably absent), three puppies of the Cape Hunting Dog (*Lycan Pictus*), which were born in the Dublin Zoological Gardens, and explained their peculiarities.

STIMULATION OF THE PNEUMOGASTRIC NERVE.

Prof. PURSER made a communication on the stoppage of

respiration, which sometimes follows stimulation of the peripheral end of the pneumogastric nerve, and pointed out that this event may explain certain cases of sudden death, which are often attributed to primary stoppage of the heart: as in death resulting from a blow on the abdomen, or death from inhalation of chloroform.

Dr. FBAZER said he was the first person who administered chloroform in Dublin, and he never had a fatal case. He attributed his success to watching the respiration. He did not believe a right explanation had been given of the cause of death in fatal cases. The symptoms in those fatal cases mentioned were undoubtedly respiratory, not cardiac. He made it a point in the administration of chloroform to watch the respiration, and when the breathing became embarrassed, to stop the inhalation.

Dr. PARSONS gave the history of three cases which he said pointed to the conclusion that death from inhalation of chloroform was to be attributed to cessation of respiration rather than to stoppage of the heart's action. The heart, he said, may beat for a few minutes after the respiratory functions had ceased. He would like to know Professor Purser's opinion as to the effect of nitrite of amyl.

Dr. D. J. COFFEY, in discussing Professor Purser's paper, suggested that the fact that the inhibition of the heart, brought about by peripheral stimulation of the vagus, is not permanent, does not warrant the conclusion that a permanent inhibition cannot be determined by reflex excitation. In the latter case, powerful impulses roused in afferent nerves fall on the cardio-inhibitory centre, and the conditions are very different from those in peripheral excitation.

Prof. BIRMINGHAM asked if the author had in any of his experiments on animals, or in other cases, seen death due primarily to stoppage of the heart while respiration was unaffected?

Prof. PURSER, in replying, said it would be a dangerous condition of things if reflex impulses travelling along the pneumogastric could cause death by inhibition of the heart. He agreed with Dr. Coffey that a message sent down the vagi, from a reflex centre in the brain, might produce results very different from excitation of the peripheral portion of the cut nerve. He had never seen a human being die of chloroform. In a series of experiments on animals, where death took place from chloroform, he never found the heart stop before the respirations. He could not give Dr. Parsons any information on the subject of nitrite of amyl; he had never experimented on animals with the drug; he had, however, prescribed it in practice with satisfactory results. In reply to Dr. Birmingham, he said he had never seen such a case.

THE HOMOLOGUE OF THE DUMB-BELL-SHAPED BONE IN THE ORNITHORHYNCHUS.

Prof. SYMINGTON described the form and relations of the dumb-bell-shaped bone in the ornithorhynchus, based upon the microscopic examination of serial sections of the beak of this animal. He discussed the theory as to its homology, and considered that it corresponded to the mesial palatine process of the premaxilla of ordinary mammals.

THE TOPOGRAPHICAL ANATOMY OF THE PANCREAS, DUODENUM, SPLEEN, AND KIDNEYS.

Prof. BIRMINGHAM made a communication on the topographical anatomy of some of the abdominal viscera, which he illustrated by a plaster cast. The cast was prepared from a body in which the viscera had been previously hardened *in situ*, by the injection of a solution of chromic acid. The cast gave a very clear idea of the condition of the pancreas, spleen, duodenum, kidneys and supra-renals; it also showed particularly well what the exhibitor called the "stomach bed." The author remarked that in probably the majority of cases the stomach assumed, when empty, an attenuated pear shape, and rarely if ever became flattened, as often represented. The greater part of the stomach in this condition lay nearly horizontally with its long axis from behind forward, the narrow end bending to the right. He believed that during distension the enlargement was more in a direction forwards and to the right than downwards. The duodenum did not lie in a coronal plane as usually represented, on the contrary it is strongly flexed (moulded) round the right side of the vertebral column. He also pointed out that the descending duodenum lies not in front of the inferior cava, but to its outer side.

The PRESIDENT said they had reason to feel obliged to Prof. Birmingham for the great trouble he had taken in the preparation of his cast. He had spent, he said, some time in considering the positions and relations of the abdominal organs, and to acquire accurate knowledge in this respect was a matter of great difficulty. On these questions there could be no doubt but that the opinions of the older anatomists are extremely fallacious. He felt bound to protest against many statements in reference to the relations of the abdominal viscera, contained in text books. It was the duty of the anatomists, so far as lay in their power, to supply physicians with accurate descriptions of those viscera.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Feb. 22nd, 1896.

TREATMENT OF HYDATID CYSTS.

M. DUPLAY read a paper at the meeting of the Académie de Médecine on the treatment of hydatid cysts of the abdomen, in which he recommended a free opening of the tumour and the complete removal of all the vesicles. Thus emptied of its contents and cleaned out, the walls of the cysts are sutured and returned into the abdomen; the operation being terminated by suture of the primitive incision. In one case a hydatid cyst of the liver, in which the author had put into practice this method, the patient was well in fifteen days.

ANEURISM OF THE BONE.

M. Péau called attention to two cases of tumours, styled aneurisms of the bone, which presented a certain interest. The first case was that of a man of 50, who for two years had been taken with recurrent hæmorrhage from a small pulsatile tumour situated in the centre of the palate. The loss of blood placing the man's life in danger, the speaker decided to operate. An incision was made from before backwards through the soft parts of the palate, and through the centre of the tumour. Immediately an enormous jet of blood followed, which the operator arrested with his finger. With the gouge he attacked the alveolar edge, and removed a large piece of the bone up to and including the central portion. The wound was treated in the same way as in resection of the maxilla, and the patient recovered without further difficulty. An histological examination proved the tumour to be an angioma.

The second case was that of a young American girl, æt. 14, who was suffering from an erectile tumour below the orbit. Dr. Péau circumscribed the tumour by a circular incision, and removed it piecemeal down to the periosteum, cutting across the large vessels, which ran in every sense over it. As the bone was not in any way implicated, it was respected. This was also a case of vascular tissue resembling in every way an erectile tumour. These two examples were interesting by the fact that they establish in an indisputable manner that aneurisms of the bone, though rare, have a real existence, and should not be confounded, as is frequently the case, with other vascular tumours such as sarcoma.

CYSTOTOMY.

At the Société de Chirurgie, M. Bazy read a report on a case of supra-pubic cystotomy performed on a man who had an enlarged prostate. It was that of a man, æt. 70, who had been suffering for six months previously from retention of urine, which catheterism relieved with the utmost difficulty. Finally, no catheter would pass, and cystotomy was performed, local anæsthesia being obtained

by cocaine. The bladder was found to be seriously diseased, and the patient only survived a short time.

In commenting on the case M. Bazy said that he would mention briefly the indications and counter indications of cystotomy. He applied generally to those affections of the bladder in which the element "pain" predominated and in those large prostates which bled a great deal. But even here the sound *à demeure* frequently arrests the hæmorrhage and should generally be tried first.

HERNIA OF THE OBTURATOR FORAMEN.

In an interesting *these*, Dr. Berger treated with much details a variety of hernia which is considered rare but which in reality is frequent enough when it is properly diagnosed. Hernia of the obturator foramen is met with more frequently in women than men and can be seen at all ages, but is more frequent after sixty years. There is no strangulated hernia so easily overlooked as the kind in question because the tumour is not always to be seen or felt, and also the symptoms are in general far less accentuated than those occurring in other portions of the body.

Hernia of the obturator hole has been confounded very frequently with crural or perineal hernia; however, the former was a pedicle, and its tract is above the horizontal branch of the pubis and internal to the vessels, while the latter is felt in the lower outlet and can be traced through the vagina. The situation of the obturator hernia is in the angle formed by the two branches of the pubis. Frequently symptoms of occlusion of the intestine exists, and it is a difficult point to distinguish between internal or hernial strangulation. The situation can be cleared up with care, a certain amount of swelling will be noticed on the inside of the thigh, vaginal examination will reveal sensitiveness of the corresponding region, and the sign of Romberg (neuralgia) may be considered as almost pathognomonic.

All hernia of the sub-pubic aperture should be treated by operation as soon as possible, either as a preventive measure or to relieve strangulation. The operation consists in an incision over the tumour at the origin of the thigh, care being taken not to wound the obturator artery. Laparotomy should be reserved until the surgeon was able to satisfy himself by minute research, that no hernia existed.

MANAGEMENT OF THE UMBILICUS IN INFANTS.

In an address recently delivered on the subject, Dr. Caseel made the complaint that the principles first made known by the pioneer labours of Semmelweis in the region of obstetrics had received a suitable application in regard to the umbilicus of the newly-born infant. This was, therefore, the starting point of most of the infective diseases of the newly-born. He then pleaded for a method of management more in accord with the science of the day, and in support of his claims gave a *resumé* of the work of Eröcs (Beobachtungen über Nabel Krankheiten und die von ihnen aus gehende Infection des Organismus), and also those of Ehrendorfer, of Innsbruck; also Doctor, Buda-Pesth, Rössing, of the University Women's Klinik, Halle, Schraöer, Franz Scherer, Hermer, and Almander Keilmann. The daily bath of the infant was looked upon as injurious, as by means of it proper mummification and desiccation of the cord was retarded or prevented. Out of 400 children who were not bathed, not one had a heightened temperature, whilst nearly 5 per cent. of those that were bathed suffered more or less from fever.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Feb. 21st.

THE SPERMA AND SEXUAL GLANDS OF TUBERCULOUS INDIVIDUALS AND BACILLI.

In Virchow's Archiv. 142-1, Dr Jaecckh has an article on this subject, giving the results of an experimental inquiry. In five cases guinea-pigs and rabbits were inoculated with seminal fluid and testicular substance of tuberculous individuals. The experiments with seminal fluid succeeded three times, and those with the seminal substance once. When ovarian substance was treated in a similar way it succeeded three times in four experiments. The objection often made that the bacilli came from the blood, and not from the substances experimented with themselves, could not hold good, as in those cases in which admixture of blood was unavoidable the inoculation almost always failed. The young of tuberculous guinea-pigs were tuberculous in only one instance, and even in this case a positive result could only have been attained by inoculation of the membranes, and not of the fetus itself. In any case, the author claims to have succeeded in proving the presence of tubercle bacilli capable of development in the seminal fluid of tuberculous men.

TUBERCULOSIS IN GERMANY.

From a recent publication of Dr. Brumerfilds, we have some statistics as to the doings of tuberculosis in Germany. There die every year in Germany from 170 to 180 thousand people (according to Bollinger, 250,000) of pulmonary phthisis. Of every 1,000 deaths, from 105 to 107 are due to tubercle. Of 1,000 deaths in the first year of life, 10·8 are due to the same cause; from the 1st to the 15th year, 62 per 1,000; and from the 15th to the 60th, 322·2 per 1,000; in other words, of those who are most capable of earning a living, one-third die of consumption.

As regards Berlin itself, the picture is darker still. Of the deaths between the ages named, 15 and 60, 332·3 per 1,000 are due to tuberculosis. Amongst masons the rate is 382, whilst amongst stone-pressers and lithographers it is 446, amongst tailors and shoemakers it is 563, amongst bookbinders 574, amongst cigar-makers 598, amongst turners 610, amongst hat-makers 664, amongst furriers 678. Amongst the grinders of Solingen the rate is higher still, and reaches 783 per 1,000. The highest mortality from consumption is, however, reached by the stonemasons amongst whom, out of 1,000 deaths, 893 are due to pulmonary phthisis.

At the Society for Innere Medizin, Hr. Litten gave an address on

THE MICROSCOPIC EXAMINATION OF FRESH BLOOD.

He said that from the time he commenced practice he had examined the fresh blood of all his patients and had become convinced that these preparations afforded a truer and more correct indication than the stained preparations. He had shown such preparations in 1892 at the Congress for Medicine, and was astonished that those most in the habit of examining blood were ignorant of them. He had found two peculiar structures in the blood of many healthy and sick individuals there were peculiar cylinder-shaped masses, of a white colour, granular, and highly refracting, about four to six times the size of the red blood corpuscles. Their size seemed to preclude the possibility of their circulation in the blood as they could not pass through the capillaries. Investigation led to the conviction

that these bodies were formed from the so-called blood plates, and staining showed that the conviction was correct. These plates were present in the blood of every one either singly or in groups. They were present in many diseases, as in leucæmia, pernicious anæmia, in increased numbers. Such cylinders were not present in living blood but formed when the blood was placed on the object glass and covered, they might be looked upon as collections of blood plates.

He had also determined the existence of a second group of cylinders in fresh blood which were present in all cases without exception. These cylinders were not quite so highly refracting as the former group, they were not white, but bluish and not granular. The edges were partially indented. He had paid special attention to the No. 2 form of cylinder lately. A patient came under his care with numerous well-marked forms. He was intending to demonstrate them to his hearers the next day, and instructed his demonstrator to prepare specimens, but was not a little astonished to find no cylinders in them. When he prepared them himself later they were numerous, but they were as regularly absent when his assistants prepared the slides. The different results must be in the different methods of preparing the slides. The usual methods employed by the assistants was to place the cover glass perfectly horizontally on the object, whilst he himself gave a gentle pull on the object carrier, so as to have an exceedingly thin layer of the object on the slide. It was shown later that the cylinders were really produced by the physical action on the blood. He later on sought to detect the cylinder in the process of formation, and saw that on the first movement of the cover-glass the red blood corpuscles formed themselves in rows, the hæmoglobin was pressed out of them by the movement so that they became quite colourless, whilst the blood-serum had become coloured. There could be no doubt, therefore, that the cylinders were formed out of the red blood corpuscles. In the inquiry, however, a second query was answered, viz. the origin of the blood plates. A colouring matter was added that stained the stroma of the nuclei of the corpuscles, when the stroma of the pressed-out nuclei was seen in the form of blood plates. From the experiments, it was shown that the blood plates were not, as was assumed, decomposition products of white blood corpuscles, nor preparatory stages of red blood corpuscles, but decomposition products of the latter—stroma minus hæmoglobin.

At the Medical Society Hr. Gluck showed

A SERIES OF CASES OF SUCCESSFUL RESECTION OF THE HIP-JOINT.

The operations were performed at the K. K. Friedrich-Kinderkrankenhause. The first case was that of a girl of 9, who had congenital dislocation of the hip. After some trouble, a fairly good result was obtained, the shortening being reduced 2½ ctm. in a total of 9 ctm. The second case had been in hospital 15 months, and was a very serious one. Tuberculous disease was so extensive that the whole of the ileum was removed, the hip-joint resected, the marrow scraped out, and the way prepared for recovery in such a way that the femur found its support on the horizontal ramus of the pubes. The child could now not only walk, but hop about on the lame leg. In the third and fourth cases the results were also satisfactory. In the fifth case there was knee-joint affection that had been first treated on the conservative method. Synorrectionomy was performed later, the joint cleared out; it was then tamponnaded with iodoform gauze, and with the exception

of a little thickening of the capsule, the child was quite well.

TREATMENT OF HYPERTROPHY OF THE PROSTATE.

The question of the treatment of hypertrophy of the prostate by castration and by resection of the deferens is the order of the day. Numerous works have been published on the influence exercised by ablation of the testicles on the volume of the prostate, the majority of which pronounce in favour of the operation. But patients are not always ready to accept the mutilation, even though they may be advanced in age. In fact, consequently of this manifestation of *amour propre* surgeons are willing to resort to any other means which may tend to the same end. It is thus that the method practised by Prof. Helferich will probably be well received by both surgeon and patient. The operation consists in resecting on both sides the vas deferens. In ten cases in which he tried this method he witnessed a satisfactory result at the end of two months. Only two of the patients were put under chloroform, the remainder supported the pain without any effort. The *modus operandi* was as follows: the vas deferens was pinched up with the left hand, and the skin incised for an inch; with a blunt instrument the canal was isolated, drawn out the length of six or eight inches, torn off the epididymis, and excised. With a little dexterity the double operation lasts only a few minutes. The wound, treated antiseptically, is closed and covered with collodion. A suspensory bandage is applied, and the patient returns to his occupation. The effect was almost constant in all the cases, micturition was greatly improved, but only in a few instances was the prostate diminished in volume. Hr. Helferich does not pretend that resection of the vas deferens equals in efficacy double castration, but it frequently succeeds in improving sufficiently the condition of the patient, and as it is a benign operation it ought to be tried.

Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, Feb. 21st, 1896.

INVESTIGATIONS ON FACIAL PARALYSIS.

DEXLER described to the K. K. Gesellschaft his experiments on a horse suffering from bilateral facial paralysis. The object of his investigations was to test the theory of ptosis; whether it was due to the firm covering of the bulbus, or downward pressure of the lid after paralysis of the face had been established, as many authors affirm; or whether the ptosis was due to other causes such as lagophthalmus. Dexler has always held to the later opinion and thinks he has demonstrated it to the satisfaction of others in his experiments, combined with the histological results. He opened the cranium of the paralysed horse, and reaching the foramen opticum, applied the electrode of a battery with a feeble current which caused all the oculo-motors to act promptly as well as the musculus levator palpebræ superioris, whose function was also intact. If ptosis were simply understood to be a suspension of the function of the muscles, and thus cause a drooping of the eyelid, the present facts must be abandoned to sustain such an argument. It is more likely that the action resembles lagophthalmus, where another set of muscles are more actively engaged, such as the retractor bulbi in case, and thus produce the deformity. Where

any improvement takes place in the facial paralysis it begins in the upper branches of the nerve of the horse, as in man.

The histological examination is in harmony with the above experiment. The oculo-motor nerve in all its branches and central ganglia were found perfectly healthy, while the trunk and branches of the facial nerve were seriously degenerated by an inflammatory lesion in the ganglion geniculi. The blood vessels were greatly dilated and infiltrated with leucocytes while the ganglionic cells had lost their processes and were difficult to colour. There was also an inflammatory lesion in the Gasserian ganglion. There was no injury or ear affection to account for the morbid lesion, and Dexler concluded that the ganglion geniculi had been originally attacked by some unknown affection.

ANTITOXIN.

Paltauf related the history of a horse in the Serum Institute that produces a fluid of 500 units per cc.m.

At the last meeting of the German Congress, Behring proudly affirmed that a serum could be obtained by newer methods that could be relied on containing 1,000 units in 2 cm. Paltauf affirms that the method has nothing to do with the strength of the serum, but, that it depends upon the individual animal. The animal in point is a six-year gelding which was received into the institute in December 1894. In March 1895, the strength of the serum was 125 to 130 units; in September, 140; in December, 170; and at the present time is 500, or in other words 0.0002 cubic centimetres of this serum is ten times the lethal dose. This animal has now produced six litres of toxin since its reception. He has other animals in the institute about the same age and under similar circumstances which seem to vary very little in strength, and he concludes that it is the animal and not the method that must be observed in order to regulate the strength of the serum.

GYMNASTIC TREATMENT FOR THE CIRCULATION.

Bum brought this subject before the Medical Club for discussion in the form of a long review of the different opinions held on the treatment of cardiac diseases. Massage, diet, drugs, and mechanical applications of different sorts had been tried and lauded in turn, but with almost hopeless success. There were three indications to be fulfilled in every method of treatment of the circulation which would make or mar the success of any plan adopted. These were: (a) To prevent the congestion of the venous system; (b) Reduce the resistance in the peripheral vessels in order to relieve the pressure in the left ventricle; (c) To strengthen the cardiac muscle.

To prove the necessity of mechanical gymnastics, Sadler's experiments were brought forward to show how the nutrition can be sustained. Sadler found that dogs kept at perfect rest had a nutritive power of 36.6 per cent., while those with more activity had 66 per cent. Congestion in the muscle is prevented by its own activity, a form of inspiration and expiration by its own contraction. More CO_2 is produced, showing that oxidation is greater and more heat evolved, as shown by Helmholtz. The CO_2 next excites the lungs, increases the respiration, and acts vigorously on the other parts of the organism.

Sommerbrodt has shown that the intra-bronchial pressure is reduced by exercise, hastens the activity of the heart, and expands the arterial blood channels, without raising the pressure, as shown by his sphygmographic experiments. Bum, therefore, recommended deep respirations, which aided the venous system, with

methodical muscular movements to relieve the resistance in the systemic circulation. To supply the purely gymnastic movements, the depletory form of massage, with stripping, and muscular kneading of the extremities and neck, with firm tapping on the thorax and back, to produce vibrations in the cardiac regions are potent agents in securing a restorative action.

PHOSPHORUS.

The "Obersten Sanitätärathes" had under their consideration this week the propriety of allowing matches to be made with yellow phosphorus. It is now proposed to make this practice illegal and to substitute the Swedish or red phosphorus in the manufacture of this commodity, although many industrial difficulties stand in the way; yet the number of deaths annually occurring from the abuse of this household article has excited alarm, and compels the enforcement of the use of a less dangerous substance in the manufacture of these matches. It was also considered that the red phosphorus would reduce the death-rate among the workers of the match works.

DENSITY OF POPULATION.

At the last sanitary meeting, the health of Vienna was discussed, and the death-rate of other large towns of Europe compared with it. The investigation only confirmed the preceding experience that density of population is an active factor in the death-rate, although the condition of the houses was much to blame. In districts where 2 per cent. of the population was located, 1·14 of the deaths occurred; in others, where 28·3 of the population resided, the contribution to the death-rate was 3·5 per cent. It was resolved to formulate a recommendation to the Government to reduce the overcrowded parts considerably.

TRACHOMA.

According to the official report trachoma is on the increase, more especially in the northern counties of the kingdom. The incidence is particularly high among the peasantry. The County of Trenesiner alone records 3,860 cases.

The usual causes of filth and over-crowding are assigned as the source of the increase.

THYROID GLAND AND MORBUS BASEDOWI.

Scholz in his experiments with thyroid tabloids in the healthy and morbid state measured the amount of elimination both before and after administration.

Before administration, the elimination was equal to the ingestion. On the use of the tabloids no change in the elimination of nitrogen took place, while in the healthy it was reduced, but did not disturb the balance as no reduction of weight took place in either case.

The phosphoric acid elimination was tenfold increased in morbus Basedowi, while it was only four times in the healthy. In both cases, during the administration of thyroid, more phosphoric acid was eliminated than taken in. This agrees with Roos' results, and bears out Kocher in his opinion that phosphate of soda is the rational treatment for morbus Basedowi.

Italy.

[FROM AN OCCASIONAL CORRESPONDENT.]

ROME, Feb. 21st.

MONOPOLY OF QUININE.

PARLIAMENT has decided from a humanitarian point of view to take over the sale of sulphate of quinine, which

henceforth will be sold in the tobacco and salt shops, put up in small packets containing 3 grammes of the sulphate of quinine, or 2 grammes of the hydrochlorate of quinine; each packet will cost 50 centimes, which is at the rate of 2 soldi per gramme. The monopoly is undertaken for five years, after which it may be removed. The action of the Government is a benevolent one. It is calculated that 16,000 Italians die annually from malaria, and that 3,000 parishes at present exist where no apothecary can be found.

It is thought that if quinine can be timely administered many of these lives may be saved and the death-rate reduced.

THE BLASTOMYCETES OF SARCOMA.

Roncali, who is acting under Prof. Durante, in Rome, affirms that he has found the same microbe as Sanfelice in sarcoma and adenoid carcinoma of the ovaries. It requires a specific colouring agent as it resists both acids and alkalis. The parasite is found both within and without the cell. When young, and without covering membrane, the protoplasm is chromatic; as it increases in age the membrane thickens and the colour recedes. This "Blastomyces" in the cancerous tumour is still awaiting confirmation, as many efforts by other investigators have failed to obtain this parasite.

The Operating Theatres.

UNIVERSITY COLLEGE HOSPITAL.

ARTHRECTOMY OF THE ELBOW.—Mr. BARKER operated on a middle-aged woman suffering from what appeared to be tubercular disease of the left elbow-joint, which had lasted for four years; there was tenderness and limited mobility; a year and a half ago an abscess had formed, which had been opened. At present the part presented a pulpy swelling more marked than usual, especially over the head of the radius. Mr. Barker said he thought nothing better could be done than to excise freely. He made a curved incision under the olecranon, the convexity of the cut being downwards so as to turn up an oval flap; the olecranon was divided by means of a chisel and hammer, and turned upwards; a little patch of granulation was found on the cartilage with a small hole leading into the bone for about an eighth of an inch. Finding, however, that the disease was mostly confined to the synovial membrane Mr. Barker decided to do an arthrectomy as for the knee, considering it better to try and save the bone, even in the event of having to perform a subsequent operation. He dissected off the synovial membrane very carefully and with a certain amount of difficulty, as it bulged down in some parts almost like a fatty tumour; he took it away in one piece, which, he remarked, was the best method, as then the surgeon could make sure of having removed it all. He said that if the joint healed up without the removal of any bone the result would be not only very rare, but also one very difficult to obtain, and one it was not often justifiable to attempt. He had never operated on a case exactly at the same stage as the present one, in which it seemed a pity to sacrifice any bone; there was only one spot round the head of the radius where the bone was at all affected, and this was at a point where the osseous surface had been in contact with the diseased synovial membrane; this spot he carefully scraped. The separated portions of the olecranon were then drilled and brought into appo-

sition with a silver wire, the knot of which was made on the outside, in order to be out of the way of the ulnar nerve; the nerve had been recognised at an early stage of the operation and carefully held out of the way. There was very little bleeding, although no Esmarch was used; the bandage, as Mr. Barker pointed out, being very convenient for the surgeon during the operation, but giving rise to interminable oozing when taken off. He said that the elbow was admitted by all to be a joint lending itself but very little to arthrectomy, but as the cartilaginous surfaces were left fairly sound in the case he had just done, thereought to be a good chance of recovery with movement; a new synovial membrane would form, or at least, something which took its place. Of course, for a successful result it was necessary to have union by first intention. He considered that surgeons do not really yet know how far they can go in resections, as it is only of late years that it has been possible to carry out arthrectomies; it was wrong, he thought, to dogmatise. After the original incision had been closed the limb was dressed, but no splint was put on, for the arm was to be moved as soon as the patient liked; no passive movement causing pain was to be employed as it is apt to excite reaction leading to consolidation of the tissues and ankylosis.

ROYAL FREE HOSPITAL.

REMOVAL OF A PORTION OF A NEEDLE AFTER ITS LOCALISATION BY MEANS OF THE NEW METHOD OF PHOTOGRAPHY.—Mr. BATTLE has recently had an interesting case under his care in which the advantages of the new method of photography were strikingly illustrated. The patient was a young woman, *æt.* 30, who, nine months ago, ran a needle into her thumb, and had broken it off, leaving a portion in the thumb. She had suffered pain in the part at the metacarpo-phalangeal joint, and had been unable to use it properly since. Examination showed a small scar over the outer side of the joint named, and this was stated to be the spot at which the needle had entered, and at which an attempt had been made to remove it some months ago, but unsuccessfully. There was no abnormality to be felt, but the patient said that this spot was tender to pressure, and movements of the joint, especially those of flexion, caused pain. It was not possible to localise the needle, so Mr. Battle suggested that a photograph should be taken by the new method in order that if possible exploration might be undertaken with some prospect of success. Mr. Rowland kindly did this, and the result of the photograph showed the presence of a piece of needle lying across the joint at right angles to the long axis of the thumb, but it could not be told from the photograph whether the needle was in front of or behind the joint. From the position of the scar and the character of the pain Mr. Battle concluded that the foreign body was in front of the articulation, and so he made an incision in this situation, the incision being placed between the points of insertion of the abductor pollicis and the opponens pollicis; this incision immediately came upon a small bead of granulations in the middle of which could be seen a black speck, evidently one end of the broken portion of the needle. It was readily withdrawn with dissecting forceps. It was, as had been indicated by the photograph, probably just on the edge of the joint; it presented the usual black discoloured appearance of such bodies after they have remained for some considerable time in the tissue. The needle was about half-an-inch long and consisted of the half portion containing the eye. As a rule, Mr. Battle remarked,

when a needle is buried in the hand it is possible to find some indication of its presence, such as a hard localised point of resistance under the skin, but sometimes its position is by the side of a tendon or under some process of fascia so that it cannot be felt in the way mentioned; it appears, he said, that the new method affords a means of diagnosing such hidden bodies, whereas previously surgeons had to fall back on an electrical apparatus to indicate the actual presence of the foreign body. By this new process not only is the presence of the foreign body proved, but its relationship to the bones and the direction in which it is lying are fully shown. The body in the present case would have been very difficult to localise without this process for it was placed between the two bones and covered over by the tendons going to their insertion in the phalanx beyond.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 26, 1896.

IS SURGERY A CURE FOR CANCER?

In discussing the question of the results of the surgical treatment of cancer, probably most surgeons will be prepared to admit that it is inexpedient to place too much reliance upon the statistics belonging thereto, for a little reflection must show that a collection of figures alone cannot, in this instance, afford any trustworthy indication of the true value of the treatment. In the first place, it is obvious that several causes must be concerned in rendering these results either

favourable or the reverse. For example, the statistics may only apply to a series of selected cases, and no demonstration is needed to point out that when this is the fact the results must show a better record than in the cases in which selection has not been made. Again, it is essential to bear in mind that surgeons are sometimes called upon to operate upon patients who are practically far beyond the aid of surgery. Such patients, knowing full well the fate which is in store for them, and overwhelmed with despair for the haplessness of their condition, will, nevertheless, sometimes earnestly entreat the surgeon to make some attempt to afford them relief. Thus, if out of common humanity the surgeon consents to operate, he is bound to include the results, whatever they may be, among his statistics. Perhaps, then, a sense of duty and a feeling of compassion for his hapless patient, impels him to do that which is certain to affect his statistics unfavourably. A further point, however, may be mentioned in connection with this aspect of the subject, and, that is, that it is not fair to pass an adverse judgment upon the results of the operative treatment of cancer based upon a generalisation of those results. Let any one who is disposed to do this reflect for a moment, how cases of cancer vary, not only in regard to their accessibility and fitness for surgical interference, but also in respect to the period during which the disease has persisted before the patients come under the notice of the surgeon. Regarding the modern theory as the correct one, that cancer is a local disease, it is indisputable that the earlier a malignant growth is diagnosed and removed the better are the prospects of a good result following. In order, therefore, to make the statistics of the surgical treatment of the disease even trustworthy in this respect, it would be essential for the cases operated on to be limited to those in which the growths had only been noticed, say, for a period of three months. But even then some element of uncertainty would exist, for experience commonly teaches how the degree of malignancy of cancerous growths varies. In some patients the neoplasms progress at a slow rate, even at the time of life when the reverse might reasonably be anticipated; in others, on the contrary, the growths develop with a rapidity which presages a speedy termination of life despite the interference of surgery or the resort to any other procedures which the science of the day could suggest. Thus it must be conceded, that the statistics of the results of operations for cancer are to a large extent not adapted for the purpose of generalisation. It might, however, be urged that this argument could be applied with the same force to all operations in surgery, and that in any given series of cases requiring the same operative treatment the conditions will vary just as they are found to vary in cases of malignant disease. For example, the varying conditions present in cases of ovariectomy might be quoted in support of this statement. But we submit that a little reflection will show that cases of malignant disease stand in a category by themselves, inasmuch as one element is common to them all, namely, the assemblage of those features by which each case is endowed with a gravity not present

in any other pathological condition. But to take a gloomy, pessimistic view of the surgical treatment of cancer, as has been done by some surgeons, and to question whether the advanced surgery of the day is justifiable in this connection, is by no means warranted by the facts. At no time have the results of surgical interference in these cases shown so good a record as in the present day. It should be borne in mind, moreover, that many operations are now practised, under the ægis of antisepticism, and much relief for the patients gained, which in earlier days would have been impossible. To compare, therefore, the results of Brodie and the surgeons of former times with those obtained by modern surgeons, is practically useless. Nor has the Hippocratic saying that "It is better not to treat those in whom occult cancers have been formed, for when treated, they soon die, but if not treated, they live a longer time,"—much value in the present day. Contrast, for a moment, how a contemporary of Hippocrates would have proceeded to deal with an "occult cancer." What other result could be expected to follow than the speedy death of the patient? But as Hippocrates has been appealed to in the matter, it may be observed that his are not the only aphorisms which should be pressed into service when debated points in medical or surgical treatment are under discussion, and especially so far as the present subject is concerned, we would suggest that the following statement more truly represents the position of affairs, namely that "it is the duty of the surgeon always to remove a cancerous growth whenever he has grounds for the belief that the operation can be completely carried out."

THE CHRONIC POLICE-CELL INEBRIATE.

DURING the past month one of the London magistrates has adopted a course which, it may be confidently hoped, will mark a new era in our social treatment of the chronic inebriates of the police-court. We allude to the case of the notorious Jane Cakebread, whose name has been familiar to newspaper readers for many years past. This unfortunate woman had been convicted 280 times, or thereabouts, for the offence of being drunk and disorderly, when she was taken in hand by Lady Henry Somerset, who removed her to a charitable home founded for women of her class somewhere in the country. After a stay of some months, during which she failed to manifest the slightest desire for alcohol, the deliberate opinion arrived at by those responsible for her medical care was that she was mentally irresponsible. She soon after left the "home," and promptly went through the old familiar programme, with the result that she was with little delay haled before a justice of the peace. On this occasion, however, the criminal career of Jane Cakebread was suspended indefinitely by the decision of the magistrate that on account of her mental condition she was to be handed over to the safe keeping of the Poor-law authorities. To the general public this decision of the bench may not possess a great deal of significance, but there can nevertheless be little doubt that it marks a new departure of great importance in the administration of

minor justice. The chief wonder appears to be that such a course was not adopted with regard to this unhappy woman long before her 280th appearance in the dock. Her marked eccentricities of language, the ease with which she became intoxicated, the apparent absence of any moral sense, and her repeated convictions, were so many sign posts that have for many a year pointed with unerring finger in the direction of mental aberration. Yet this poor, half-witted Bedlamite has spent a large proportion of her adult life in gaol as a responsible criminal. Like many other chronic inebriates affected with a similar weakness of mind and infirmity of will, she has become "known to the police," and has long since drifted into the ranks of those outcasts whose lives are mainly passed in gaols and in workhouses. Now that at last her irresponsible condition has been recognised from the bench, it is to be hoped that similar cases will in future receive careful investigation, and that these repeated convictions of chronic inebriates will become a thing of the past. It is clearly a matter of extreme difficulty and delicacy to interfere with the liberty of the subject in cases of chronic drunkenness. Few people, however, would raise any objection to regulations if carefully safe guarded from the point of view both of the public generally and of the afflicted individuals in particular. After a certain number of convictions for drunk and disorderly conduct, for instance, it would be safe enough to direct that the mental condition of the offender should be examined by an independent body of medical experts. If found to be irresponsible the next step would obviously be to treat the inebriate as an ordinary lunatic, and put him under appropriate curative or palliative treatment. In this way modern society would be saved from the standing scandal of the repeated and savage punishment of weak-witted chronic inebriates. The general question may be stated in somewhat the following way:—How is a civilised community to deal with the special form of moral insanity which manifests itself in the shape of chronic inebriety? There can be no doubt whatever that the system which punishes this manifestation as a crime is a relic of pre-scientific and barbarous ages. Any punitive step whatever, if undertaken against a morally irresponsible individual, appears to us to be simply indefensible. We should be glad to see every magistrate grounded in the principles of mental pathology. Such a training would, at any rate, to some extent render him alive to the necessities of the case. It is obvious that persons of ill-balanced intellect are of all others the most likely to be put on their trial on criminal charges. Some authorities, indeed, assume the extreme general position that all crime is the outcome of diseased brain action. It is not for a moment to be supposed that the better education of the judges in the workings of normal and abnormal minds would prevent many grave miscarriages of justice in the sentencing of mentally irresponsible persons. At the same time, however, it would serve to some extent to keep their minds open as to the bearings and possibilities of criminal mental pathology. What we have always advocated is an independent

board of medical men skilled in the study of insanity to be available in our law courts from the highest to the lowest in the land.

Notes on Current Topics.

The Army Medical Department and the Ashanti Expedition

It was felt from the beginning, when the Ashanti expedition was decided on, that the medical officers attached to the forces would be called upon to play a prominent part in the operations. The extent, however, to which this assumption was correct is now becoming apparent in the accounts of the work carried out by the expedition which have been appearing in the public press. But among all the references to the duties discharged by the medical officers, we feel that the Army Medical Department generally will appreciate most that which has appeared in our contemporary the *Army and Navy Gazette*. We read as follows in its issue for last week:—"As the Medical Department of the Army has recently been subjected to severe criticism it is only fair to notice that when submitted to a severe ordeal, as undoubtedly was the late Ashanti expedition, the authorities responsible during a very anxious period acquitted themselves most admirably—results proving how perfect the arrangements were, both at home and on the theatre of action, how wise and comprehensive the forethought, how energetic the execution of trying duties. In this connection a correspondent, a combatant officer, writes: 'I am bound to say that I never saw anything to equal the unwavering devotion of all ranks of the medical staff. Day and night have I seen the doctors here labouring to save life. They were simply a band of heroes, and I only wish that some of their detractors and blackballers in Service clubland could have been here to have seen for themselves what England's soldier-doctors can do when put to the test of service. On the principle of honour to whom honour is due, I trust you will allow me to say that Surgeon-Colonel Taylor and his staff are entitled to every credit, and this, I trust, will be accorded them officially, as I can answer for it, it is, unofficially, throughout this force.'" This kindly paragraph of our valued contemporary, and its correspondent's communication, will, we are convinced, have a beneficial effect upon those who are accustomed to traduce the officers of the Army Medical Department.

An English Judge on the Anti-Vaccination Question.

A REMARKABLE state of things is at present disturbing the minds of the people of Gloucester. The town in question, as is commonly known, is one of the few centres in England in which the will of the anti-vaccinationist has been allowed to obtain a sway. In the course of last week Mr. Justice Grantham attended at the town for the purpose of opening the Winter Assizes there, and in his charge to the Grand Jury he

stated that he had received a communication from the authorities in Gloucester to the effect that small-pox was prevalent in the city and had been so for some little time past. Although every step had been taken to prevent any spread of the disease he had been asked to authorise an order to be issued closing all the public galleries in the court, so that no one should be allowed to attend the assizes save those on business. This he deemed was a very serious thing to do, and the question occurred to him if the outbreak was such that, for precautionary reasons, the public should not be permitted in the court, whether he was justified in bringing together into a town, where disease was prevalent, persons from all parts of the country, of all ages and both sexes, and in all states of health. The judge, therefore, held that his proper course was to communicate with the Lord Chancellor, with the result that the assizes were ordered to be removed to Cheltenham. Since, however, this decision had been arrived at the Judge observed that another reason for the removal had come under his notice. He understood that in Gloucester there were many people who, for the sake of a better name, called themselves anti-vaccinationists—that was, they resented the opinion that was generally expressed in the country, and by persons in authority, that all children should be vaccinated. When, therefore, he heard that the local authorities refused to compel persons to have their children vaccinated he thought it was more desirable than ever to take the step which had been taken because there were in the town many people—children and adults—who had not been vaccinated. It may be after this that the “authorities in Gloucester” will take these weighty remarks of Mr. Justice Grantham into serious consideration. It could not have been very satisfactory for them to have heard the Judge’s reasons for the removal of the assizes to Cheltenham.

The Apostle of Degeneration and the English Race.

Most of us, we presume, who have read Max Nordau’s “Degeneration,” arrived at the conclusion that the sweeping remarks of the author as to the advancing degeneracy of mankind were intended to have a general application. But judging by some recent observations respecting the English race, published by Max Nordau in the *Neue Freie Presse*, no such interpretation could have been meant. Apparently, it is the case that too much cannot be said in favour of the race of Englishmen. But Max Nordau shall give his own convictions upon this subject, and they are as follows:—“The British a nation of shopkeepers? Shopkeepers, indeed! Those who fought at Hastings like giants and Titans, who subdued two continents, are ruling two hundred million Asiatics by the will and nerve of a couple of thousand of their race, who brought to their knees such men as Napoleon I and Nicholas I, and who still have their Jamesons to demonstrate that their old strength of will and power of ruling over others have not yet died out! If these are the characteristics of shopkeepers, what is the essential difference between shopkeepers and the heroes of

the Greek myth? The ruling classes of England are the most powerful race of masters the world has seen since the Republic of Rome and the early Roman Empire. To please an Englishman one must be strong and daring. The English are a bluff race, incomparable friends, and terrible enemies, rather proud of being more feared than loved.” These are pleasant things to have had said about us by one who has shown himself to be so shrewd an observer of human nature. But, perhaps, Max Nordau’s convictions in this regard were strengthened by his recent visit to England—after his book on “Degeneration” had been published.

Board School Children and Spectacles.

If the Education Department has done anything, it has certainly played an important part in adding to the number of children wearing spectacles. By some, the increased use of spectacles is attributed to the want of wisdom of the Department in taxing the eyes of children. But to this assumption we cannot agree. The real explanation of the increase in spectacled children lies, we believe, in the fact that the Board School teachers wisely complain to the parents of the children when the latter are found to have faulty vision, as the result of which, advice is sought at the nearest hospital in which the diseases of the eye are attended to. In the majority of cases, the inability to see properly is found to be due to some error of refraction; and after this has been properly estimated, a pair of spectacles is ordered for its correction. Thus it is that the child returns to school with the appliance in question. In former days, no trouble was taken to relieve the child of the ocular discomforts associated with refractive error of which it complained. But the reverse is the case under present circumstances, a fact which needs no further demonstration. *Appropos* of this subject at the annual meeting of the Bradford Eye and Ear Hospital last week it was stated that during the past twelve months two thousand pairs of spectacles were ordered for patients, whereas ten years ago the number required was only three hundred.

The Football Season.

In a recent editorial the *New York Medical Record* amusingly remarks, “The football season is over, and the football player has retired to the classic shades of his Varsity, there to give the lumbar enlargement of his spinal cord its necessary rest, and to cause the fallow grey matter of his cerebral convolutions to indulge in needful and healthful exercise.” In this country, it may be observed the football season is just at its zenith, the contests becoming keener every day as the matches for the League Championships are being played off. It is satisfactory to note that so far during the current season fewer accidents have been recorded, and less injury to life and limb has occurred, than has been the case for some years. Presumably, however, it cannot be argued from this that the contests have been less vigorously fought, or that any diminution has taken place in the enthusiasm with which the results have been striven for. On the contrary, the evidence upon this matter would seem altogether to point in the

other direction. It is now commonly admitted that the fierce rivalry induced among the clubs throughout the country owing to the introduction of the League matches has led so largely to the development of what is known as "professionalism" that football is fast losing its characteristics as a national game. For this the Association game is greatly responsible. In the good old days, when every football match was played under Rugby rules, the pastime could be followed for its own sake, and the professional element was not required. But the progress of the game under the Association rules has worked during recent years a wondrous change for the worse in this respect. However, the evil is now admitted, and some steps will soon be taken to remedy it. The most notable incident in this connection which has just occurred is the announcement that the authorities of Eton College have decided to adopt the Rugby game, and to banish the Association game from the school. This step, it is believed, will be generally followed by the other public schools, and, thus, with this movement beginning and spreading throughout the country, it may be that the Rugby game will ultimately regain all its lost popularity.

The Physical Examination of Competitive Candidates for the Army Medical Service.

SEVERAL of our non-medical contemporaries have recently reverted to a subject to which we have, more than once, called attention as requiring reform. They point out that in connection with the competitive examinations for the Army and other public services, the examination of the candidate as to his health and physical fitness, cannot take place until he has passed his educational test, and that it is thus possible, and not uncommon, for candidates to expend years of labour and much money in qualifying themselves for appointments, from which, after they have been proved to be educationally fit, they are excluded because they suffer from some physical defect. We have never heard any tenable cause why this injustice should continue. In fact, the only reason which has been suggested is that it would be too much trouble for the medical board which is entrusted with the physical examination to have to test the unsuccessful as well as the successful competitors. An argument of this sort is scarcely admissible under any circumstances, but, if the previous physical examination imposed upon the Medical Board any unreasonable labour, we apprehend that the candidates would be well content to pay a special fee for such special examination. We do not suggest that the physical examination after the passing of the educational examination should be dispensed with, for it is obviously necessary that the fitness of the candidate at the last moment of his entry into the service should be guaranteed, but there seems to be no good reason why an additional previous test should not be taken at an earlier stage if the candidate wishes, and that he should thus be afforded the opportunity of deciding whether any absolute and incurable disability, such, for instance, as a high degree of myopia, exists. The private opinion of an unofficial practitioner must always be, in such case, imperfect

and unsatisfying, and we do not see why the reasonable wishes of the competing public should not be met by an alteration of the system which could be so readily effected.

Dublin Hospital Sunday.

THE annual meetings of the supporters of the Fund and that of its Council were held last week and passed with a quietude almost somnolent. The income of the Fund for the past year fell short of that of the previous year by about £200, but this was sufficiently accounted for by the terrible weather which marked the occasion of the annual collection. The deficit would have been £100 more but for a donation of that sum from an individual benefactor. The total amount for distribution was £4,264. The amounts granted varied from £560 to the Meath Hospital, and £536 to the Adelaide, down to £95 given to Mercer's. It is just to the Committee of Council to say that the expenses of administration compare very favourably with those current in other hospital funds, being only 6.18 per cent. of the income. The system of distribution is, however, and has always been at variance with the interest of the sick poor, being framed upon the extraordinary principle that the bulk of the Fund should be given to the hospitals which do least work for the sick poor and have least need for money, while those which are most useful to the community are starved. However, if it is not worth the while of the hospitals which suffer this injustice to raise an agitation against the existing system of distribution, it is certainly not for us to force the consideration of the matter upon them. At present the representation of hospitals on the Fund Council is a perfect farce. Deadheads, whose very existence it is difficult to discover, are appointed from year to year, and when appointed they rarely attend the meetings of the Council, and still more rarely understand anything about the subject, nor can they, as a rule, tell why this or that hospital is mulcted of income which is enjoyed by other more favoured institutions.

Dental Surgeons for the Army.

A DENTIST writing to a Liverpool contemporary suggests that dental officers should be appointed to the Medical Staff of the Army. He states that whenever Army recruits have faulty teeth requiring attention they are despatched to a dental hospital in order to have their teeth put in order before the men can be passed for the Service. Arguing from these facts, he claims that were dentists to be attached to the Medical Staff of the Army it would be better for the men. Perhaps in rare instances this would be the case, but we cannot admit that the dental troubles of Thomas Atkins would be sufficiently grave or numerous as to require a special department for their special treatment. Probably when Thomas Atkins has a tooth which gives him exceptional trouble he is always quite willing to part with it, and the extraction procedure is one which most medical officers in the Army would be able successfully to accomplish. But when the question of stopping teeth, and the more refined processes of the

dental art are concerned, it is true that only a dentist would be able to satisfy Thomas Atkins' demands. In the meantime, however, it will have to be proved whether such demands exist, and, if they exist, whether the country would be justified in providing for them out of the public purse.

Asbestos for Boots and Shoes.

ALL who enjoy walking exercise and desire warm dry feet will be glad to hear that a company has been formed to utilise asbestos in the manufacture of boots. Asbestos possesses the essential properties for a comfortable boot; it is light, and is a non-conductor; with the mineral replacing leather or felt, as an inner sole, the boot may be worn on the hot flags of a city street on a summer day, or on slush of snow in winter, without the wearer being made uncomfortable by either. During the Eighteenth Century asbestos was much more used for wearing apparel than at present, even two centuries earlier the spinning of asbestos was a recognised industry in Venice. Signor Castaquatta carried the art to such perfection that his woven asbestos was soft and tractable, resembling dressed lambkin. He could thicken or thin the product at pleasure, and thus either make it a very white skin or a very white paper. Signor Ciampini describes the method of weaving asbestos thus:—The stone is laid to soak in warm water, then opened and divided by the hands, that the earthy matter may be washed out. The washing being several times repeated, the flax-like filaments are collected and dried; and they are most conveniently spun with an addition of flax. Two or three filaments of the asbestos are easily twisted along with the flaxen thread, if the operator's fingers are kept oiled. The cloth also when woven is best preserved by oil from breaking or wasting. On exposure to the fire the flax and oil burn out, and the cloth remains pure and white, a light, durable, non-conducting fabric. It will thus be seen that woven asbestos is admirably suited for the inner soles of boots

An Interesting Discovery in Comparative Pathology.

THE prevalence of sheep fluke in the Australian sheep farms has often proved a very serious matter to the stock owners, and for a long time efforts have been made to discover the "intermediate host" through which the animals became infected. This discovery has now been accomplished. Dr. Cobb, of Sydney, working on behalf of the Agricultural Department of the colony, has just clearly shown that the "intermediate host" is the common land snail (*Bulinus brazieri*). The importance of this fact is such that it will lead to the enforcement of several recommendations having for their object the suppression of the fluke. Observation has shown that the greatest enemy the snail has is the peewee. Dr. Cobb is of the opinion that the peewee is the best friend that the sheep owner has in the Australian colonies. Other birds, such as the blue crane, wild duck, and the domestic duck, also feed on the snail.

Hydrogen Sulphide in the Urine.

THE rare instances in which hydrogen sulphide is met with in the urine renders each case that occurs worthy of being recorded. A correspondent to a contemporary gives the notes of the following case which recently occurred in his practice. A negress, aged seventeen, a primipara, developed eclampsia, both ante-partal and post-partal. The labour was normal otherwise, and the child was born alive. The urine contained 10 per cent. by weight of albumen. On the fifth day after the delivery, hydrogen sulphide was detected in the urine. The absorption of this poisonous gas into her blood caused the development of toxic symptoms such as restlessness, vomiting, delirium, delusions, and intermittent pulse, and complaints of smelling bad odours. The bladder was washed out with a weak solution of permanganate of potassium, and the symptoms soon subsided.

The Direct Representation for Ireland.

THE poll for this position of honour will have been almost completed when this journal reaches our readers. It closes on the evening of the 27th, and when our readers in Ireland receive this issue, there will be just time for those who have not yet sent in their voting papers to be in time for the count which commences on Friday morning, by sending them forward in all haste. Until the votes are counted, a process which will be completed on Saturday evening, there can be nothing more trustworthy than speculation to decide the issue. The competitors, Drs. Jacob, Cuming, and Thomson, are generally considered to be very closely matched. If a Dublin man is asked, he predicts the return of Dr. Thomson; if an Ulster man, the return of Dr. Cuming; and, if a provincial, the triumph of Dr. Jacob.

Mr. R. B. Anderson and the Queen.

WE learn that Mr. R. B. Anderson has decided, since the Court of Appeal has refused to listen to any further application from him, to petition Her Majesty the Queen in respect to his case. The petition sets forth the many grievous wrongs and oppressions wilfully and illegally done to him and suffered by him at the hands of the judges, Her Majesty's servants and representatives, in the infringement of his rights and liberties as a British subject. Mr. Anderson deserves the sympathy and assistance of the public generally in the plucky fight which he is making for the redress of his wrongs. All of those who have taken the trouble to read the published reports of his case must admit that a more extraordinary revelation of judicial persecution could scarcely have been brought under their notice. Indeed, no one can help feeling that there is more of that which belongs to fiction than reality in the injustice which has been meted out to him.

THE son of a solicitor in Dudley, Worcestershire, died last week under chloroform, which had been administered for the purpose of the extraction of some teeth. The anaesthetic was given in the house of a local dentist by a medical practitioner.

The M.D., U.S.A. Question.

IN the leading article in our issue of last week with reference to the prosecution of "Dr." Bridgwater in the Cardiff Police-court, we commented upon the apparent absence of any reference to the recent important decision by Mr. Shiel (confirmed on appeal in the Ferdinand case). We are, however, informed by Mr. Hempson, solicitor to the Medical Defence Union, that, not only was the case of Ferdinand quoted for the prosecution, but other cases also in which the Union had been successful in obtaining convictions for similar offences. We learn, moreover, from the same authority that the stipendiary magistrate at Cardiff has been asked to state a case by way of appeal for the opinion of the High Court. It is to be trusted that the magistrate will raise no difficulty towards enabling a higher tribunal to consider his decision.

A Phenomenal Prospective Legacy for a Medical Man.

INDIAN potentates have commonly taken some practical step to show their appreciation of the value of the services of their European medical attendants. Several cases are, indeed, on record where large sums in the form of fees have thus been paid to the latter. But the most phenomenal instance of the kind which has come under our notice is that which is reported in the *Deccan Budget*. The Nawab Fakr-ul-mulk has, we are told, made a will leaving £600,000, or 2,000,000 rupees, to his medical man. This immense sum will come to the latter on the death of his patient.

The Question of Private Lunatic Asylums.

THE question of private lunatic asylums came before the House of Commons last week in relation to the case of the young lady who some months ago was confined in an asylum, for holding certain ultra views in regard to the marriage laws. The Home Secretary intimated that the Lord Chancellor had a Bill in preparation which, among other things, will aim at improving and extending the precautions against any abuse of the lunacy laws. It is, doubtless, generally known that the last Lunacy Act precluded the establishment of any private asylum in the future.

The New Photography.

AT the Medical Society, London, on the 24th instant, Mr. Sydney Rowland gave a demonstration of the new photography. Starting from a single electric spark, the lecturer demonstrated the effect of gradually reducing the pressure of the gas through which the spark passed, until gradually, when the air was almost completely exhausted, the character of the discharge completely changed. From this point the practical application of the discharge in vacuo might be said to begin. Some very beautiful Geissler and Crooke's tubes were shown, one in particular, showing the mechanical energy developed from the cathode rays by the revolution of a mica vane illustrating very well the theory already established by Professor J. J. Thomson, of Cambridge, that the X rays were generated at the point of impact of these

rays with the glass. The relative advantages of Tesla and Rumkorff's coils in illuminating the vacuum tubes were discussed, with the conclusion that the Tesla currents were in every way preferable if only the tubes could be got to stand the strain. A new method of sensitising the plates was mentioned. Using this method, the lecturer had succeeded in producing a negative of the bones of the hand in twenty seconds. Some of its applications to surgery and medicine were then entered into.

The "Medical Press and Circular" and the "Times."

IN our issue last week we drew attention to the feeling which has been caused in this country and America in consequence of a certain decision of the authorities responsible for the arrangements of the International Medical Congress at Moscow next year. The paragraph in which our remarks appeared was largely quoted by our lay contemporaries, by whom the source was duly acknowledged. There was, however, one exception, and that was the *Times*. We have simply to state that we cannot congratulate the *Times* upon the courtesy which it displayed upon this occasion, nor can we understand why the editor should have appropriated a paragraph emanating from this journal, while his contemporaries had, without exception, courteously acknowledged its source.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.—The meeting of this Society on Wednesday last was entirely given over to the exhibition of patients and specimens. Dr. James showed patients suffering from Pseudo-Hypertrophic Paralysis and Hydronephrosis. Mr. Cotterill showed a remarkable case of Vascular Tumour of the Face which had lasted for twenty years and had been treated without avail in many ways. The tumour involved the right side of the face, and was of large size. Electrolysis had done no good, but he thought that he would try the effect of tying the internal carotid on the affected side. Among the specimens shown were: A Skull and Brain illustrating old-standing depressed fractures without symptoms, Elephantiasis of the Labium Majus, weighing several pounds, from Mombasa, by Mr. Cathcart; Sections of a Glio-sarcoma of the Pons involving all the Cranial Nerve Origins on one side save those of the first three, by Dr. Bramwell; Albumoes from a Urine in a case of Chronic Nephritis, by Dr. Gillespie; and specimens from a case of Hæmorrhagic Pancreatitis, by Dr. Leith.

THE TYPHOID OUTBREAK AT DUNBAR.—Since calling attention to the anomalous state of the Public Health Service of Haddingtonshire in our last number, we find that the District Committee have a notice of motion before them to the following effect:—That this Committee memorialise the County Council to take into serious consideration the present unsatisfactory arrangements as to the county and district medical officers, and in doing so, suggest the propriety of terminating these arrangements, and in lieu thereof appoint a county medical officer, free from private practice, resident in the county, to devote his whole time to the duties of his office, with permission to the district committees of the county to appoint him also district medical officer. A copy of this to be sent to the Local Government Board. Such a course is in exact accordance with what we said last week, and we can only hope that the County Council will be large-minded

enough to put an end to the present position of sanitary administration in East Lothian.

MEDICAL EDUCATION OF WOMEN.—The sixth annual report of the Scottish Association for the Medical Education of Women and the Medical College for Women, Chambers Street, Edinburgh, states that the past year has again shown a very marked increase in the attendance at the college of the Association, and also steady work and creditable progress on the part of the students. As the growth of the college demanded increased accommodation, especially in the anatomical department, an arrangement has been made which has given the students excellent practical anatomy rooms and class rooms in a most convenient locality, and has added greatly to their comfort. The Court is strongly of opinion that the only satisfactory way to make the College for Women what it should be, and a fit companion to the other educational establishments in Edinburgh, is to have a building belonging more or less to the Association.

LEITH HOSPITAL.—The authorities of this hospital have been engaged for some time back in setting their house in order. The staff has been almost entirely changed within the last year, and a new batch of appointments was made last week. It will be noticed that most of the new officers hail from Edinburgh. The following are the appointments:—H. C. Langwill, M.R.C.P.E. (from the dispensary department), to be one of the physicians; Alexander Miles, M.D., F.R.C.S.E., to be one of the surgeons; David Berry Hart, F.R.C.P.E., to be physician for diseases peculiar to women; Dr. W. G. Sim, F.R.C.S.E., to be ophthalmic surgeon; Dr. Theodore Shennan to be pathologist, and Dr. George Elder, Dr. J. S. Fowler, and Dr. A. Scot-Skirving to be medical officers in the dispensary department.

MEDICAL SOCIETY OF LONDON.

The meeting on Monday evening last (February 24th) opened with a very interesting paper by Mr. Hurry Fenwick on the assistance to be derived from the painful manifestations associated with the presence of stone in the kidney in respect of its exact situation. He pointed out that, whereas with the stone in the pelvis there are frequent attacks of colic, with radiation of the pain and bladder irritability, these symptoms were usually absent when the stone is embedded in the cortex. When the stone is situated in the parenchyma of the kidney, i.e., in the pyramids, the patient is usually unable to sleep except on the side of the affected organ, lying on the other side giving rise to pain. With pelvic stones the patient could lie on the affected side.

Dr. Rolfe (by proxy) followed with a paper on the cases of renal pain calling for medical, as distinguished from surgical, treatment. He divided the cases into those in which the pain was dependent on reflex nervous disturbance, and the so-called "aching" kidney. The former is met with in association with valvular disease of the heart, more particularly aortic, and thoracic, and especially abdominal, aneurism. The aching kidney, he suggested, was usually due to movable kidney, but was also met with as the result of tight-lacing, and from undue acidity of the urine or other excess of some normal constituent of the urine.

Mr. Sydney Rowland gave a demonstration of the new photography, to which reference is made on page 222.

EXAMINATION PAPERS FOR THE DIPLOMA IN PUBLIC HEALTH AT THE UNIVERSITIES OF OXFORD, CAMBRIDGE DURHAM, (a) AND VICTORIA, AND THE JOINT BOARD OF ENGLAND.

(Continued from page 202)

DURHAM, APRIL 15TH, 1895.—No. I.

[1. Give an outline of the Sanitary Provisions of the Public Health Acts Amendment Act, 1890.

2. Fill in the diseases and other causes of death in Great Britain in the following Nosological Table;—

(a) Examination for the Degree of Bachelor in Hygiene, and for the Diploma in Public Health (U.F.H.) Durham

- I.—*Specific, Febrile, or Zymotic Diseases*, viz.:—
 - (1) Miasmatic, (2) Diarrhoeal, (3) Venereal, (4) Septic.
- II.—*Parasitic Diseases.*
- III.—*Dietic Diseases.*
- IV.—*Constitutional Diseases.*
- V.—*Developmental Diseases.*
- VI.—*Local Diseases in the following systems*, viz.:—
 - (1) Nervous, (2) Circulatory, (3) Respiratory, (4) Digestive, (5) Urinary, (6) Reproductive.

Indicate other causes of death not provided for in the above table.

3. Name the diseases with which Small-pox and Typhus respectively may be confused, indicating the signs leading to error, and those by which a correct diagnosis is to be made in each case.

4. Describe the origin and mode of Spread of Wool-sorters' Disease, and the measures to be taken for its prevention.]

[5. What is the meaning of the term "Specific Infectious Diseases"? How are these diseases characterised?

6. Enumerate the diseases with which Enteric Fever may be confounded, and give the differential diagnosis of the conditions mentioned.]

Directions:—The answers are to be made up into two sets, indicated by the brackets on the questions. Each set is to bear the Candidate's number.

THURSDAY, APRIL 18TH, 1895.

No. IV.—*Practical Hygiene, Climatology, Meteorology, &c., and Vital Statistics.*

[1. Show the different liabilities at various age-periods to sickness and death from the several Zymotic and Respiratory Diseases, also from Diseases of the Circulatory and Nervous systems.

2. Describe two systems of Ventilation and Warming applicable for Board Schools and other public institutions.

3. Describe the "Old Dutch" Process of White Lead Making, showing the dangers to the health of the workers, the protective regulations in force, and any other measures you would adopt for preventing lead poisoning in this manufacture.

4. Name the different sources and causes of Plumbism other than the Manufacture of White Lead, as affecting (a) workpeople, and (b) other persons.]

[5. Discuss the question of the aerial convection of Small-pox from Hospitals.

6. Give the Registrar-General's classification of communicable diseases.]

Directions:—The answers are to be made up into two sets, indicated by the brackets on the questions. Each set is to bear the Candidate's number.

VICTORIA UNIVERSITY, JULY 17TH, 1895.—PART II.

Medicine.

(Four questions only to be answered.)

1. Enumerate the diseases which may arise from meat of bad quality. Describe briefly in each case the chief features by which you can recognise that the flesh is diseased.

2. How does soil influence the causation of disease? Discuss this factor more especially in regard to the Etiology and prevalence of (a) acute rheumatism, (b) diarrhoea.

3. What diseases are more particularly associated with coal and copper mining, button-making, and the manufacture of artificial flowers? Explain upon what causes the prevalence of any special disease in these particular callings depends, and indicate the precautions necessary to minimise or obviate their action.

4. What are the lesions most usually observed after phosphorus poisoning? Give an account of the circumstances under which this mode of poisoning may occur in practice.

5. Give an account of the etiology of Tuberculosis. What are the modes of tubercular infection that are of practical importance?

WEDNESDAY, JULY 17TH, 1895.—PART II.

Sanitary Administration, &c.

1. Under what circumstances is a Medical Officer of Health justified in describing a dwelling as "unfit for human habitation," and how may a closing order be obtained?
2. Give the substance of the several legal enactments intended to provide against the sale of unsound or unwholesome foods.
3. Define a bye-law, and explain the difference between a bye-law and a regulation. What is meant by the terms Power of Entry; Service of Notice; Contributory Place; Provisional Order; Court of Summary Jurisdiction?
4. What statutory measures can be taken for the disinfection of infected articles and premises? Distinguish between those which are applicable under the general sanitary law and those under adoptive legislation.
5. Compare the system of Quarantine as employed abroad with that adopted in England for the prevention of cholera, and give instances of the operation of these two systems in recent epidemics of the disease.

CONJOINT BOARD OF ENGLAND, MONDAY, JULY 8TH, 1895.

No. 1.

1. Give an account of the Ray-fungus disease of animals, describing both naked-eye and microscopic appearances. State also what you know of the etiology of the disease, and give your views as to its communicability from animals to man.
2. To what extent do you consider Climate and conditions of the soil to be factors in the Causation of Acute Rheumatism?
3. In what ways does the health of children deteriorate from insufficiency of air and light?
Show in what respects the regulations relating to the erection of dwellings in large cities fail to protect the public health in this direction.
4. Give a short description of the trade-processes in which Sulphur compounds are produced or employed, and the way in which the health of the workers in such trade processes may be injuriously affected.
What practical suggestions would you make for the general improvement of the health conditions of the workers?
5. Enumerate and describe the rashes that may resemble the eruption of Scarlatina, giving the differential diagnosis in each case.

MONDAY, JULY 8TH, 1895.—No. II.

1. In an urban district (population 28,000) it is proposed to utilise, for the purposes of an isolation hospital, an old-fashioned detached house capable of accommodating 15 beds. The house has a fair-sized garden attached. What are the chief practical objections to the proposal?
2. *Burial grounds predispose to disease and are the source of actual disease.* Review critically the evidence on which the above statement is based.
Give the substance of the Memorandum of the Local Government Board "On the Sanitary requirements of Cemeteries."
3. Describe the form of *Table of Deaths classified according to Diseases, Ages, and Localities, K³(A)*, which is required by the Local Government Board to accompany the Annual Report of every Medical Officer of Health under its regulations. State clearly the rules to be observed in order that this Table may furnish the basis of a true record of mortality for the district to which it relates.
4. What are the provisions of Parts II. and III. of the Housing of the Working Classes Act, as they affect the condition of Rural Sanitary Districts? What have hitherto been the chief sources of hindrance in their practical operation?
5. What are the Powers and Duties of Sanitary Authorities and their Officers in respect of the pollution of Rivers by Trade Refuse?

MR. GEORGE RICHMOND has contributed £1,000 to endow a surgical bed in St. Thomas's Hospital in memory of the late James Richmond.

WE regret to learn that Dr. H. Rigby Matheson was drowned at Strahan by the capsizing of a yacht.

Correspondence.

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

THE EDINBURGH M.D.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I cannot help feeling some degree of amusement at the simplicity of your correspondent "Salisbury Craigs." Is he really of opinion that the amount of logic which it was necessary to know to pass the preliminary examination of the Edinburgh University could have had the very slightest effect on the brains of the candidates? The mere knowledge of the outward signs and symbols of the science of logic, a knowledge of "Barbara" and her sisters, which was chiefly parrot-like, could never increase the logical faculty in the students' mind. Logic in Edinburgh has always been something of a farce, and with so much else to learn the student is better without it. Your correspondent takes a very low view of medical teaching. As far as I am able to judge, proper teaching of the necessary subjects in the medical curriculum is, throughout, a very valuable lesson in logic, inductive and deductive. To use a common phrase a medical man is, as a rule, as able to put two and two together, perhaps I should say more able, than the average logician of Oxford or Cambridge, who are more concerned with the form than the substance. He must be the veriest dullard who does not pick up from his courses on chemistry, physiology, or medicine itself, a logical instinct. Why, every chemical equation is a syllogism, every physiological experiment or medical diagnosis must exhibit a process of logical reasoning. Unless your correspondent would go the length of advising that each aspirant for the degree of M.D. should take a degree in Arts before commencing his medical studies, so that he should receive something worth the learning, I am afraid that his suggestion would be of little avail.

In your number of last week you published a communication from your Scottish correspondent which refers to the manner in which the clinical part of the new examination for the M.D. degree is to be carried out. It seems to me that the proposal to make the examination simply a reflex of the M.B., C.M. examination is very weak. You justly say that a specialist may be well worthy of the higher honours without having to display an extensive knowledge of everything that appertains to general medicine. I admit that a narrow-minded specialist is not a satisfactory ornament to the profession, but it must be remembered that he has already had to go through the lower examinations in common with the future general practitioners. Specialism, owing to the great increase of scientific knowledge and acquirements, has expanded much of late, and, however much we may deplore the fact, must expand still more in the future. Would it be fair to ask a professed pathologist of some years standing, or a physiologist, who intends devoting his life to the teaching of his subject, to undergo a clinical examination?

The University of Edinburgh may have smoothed the path for its alumni at the beginning of their work; it would be a pity if it determined to place obstacles in their way at the end.

I am, Sir, yours, &c.,
M.D. EDIN.

Edinburgh, February 22nd, 1896.

MEDICAL TITLES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Quite recently I directed attention in your columns to the extraordinary anomalies of the law on this question, and the subject is again revived by your "leader" in last week's impression. According to the judgment in the case of Ferdinand, a man cannot append the title "M.D." with the qualifying letters "U.S.A." to his name, without the risk of being mulcted in a substantial fine. According to the judgment at Cardiff, in the case of Bridgwater, M.D., U.S.A., he can, as there is no implication that the man who so styles himself is "a registered practitioner of the United Kingdom." Now, I should like to ask pundits in the quibbles of the law whether an "M.D., U.S.A." can legally prefix the title "Dr." to his name, and practise medicine. It is not the practice of

medicine which is illegal, it is the assumption of a medical title. If he cannot do so, has he not as much right to prefix the title "Dr." as the possessors of the worthless and non-registrable title of M.D., or LL.D. from some sham University of Germany or America? There are scores of men in this city, and doubtless in other cities also, who practise medicine and chemistry, who prefix the title "Dr." to their name and who are not in possession of the registrable degree of "M.D." from any University whatsoever. What better right have they to do so than the "M.D., U.S.A."? I recently communicated with Dr. Bateman, of the Medical Defence Union, on this question, and in his reply he states: "With regard to the title 'Dr.' used by persons duly qualified but not holding the M.D. degree, we have no intention of prosecuting. It must be remembered that the M.D. means 'Doctor of Medicine,' whereas the word 'Dr.' simply means any person practising medicine, and is used commonly by the public generally as meaning a practitioner whatever his qualifications may be." This contention I hold to be eminently unsatisfactory and fallacious. It is not the title which the public give that any gentleman assumes. It is his academic distinction, or legal qualification, that a man ought in honour to use in his professional or other capacity; and I humbly submit that if what the public call a man who practises medicine or surgery is the title which he ought to assume then the "M.D., U.S.A.," or the "Ph.D." or the "LL.D.," of the diploma shops has just as valid a right to the title of "Dr." as the man who assumes it while possessing no registrable degree of "M.D." Many medical practitioners possessing only the licence of the Glasgow Faculty—a single qualification simply to practise surgery—style themselves "Dr. ———, Surgeon." This I hold to be fraudulent representation, as these men certainly intend to convey to the public that they are in possession of the "M.D." degree, in addition to a surgical qualification, and I need hardly add that it is in the intention to deceive that the law is violated. The Medical Defence Union would be better employed, in my opinion, in endeavouring to settle this important professional question, than in those minor points with which they are often connected throughout the kingdom.

I am, Sir, yours, &c.,
D. CAMPBELL BLACK.

Glasgow, 19th Feb., 1896.

ST. JOHN'S HOSPITAL FOR SKIN DISEASES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Under the heading "Opening of a New Hospital" *The Times* newspaper publishes a glowing description of the ceremony of inauguration of a new branch of St. John's Hospital for Diseases of the Skin (Leicester Square, London, W.) The new branch is installed in an isolated mansion in the Uxbridge Road, Suburban London, and converted at great cost to its new purpose. We are told that a distinguished company was present, including the Countess of Chesterfield (who "opened" the hospital), her son the Earl, the Bishop of Marlborough, Cardinal Vaughan, and Lieut.-Col. Mercier. The Earl of Chesterfield delivered an address, tracing the development of the institution, and ending with the statement that an annual addition of £2,000 a year would be needed to their income. The Countess, in declaring the hospital open expressed her great pleasure in being associated with her son "in so great and noble a work."

Cardinal Vaughan made a speech, in which he remarked that the aristocracy and gentry of this country knew well the times in which they lived and the duties incumbent upon them. They were to be found taking their part in the public life of the land, in political and civil life, in science and literature, in the defences of the country; but he ventured to think they could be engaged in no work which would commend them more generally or more heartily to the English people than in works of mercy such as that hospital represented.

Now, Sir, I venture to say that everyone of your readers who has adequate knowledge of the question of medical charity, of hospital accommodation, and of the gigantic abuses associated at present with the administration of medical relief will read this report with regret and

with indignation. Every member of the profession knows that there is no real reason for the existence of any hospital for diseases of the skin. Diseases of the skin are received and treated at every general hospital in both the out and in-patient departments. The great hospitals are all languishing for lack of funds, and most of them have many empty beds if not many empty wards. Everyone knows how deplorable is the waste of money inevitable in the administration of the best managed special hospitals; the salaries of the secretaries, the commissions to collectors, the cost of public advertisements appealing for funds, so that the expense of maintaining each bed in these institutions usually exceeds by two or three times the cost of that found necessary in well-managed general hospitals. There exist in London alone some forty or fifty useless or unnecessary special hospitals, whose total income would, if distributed among necessary and deserving institutions, probably suffice to provide all their pressing needs.

Among special hospitals there are many which must be styled not only unnecessary, but shams and frauds—establishments kept up for the personal purposes of their promoters, and the staff who work them.

The unnecessary special hospital abuse is one of the greatest affecting the true welfare of charity, and as every one who has examined the subject is aware, is attended with many other evils. It forms a prime factor in pauperising the people in the matter of medical relief, and inflicts harm in many ways upon the whole medical profession.

Except what I have gathered from an occasional paragraph in newspapers, I know nothing about St. John's Hospital, its promoters, or its staff, and I have not the least doubt they are all animated by the best motives, and acting in perfect good faith.

Nor can we find fault with members of the aristocracy and wealthy members of society, full of fine feelings (and perhaps not overburdened with brains) who lend a ready ear to any plausible plea on behalf of charity; but one looks for something better on the part of dignitaries of the English and Roman Churches like the Bishop of Marlborough and Cardinal Vaughan. It is, indeed, astonishing to find Cardinal Vaughan taking part in promotion of this enterprise and discussing it in the terms he employed.

Judging from his published utterances the Cardinal is distinguished by the strongest common sense; and he has shown himself a deep and earnest student of social problems. It is evident he has not made himself properly familiar with these problems, in so far as they are involved with questions of medical succour of the suffering poor, and in giving his countenance and eloquent support to the undertaking which I criticise he has done more to damage the cause he doubtless has at heart than can be retrieved by any effort he may put forth for many a long day.

I am, Sir, yours, &c.,
HOSPITAL REFORMER.

"THE POOR MOTHERS OF ENGLAND."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The pathetic cry on their behalf by a number of ladies, wives of Members of Parliament, and others, in the London newspapers some months ago, seems to be lost sight of just now in the discussion on Midwives' Registration. This "cry" was considered useful at that period, and served well for the insertion of the thin edge of the wedge, namely, asking for registration for the benefit and the protection of these poor mothers. But now "the cry" has been dropped, and if midwives are registered, they will be empowered to attend any of the mothers of England, rich or poor, for they will be recognised by law, and the confidence of the public will be increased as to their capabilities, and simply because of this legal stamp.

If the above "cry" was to obtain for these poor people more reliable and skilled attendance in their hour of need, why stop at registering women "midwives" only? What about the large army of men who have taken out their full medical curriculum, and have not been able to fully qualify and register according to law as medical practitioners? Why are they not considered? Because they have not had the Obstetrical Society of London to "nego-

tiats" for them with the General Medical Council, as Dr. Champneys has told us was done for these women, in his presidential address delivered a fortnight ago.

In reply to registering men, they will say:—"No, that would be a retrograde step. Would be opening a door for unqualified practice." We retort, "Is not registering uneducated women to practise midwifery a much greater retrograde step than it would be to register as 'midwives' those men who are all but qualified as medical men? If registration is for the benefit of 'the poor mothers of England,' would this latter plan not give them more skilled aid than women can offer them? I shall be glad if 'Registrationist' will answer these questions.

I fear these poor unqualified men of England have not gone the right way about it. If they could have "negotiated" with Dr. Champneys and the Obstetrical Society of London and obtained their "diploma," then they would have had powerful diplomatists at their back, who would have interceded for them with the General Medical Council, and they would now have been in possession of a document recognised by that august body! And yet, on the other hand, the executive committee of the General Medical Council resolved on Monday, February 24th, 1895, that "the Council cannot approve of any document professing to qualify persons for any practice in medicine, surgery, or midwifery, issued by any body or institution which is not a medical authority under the Medical Acts"! Surely, this looks very like a "solution of continuity," when they approved of the certificate, that Dr. Champneys refers to, of the Obstetrical Society, in May last!

I wonder what they who have been punished at various times by the Council by being struck off the Register will think of those who had been "warned" "negotiating" with their judges? Does this not look as if there is one law for the high and another for the lowly, who have no influential "negotiators"?

I am, Sir, yours, &c.,
G. H. BROADBENT.

8 Ardwick Green, Manchester,
Feb. 22nd, 1896.

Literature.

HAAB'S ATLAS OF OPHTHALMOSCOPY. (a)

So far as ophthalmological literature is concerned, this volume, which the enterprise of the publishers has placed within the reach of English readers, marks an epoch worthy of special notice. Within the compass of an ordinary-sized text-book "Haab's Atlas of Ophthalmoscopy" contains a complete series of admirable coloured drawings of the normal and pathological appearances of the fundus. The full significance of this fact stands out in bold relief, when it is remembered that hitherto all atlases of the kind have been large, bulky tomes, suitable only for works of reference in the public medical libraries. Such works, monumental as they may be of the industry, skill, and originality of their authors, have nevertheless, it may well be understood, fulfilled but a limited usefulness to both students and practitioners alike. They were almost inaccessible, and their size and price for the most part have banished them from the libraries of ophthalmic surgeons. We have, therefore, no hesitation in saying that the volume before us is a most valuable addition to the literature of this special subject, and will find favour where previous ventures in this department have failed. The drawings are excellent in every way, accurate as to detail, artistic as to colour, and beautifully reproduced. Each drawing is furnished with letter-press description, concisely pointing out the various details depicted. In all the drawings number no less than sixty-four. The first fifty pages or so of the volume are taken up with some practical remarks on the ophthalmoscope, retinoscopy, errors of refraction, &c. These in part, owing to their conciseness, will be found specially useful by students and practitioners who have neither the time nor the opportunity to consult larger works on the subject. It only remains for us to add that

(a) "An Atlas of Ophthalmoscopy: with an Introduction to the Use of the Ophthalmoscope." By Dr. O. Haab, Professor of Ophthalmology, University of Zurich. With 64 coloured plates. Translated and Edited by Ernest Clarke, M.D., B.S. (Lond.), F.R.C.S. London: Baillière, Tinsley and Cox. 1895. Price 10s. 6d.

the translator and editor, Dr. Ernest Clarke, has done his work well, and that the book, for the reasons above mentioned, is worthy of the highest commendation.

THE YEAR-BOOK OF TREATMENT FOR 1896. (a)

FROM the preface we learn that this is the twelfth issue of this popular year-book, and a line of familiar red-backed books on the shelf tells that for more than a decade we have not unfrequently consulted Cassell's Year-Book. The great majority of the issues are much alike, the editor wisely adhering to an arrangement which the medical profession approved of, but progress and time works some changes, and we are glad to find a section on Tropical Diseases in this issue.

Where all the sections are well edited it may look invidious to select some for special notice; we, however, think that Dr. Reynold's section on the treatment of nervous and mental diseases; Dr. Hale White's section on diseases of the stomach, intestines and liver; Dr. Dawson Williams' on the medical diseases of children; and Mr. William Rose's section on general surgery are of such excellence that we draw our readers' attention specially to them.

The section on anæsthetics has the great value of emphasising everything which appeared in the medical journals during the first year which was unfavourable to chloroform, and displaying much ingenuity in minimising the evils of etherisation. Bronchitis follows etherisation in the practice of Muret "was this due," he inquires, "to etherisation or to exposure, &c." page 173. On page 172 we read Nauwerck's theory that pneumonia following etherisation is caused by the pathogenic bacteria which exist so abundantly in the buccal cavity. Yet we get no hint to explain why etherisation sends them down to the lung and chloroformisation does not.

Obituary.

DR. JAMES FITZGERALD, OF NEWTOWNBUTLER

We regret to record the death last week of this estimable gentleman, one of the veterans of the profession in Ireland. He was stricken with hemiplegia at the ripe age of 88, and survived only five days. He held the Membership of the London College of Surgeons, obtained as far back as the year 1833, having been previously a pupil of Sir Astley Cooper. He retired from the Poor-law Service on pension a great many years ago, and occupied himself in the duties of a country gentleman and an active member of the Church of Ireland. He was greatly esteemed in his neighbourhood, and was laid to his rest by one of his oldest friends, the Bishop of Clogher.

Medical News.

St. Thomas's Hospital, London.

THE following gentlemen have been selected as House Officers from Tuesday, March 3rd, 1896:—Resident House Physicians: F. B. Thornton, L.R.C.P., M.R.C.S. (extension); W. E. Dixon, B.Sc.Lond., L.R.C.P., M.R.C.S. (extension). Non-Resident House Physicians: E. W. Palin, M.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S.; P. S. Hichens, M.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S. House Surgeons: L. A. R. Wallace, B.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S.; H. C. Crouch, L.R.C.P., M.R.C.S.; J. L. Prain, L.R.C.P., M.R.C.S.; G. J. Conford, B.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S. Assistant House Surgeons: B. Dyball, L.R.C.P., M.R.C.S.; P. W. Kent, L.R.C.P., M.R.C.S.; J. Smith, B.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S.; W. D. Frazier, L.R.C.P., M.R.C.S. Obstetric House Physicians: Senior—G. G. Genge, L.R.C.P., M.R.C.S. Junior—C. W. Grant Wilson, L.R.C.P., M.R.C.S. Ophthalmic House Surgeons: Senior—A. H. P. Dawnay, L.R.C.P., M.R.C.S. Junior—E. A. Saunders, M.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S. Clinical Assistants in the Special Departments for Diseases

(a) "The Year-Book of Treatment for 1896." A Critical Review for Practitioners of Medicine and Surgery. London: Cassell and Co., Limited.

of the Throat: W. Thornely, B.A.Cantab., L.R.C.P., M.R.C.S. (extension); P. L. Blaber, L.R.C.P., M.R.C.S.; Skin: W. D. Knocker, L.R.C.P., M.B.C.S. (extension); G. R. Harcourt, L.R.C.P., M.R.C.S. (extension); Ear: W. H. J. Paterson, L.R.C.P., M.R.C.S.; R. G. Strange, L.R.C.P., M.B.C.S. Clinical Assistants in the Electrical Department: F. J. Brakenridge, L.R.C.P., M.R.C.S. (extension); P. J. A. Seccombe, M.A.Cantab., L.R.C.P., M.R.C.S.

British Medical Association—Visit to Carlisle.

SOME progress has been made with the arrangements for the meeting of the British Medical Association at Carlisle on July 28th, 29th, 30th, and 31st. The President-elect, Dr. Henry Barnes, of Carlisle, will deliver the presidential address; the address in medicine will be given by Sir Dyce Duckworth, M.D., LL.D., and Dr. Maclaren, of Carlisle, will deliver the address in surgery. The sectional programme has to some extent been arranged. There will be nine sections. The presidents and vice-presidents of the different sections have been appointed. The names of the presidents are as follows:—Medicine, Dr. George F. Duffey, physician to the City of Dublin Hospital, and Lecturer on Clinical Medicine; surgery, Dr. Alexander Ogston, Professor of Surgery in Aberdeen University; midwifery, Dr. J. Halliday Croom, Obstetric Physician, Royal Infirmary, Edinburgh; public medicine, Sir Joseph Ewart, M.D., Brighton; psychology, Dr. J. A. Campbell, Medical Superintendent, Cumberland and Westmoreland Asylum at Carlisle; pathology, and bacteriology, Dr. Sheridan Delépine, Professor of Pathology, Owens College, Manchester; ophthalmology, Dr. David Little, Lecturer on Ophthalmology, Owens College, Manchester; diseases of children, Dr. James Finlayson, Physician to the Western Infirmary, Glasgow; ethics, Dr. T. F. P'Anson, Whitehaven. The Bishop of Carlisle and the civic authorities have signified their intention to do all in their power to make the gathering a successful one.

The Notorious Hernia Specialist—Sherman.

At the Manchester Assizes last week, George Greenwood, lodging house keeper, of Rochdale, sued Samuel John Sherman, described as a "specialist" in the treatment of hernia and rupture, for the return of money said to have been obtained by fraud. The defendant neither put in an appearance himself nor was represented by counsel. Mr. Langdon said the charge against the defendant, who carried on his business in Chancery Lane, London, and King Street, Manchester, was that by means of lies he had obtained from the plaintiff the sum of eighty guineas. For some twelve or fifteen years, the plaintiff had been suffering from a double rupture, but by wearing an ordinary truss he was able to go about and work without any trouble. The son of the plaintiff in June last saw an advertisement in a Manchester evening paper stating that rupture was cured without operation by defendant, and that all who wished to get rid of rupture and truss should send to him. The plaintiff resolved to see Sherman and went to the offices in King Street, Manchester. Before he was admitted he had to pay a fee of a guinea. Sherman examined the plaintiff, in reply to whom he said he could cure the rupture, and, in fact, make the plaintiff stronger than he had ever been before. But it was a difficult case, and he said he should want 100 guineas for the cure. Photographs were shown to the plaintiff of men who had been cured or were in process of being cured. The plaintiff ultimately agreed to pay 80 guineas for the treatment and cure. The money was paid on the following day, and Sherman then fitted on to the plaintiff a bad truss and gave him a bottle of lotion. The truss not being a proper appliance, the plaintiff had suffered a good deal of pain from it. In the beginning of this year he saw Mr. Whitehead, of the Manchester Royal Infirmary, who told him that the truss and the lotion were of no use, and were in fact rather bad than good. The plaintiff having given evidence, Mr. Whitehead was called and stated that rupture in an adult was not curable without an operation. The truss given by the defendant to the plaintiff was an improper truss. The "compound" would soften the skin rather than harden it, and so it would do rather more harm than good. The jury gave a verdict for the plaintiff for 85 guineas.

PASS LISTS.

Army Medical Service.

THE following is an official list of candidates for commissions in the Medical Staff of Her Majesty's Army who were successful at the recent Competitive Examination in London, placed in the order of merit:—

Names.	Marks.	Names.	Marks.
Birrell, K. T. F.	2740	MacDougall, A. J.	2207
Morris, A. H.	2308	Riddick, G. B.	2185
Archer, S. A.	2297	Hewetson, H.	2167
Cochrane, E. W. W.	2224	Clements, R. W.	2100
Swably, M.	2210		

Indian Medical Service.

THE following is an official list of the candidates for Her Majesty's Indian Medical Service who were successful at the Competitive Examination held in London on February 7th, 1896, and following days, arranged in order of merit:—

Names.	Marks.	Names.	Marks.
Walton, H. J.	3186	Brown, H. R.	2351
Ainsworth, H.	3010	Fleming, A. N.	2316
Cornwall, J. W.	2983	James, S. P.	2304
Smith, F. A.	2846	Pluch, A. E. H.	2283
Stevenson, J. S.	2810	Dee, F.	2255
Dickson, H. A. D.	2804	Mell, F. O. N.	2268
Richards, W. G.	2518	Brown, F. D.	2259
Dick, M.	2513	Hammond, F. A. L.	2223
Miller, A.	2476		

University of London.

THE following are official lists of candidates who passed the recent Intermediate Examinations in Medicine:—

Entire Examination.—Second Division.

Alexander, K. B., Guy's Hosp.	Forster, L. C. E., Sch. of Med. for Women
Anderson, W. M., London Hosp.	Glover, J. A., Guy's Hospital
Balderston, R., Guy's Hosp.	Kelly, C. F. M., Owens Coll.
Barron, H. T., Westminster Hosp.	Knight, C. V., St. Bart's Hosp.
Belfrage, S. H., University Coll.	Lander, C. L., B. Sc., London Hosp.
Briscoe, J. C., King's College	Law, S. F. C., St. Mary's Hosp.
Cambridge, F. J., St. Bart's Hosp.	Meakin, E. B. M., Sch. of Med. for Women
Clifford, H., University Coll.	Norman, R., London Hosp.
Collens, E. H., Mason College	Perdraun, J. A., University Coll.
Esau, H. L., Guy's Hospital	Uley, C. J., Owens College
Fairbank, H. A. T., Charing Cross Hospital	Watson, J. V., Owens College

Excluding Physiology.

Gates, Edward Alfred, St. Thomas's Hospital. (First Division.)

Second Division.

Raylow, H. C., Westminster Hosp.	Liddell, W. H. S., St. Mary's Hosp.
Bingham, S. O., St. Thomas's Hosp.	Longley, J. A. N., Mason Coll.
Cheesman, H. H., Westminster Hosp.	Owley, G. C., Guy's Hosp.
Everington, H. D., St. Bart's Hosp.	Parrest, E. K. H. A., Guy's Hosp.
F. x. H. K. C., Guy's Hosp.	Parsons, A. C., St. Thomas's Hosp.
Rox. T. H., Yorkshire Coll.	Rhodes, J. H., St. Bart's Hosp.
Gibbins, H. M., St. Bart's Hosp.	Richards, G. M. O., Owens Coll.
Hanson, H. B., Sch. of Med. for Women	Robinson, J. F., St. Bart's Hosp.
Hatfield, R., St. Bart's Hosp.	Rowland, P. W., St. Bart's Hosp.
Iboston, W. C. B., Guy's Hosp.	Tantoo, J. G. C., Mason Coll.
	Taylor, G. P., St. Bart's Hosp.
	Taylor, J., Yorkshire Coll.
	Miller, G. V., University Coll.

Physiology only.—First Division.

Aveline, H. T. S., Bristol Med. School.	Waltie, J. G., London Hosp.
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Second Division.

Reid, F. V. O., St. Bart's Hosp.	Scott, W. H., St. Thomas's Hosp.
Crisp, G. B., St. Mary's Hosp.	Stock, W. S. V., Univ. Coll., Bristol.
Günther, H. A., University Coll.	Stuart, W. L., Guy's Hosp.
Hanson, L. K. C., Guy's Hosp.	Thwaites, G. B., St. Thomas's Hosp.
Jones, J. L., University Coll.	Woodbridge, E. W., St. Bart's Hosp.
Northcote, P., St. Thomas's Hosp.	
Rowe, W. T., St. Bart's Hosp.	

Royal College of Surgeons in Ireland.—Fellowship Examination.

THE following gentlemen have passed the primary part of the examination:—

Mervyn Winfred Falkner and Percy Hope Falkner.

The following gentlemen having passed the necessary examination have been admitted Fellows of the College:—

Bernard Robert Chatterton, M.D., B.Ch., Univ. Dub.; Edward Henry Taylor, M.B., B.Ch., Univ. Dub.; Patrick Joseph Fagan, L.R.C.P.I. and L.R.C.S.I., and Alfred Ernest William Ramsbottom, L.R.C.S.I., L.R.C.P.I.

Notices to Correspondents, Short Letters, &c.

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

THE KISBY FUND.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I shall be glad if you will acknowledge the receipt of the following additional subscriptions to above fund.

I am, Sir yours, &c,
F. MCKENNA, M.B., H.M. Sec.

Carriockmacross,
February 20th, 1896

	£	s.	d.		£	s.	d.
Most Rev. Dr. Owen	2	0	0	Dr. Taylor, Monaghan	1	0	0
Mr. C. Woodd, (Penge)	2	0	0	Dr. Moorehead, (Coote-hill)	1	1	0
Dr. McCarthy, (Bridport)	1	0	0	Dr. S. Woodhouse, (Dub)	1	1	0
Dr. Moore, (Rockerry)	1	0	0	Dr. Delahoyde, (Dublin)	0	10	0
Dr. Moore, (Ardee)	1	0	0	Dr. O'Hagar, (Castle-billingham)	0	10	0
Dr. Strahan, (Dublin)	1	0	0	Dr. Keelar, (Dunbar)	1	0	0
J. T. Maguire, Esq., solicitor	1	0	0	Dr. Flood, (Dundalk)	1	0	0
Dr. J. B. Storey, (Dublin)	1	1	0	Terence Clarke, Esq., (Bray)	1	1	0
Dr. Black, (Ravenhill)	1	0	0	P. J. Clarke, Esq., (Leicester)	1	1	0
Mr. Clarke, ("Hirook")	1	0	0				
Dr. Cumings, (Belfast)	1	0	0				
Dr. H. B. Swann, (Dub.)	1	0	0				
Dr. C. J. Clibborn, (Sligo)	1	0	0				

BATHYBES.—A letter addressed to the Registrar, Royal College of Physicians, Pall Mall East, London, will enable our correspondent to obtain the information he desires.

DR. T. MILBANK (Exeter). We regret that we have no space at present to devote to the subject to which our correspondent refers.

THE letters of M. L. and Twice Rejected, are unavoidably crowded out at Press.

MR. SWAN'S second lecture on "Tubercular Disease of the Hip-joint," has been received.

MR. SYDNEY STEPHENSON'S paper on "Epiacleritis Periodica Fugax" is marked for early insertion.

EXIT JANE CAKEBREAD.

AS corollary to the leader in another column, we much regret to learn that Dr. Gordon, medical superintendent of the Hackney Infirmary, is at present incapacitated from duty, suffering from two broken ribs caused by a kick from the notorious Jane Cakebread. It was his duty to see the woman before her removal to the Lunatic Asylum, she having been certified to be insane, and when Cakebread heard her fate she kicked him savagely in the chest. Upon examination it was found that Dr. Gordon was suffering from two broken ribs, and the guardians have appointed another medical officer to undertake the duties during his illness.

DR. CARTER (Liverpool) is thanked for his note.

DR. CRAIGS.—The case is not by any means singular; a "swab" of the throat after six weeks and even double that length of time frequently reveals the presence of bacilli, and illustrates the fact of the long continued contagiousness of diphtheria after the child is supposed to have recovered. We shall be glad to receive full particulars when the case is completed.

Meetings of the Societies

THURSDAY, FEB. 27TH.

ROYAL INSTITUTION.—8 p.m. Prof. H. Marshall Ward: On some Aspects of Modern Botany.

SOCIETY OF ARTS (Imperial Institute, South Kensington).—4.30 p.m. Mr. C. Tripp: The Tobacco Industry of India and the Far East.

FRIDAY, FEB. 28TH.

CLINICAL SOCIETY OF LONDON.—8.30 p.m. Clinical Cases.
ROYAL INSTITUTION.—9 p.m. Mr. J. Murray: Marine Organisms and their Conditions of Environment.

SATURDAY, FEB. 29TH.

ROYAL INSTITUTION.—3 p.m. Lord Rayleigh: Light.

FRIDAY, MARCH 6TH.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.—8.15 p.m. At Royal Kent Dispensary, Greenwich. Clinical Evening. Cases, specimens, &c., by the President (Mr. Ernest Clarke), Drs. Collic, Henry, Jocelyne, and others.

Vacancies.

Anderson's College Medical School, Glasgow.—Chair of Midwifery. Information regarding the duties and terms of appointment of John Kidston, Secretary, 50 West Regent Street, Glasgow.

Birkenhead Union.—Resident Assistant Medical Officer of Workhouse and Schools. Salary £60 for the Workhouse and £20 for the schools, with rations, attendance, washing and residence. Applications to John Carter, Clerk to the Guardians, 45 Hamilton square, Birkenhead.

Bolton Infirmary.—Senior and Junior House Surgeons. Salary for the Senior, £120, and for the Junior, £80 per annum, with apartments, board, and attendance. Applications to Peter Kevan, Esq., Hon. Sec., 15 Acrefield, Bolton.

Folkestone, Victoria Hospital.—House Surgeon. Salary £80, rising £10 annually, with board, residence, and washing. Applications, with testimonials, to the Secretary by March 20th.

Manchester Southern and Maternity Hospital.—Resident House Surgeon. Honorarium, £60 per annum with board. Applications to Geo. Wm. Fox, 53 Princess Street, Hon. Sec.

Metropolitan Hospital, Kingsland.—House Physician, House Surgeon, Assistant House Physician, and Assistant House Surgeon. Salary of House Physician and House Surgeon £40 a year. That of the Assistant House Physician and Assistant House Surgeon £0 a year. Applications to be sent by March 7th to Charles H. Byers, M.D., Northumberland County Lunatic Asylum, Morpeth. Assistant Medical Officer. Salary £120 per annum, increasing £10 yearly to £150, with furnished apartments, board and lodging. Applications to Dr. McDowall, at the Asylum.

Ripon Dispensary and Cottage Hospital.—Resident House Surgeon and Dispenser. Salary £70 per annum with board and lodging. Application to F. D. Wise, Hon. Sec.

Warrington Infirmary.—Junior Resident House Surgeon. Salary £100 per annum with furnished residence and board. Application to J. L. Tunstall, Hon. Sec.

Yorkshire College, Leeds.—Demonstrator of Physiology. Salary £150. Particulars of the College Secretary.

Appointments

HARRIS, T., M.D. Lond., F.R.C.S., M.R.C.S., Visiting Physician to the Manchester Royal Lunatic Asylum.

HODGSON, C. E., L.R.C.P., L.R.C.S. (Irel.), Resident Clinical Assistant to the City Asylum, Birmingham.

JONES, ROWLAND H. H., L.R.C.P. Lond., M.R.C.S., D.P.H., Medical Officer for the Workhouse of the Baugor and Beaumaris Union.

LANCASTER, E. LW. CROFT, M.B., B.Ch. Oxon, Physician to the Swansea and South Wales Institution for the Blind.

MILES, W. ERNEST, F.R.C.S. (Eng.), House Surgeon to St. Mark's Hospital for Diseases of the Rectum.

NEWMAN, WILLIAM, M.D., M.R.C.P. Lond., F.R.C.S., Consulting Surgeon to the Stamford and Rutland General Infirmary.

PENNY, W. E., M.R.C.S., L.R.C.P., House Surgeon to Westminster Hospital.

PHILLIPS, GEORGE, M.R.C.S. (Eng.), L.R.C.P. Lond., Junior House Surgeon to the Bury Dispensary Hospital, Lancs.

RICHARDS, A. F. E., M.B., B.C. Camb., L.R.C.P. Lond., M.R.C.S., Medical Officer for the Hospital, Swansea.

SMITH, A. T., M.B., C.M. Aberd., Medical Officer for the Third Sanitary District of the Bromley Union.

STERLL, G., M.D. Edin., C.M., F.R.C.P. Lond., Visiting Physician to the Manchester Royal Lunatic Asylum.

STEVENSON, A. K. M.D., C.M. Irel., Medical Officer for the Drogheda Dispensary District.

TAYLOR, JAS. L.R.C.P. Lond., F.R.C.S., L.F.P.S. Glasg., Consulting Surgeon to the Wrexham Infirmary.

VAWDEY, GEO., L.R.C.P. Lond., L.M. Edin., M.R.C.S., Medical Officer for the Farnborough District Council.

WARD, T. H., M.B., C.M. Edin., Medical Officer for the Second Sanitary District of the Tonnes Union.

WATTS, J. M.A., M.B., B.Ch. Oxon, M.R.C.S. (Eng.), L.R.C.P. Lond., Surgeon to Crofton General Hospital.

WILLIAMS, ED. CRILL, B.A., M.B., B.Ch. Cantab., Physician to Out-patients to the Bristol Hospital for Children and Women.

Births.

ARNOLD.—Feb. 14th, at Oxford Road, Manchester, the wife of Francis Sorell Arnold, M.B. Oxon, of a daughter.

BELL.—Feb. 19th, at Grandisburg, Woodbridge, Suffolk, the wife of Frank Oliphant Bell, M.B., C.M., of a daughter.

CLARKE.—Feb. 16th, at Gladstones Road, West Kensington, W., the wife of William Frederick Clarke, M.D., B.S. Lond., of a son.

COOPER.—Feb. 12th, at Courtfield Road, the wife of G. White Cooper, M.B., of a daughter.

FOTHERGILL.—Feb. 15th, at Olive House, Rochester, Staffs, the wife of George A. Fothergill, M.B., of a son.

GEORGE.—Feb. 23rd, at 1 Burton Road, Brossedbury, the wife of Alfred W. George, M.B., M.R.C.S., of a daughter.

HARRIS.—Feb. 14th, at Holy Innocent's Road, Hornsey, the wife of E. Bernard Harris, M.R.C.S. (Eng.), L.R.C.P. Lond., L.S.A., of a daughter.

PECK.—Feb. 18th, at 64 Gower Street, the wife of Awdry Peck, M.A., Oxon, M.R.C.S., L.R.C.P., of a daughter.

RAWLINSON.—Feb. 16th, at Stuart House, Bognor, the wife of F. Juland Rawlinson, F.R.C.S., of a son.

Marriages.

CROUCH-SMITH.—Feb. 15th, at St. Thomas's Portman Square, London, Charles Percival Crouch, F.R.C.S. (Eng.), M.B. Lond., of Weston-super-Mare, to Annie Farbray, second daughter of Thomas Smith, F.R.C.S. (Eng.), of Stratford Place, W.

TAYLOR-STRAITON.—Feb. 21st, at Sebore, Central India, Harold B. Taylor, State Bally Branch, P.W.D., to Margery, daughter of the late Brigade-Surgeon J. B. Stratton, M.D., Indian Medical Service (By Telegraph.)

Deaths.

FITZGERALD.—Feb. 19th, at Newtownoutler, James Fitzgerald, M.R.C.S. (E. aged 68.

MALCOLM SMITH.—Feb. 20th, at Anwell Place, Hurstpierpoint, Sussex, Geo. J. Malcolm-Smith, M.D., aged 46.

MILES.—Feb. 22nd, at Kandy, Ceylon, Jane Ancoott, wife of Geo. Miles, M.R.C.S., formerly of Plympton, Devon.

ROBERTSON.—Feb. 21st, at 15 Great King Street, Edinburgh, J. Hutchins Robertson, M.D., J.P., late of Singapore, aged 66.

WEBB.—Feb. 22nd, at Gloucester, Chas. Louis Webb, M.R.C.S., L.S.A., formerly of Walton-on-Thames, aged 44.

NOTICE.—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXII.

WEDNESDAY, MARCH 4, 1896.

No. 10.

Original Communications.

THE PERMANENT CURE OF ANTE-FLEXION BY OPERATION. (a)

By GEORGE E. KEITH, M.B., C.M

WITHOUT entering into the question of dysmenorrhœa in all its phases, I would draw attention to the variety known as obstructive dysmenorrhœa. It seems strange to me, and probably also to others that there can be a doubt whether there is such a thing as obstructive dysmenorrhœa or not. Opinions on this question are, however, divided.

Those who believe in the obstructive theory consider that the pain is frequently due to an alteration in the shape of the uterus or in other words to an ante-flexion of that organ. This flexion occurs either at the junction of the body and cervix or in the cervix itself, and may vary very much in degree. The fundus of the uterus appears always to be directed more towards the pubes than is natural, and the os looks more or less forwards; in a very well marked case the position of the os will show that, if the cervical canal were prolonged forwards, it would be parallel to the cavity of the body of the uterus.

For example, when an examination is made in an extreme case, the finger strikes against the os, which is looking forwards and upwards; the shape of the cervix is not what is usual, the distance between the os and the vaginal junction in front being much shorter than that from the os to the vaginal junction behind. Pushing the finger up in front the body is felt through the anterior fornix. It is thus evident, and it is shown on bi-manual examination, that the uterine canal cannot possibly be in a straight, or even an approximately straight, line.

It is unnecessary to trouble you with the symptoms which may be caused by an ante-flexion, but it is necessary to remember that those tend to become more severe owing to alterations in the lining membrane of the body of the uterus and in the pelvic circulation generally. This must be borne in mind, because the full benefit of the operation to be described does not always appear immediately. The old operation of splitting the cervix has been perfected by Dr. Dudley, of Chicago. His modification does not seem to have met with the attention it deserves, and it is one of great importance, because it does away with the healing by granulation and its accompanying evils. I believe that the object to be aimed at is not the removal of any real or supposititious lessening of the lumen of the uterine canal, but in the rendering of this canal straight, or, at least, in doing away with any marked bend, and in this way relieving the pelvic circulation.

The old operation of dividing the cervix either laterally or through the posterior lip has this great fault, that, unless artificial means be taken to keep the canal dilated, the cut surfaces adhere almost immediately and the malformation is exactly as before. If the canal is rendered permanently enlarged by artificial

means, a slight deformity may be cured, but a marked one will not be relieved, as a rule, because the uterine canal has not been made straight or at least sufficiently straight to allow of the easy exit of the menstrual

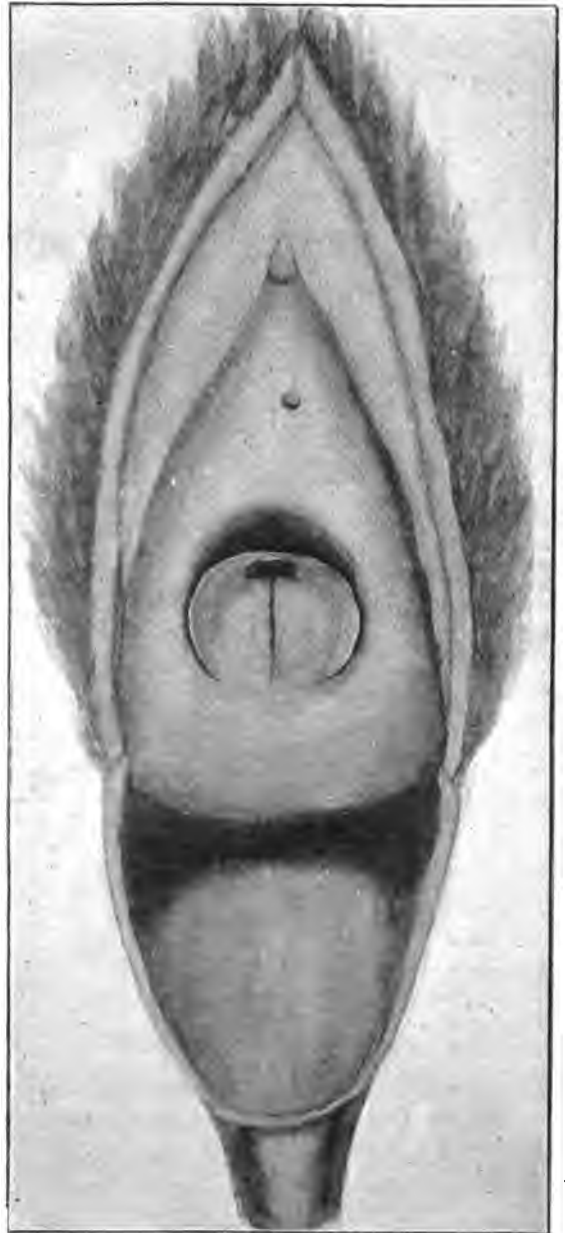


FIG. I.

fluid. In addition, more or less cicatricial tissue will be formed. The aim of the operation ought to be to make the canal of the body of the uterus and the cervix into a straight line in such a way that there can be no return of the deformity.

(a) Paper read before the British Gynaecological Society, Feb. 13th!

The following are the steps of the operation:—It is essential to use Sim's speculum, and as this operation may have to be performed on unmarried women the smaller end of the smallest sized speculum, three-quarters of an inch in width, must be the one selected in such cases. It is thus unnecessary to rupture the hymen unless it be very large. The vagina is to be washed out, a tenaculum is to be fixed into the centre of the anterior lip of the cervix and the uterus is drawn slightly downwards to straighten the bend as far as possible. A sound is passed to determine the exact direction of the canal which is then thoroughly dilated, preferably with a Goodell's dilator. This is followed by curetting, a large quantity of fungosities being usually removed. The operator then takes the tenaculum in the left hand and with knee-bent scissors in the right

surfaces, the upper or right, and the lower or left, and each requires to be sutured separately. It will be seen that if the cut surface on one side is doubled on itself so that the point touches the base, and the same is done on the other side, the point, *i.e.*, the os, must be either drawn backwards or the base must be drawn forwards. What happens is that the point is drawn backwards. It is next fixed in this position by sutures. The stitches are put in in the following way, the needle is passed through the whole thickness of the point on one side and from the vaginal surface to the cervical, and in the reverse direction through the whole thickness of the base. (see diagram). The stitch is then tied, thus keeping the cut surface doubled on itself. A similar stitch is then put into the lower side, one stitch on each side being usually sufficient. In this way the incision which was originally longitudinal has become transverse, although in two halves. It will be now noticed that the anterior lip has become elongated, and on bi-manual examination the body of the uterus and the newly-formed os will be found in a straight or almost straight line.

The after-treatment consists in simply keeping the patient in bed for ten days.

CASE I.—For *Dysmenorrhœa and Sterility*. The patient, *æt.* 29, married for eight years, had never menstruated without pain. This pain commenced a few hours before the flow and lasted usually for 24 hours, during which time she had always to keep her bed. The general health was not very good, but what was most distressing to the patient was that she was absolutely sterile. Before I saw her she had undergone a large amount of local treatment without benefit. On examination, the cervix was found to be bent at a right angle to the body, which was somewhat anteverted. After the operation already described had been performed, the patient menstruated without pain, soon became pregnant, and was delivered at full time.

CASE II.—Miss C—, *æt.* 32, suffered from dysmenorrhœa and menorrhagia, which had so affected her general health that she had to give up her situation of a governess. The pain lasted for two days, commencing a few hours before the flow, and although it had been always present at these times it was decidedly becoming worse. The menorrhagia was of more recent date and the quantity of blood lost was said to be four times as much as it had previously been. The usual remedies had apparently all been tried, and as it was essential to the patient that time should not be lost an examination was made at once under an anæsthetic. The cervix was found to be long and anteverted, but not to such a great degree as in the previous case. A similar operation was performed in the summer of 1893. There was little improvement experienced at the first two periods, during the third and fourth there was decidedly less pain and hæmorrhage. The fifth was almost natural in almost every respect, and since then there has been no trouble and the patient is now in perfect health.

CASE III.—The patient, *æt.* 27, had been married four years, and had never been pregnant. She had suffered from dysmenorrhœa since the first period, the pain coming with the flow. On several occasions the canal had been dilated. A year after the operation the patient was still sterile, but this may be accounted for by the fact that none of her husband's four married brothers have had any family. The dysmenorrhœa has been entirely relieved. This case was operated on by Mr. Skene Keith.

CASE IV.—Miss B—, *æt.* 27, first menstruated at the age of 11½ years, and always had pain since she could remember, with excessive flow which lasted a full week. When 17, she suffered from gastric ulcer, and since then the periods have been accompanied by intense headache and sickness, coming on two or three days before the flow. There was dysuria and frequency

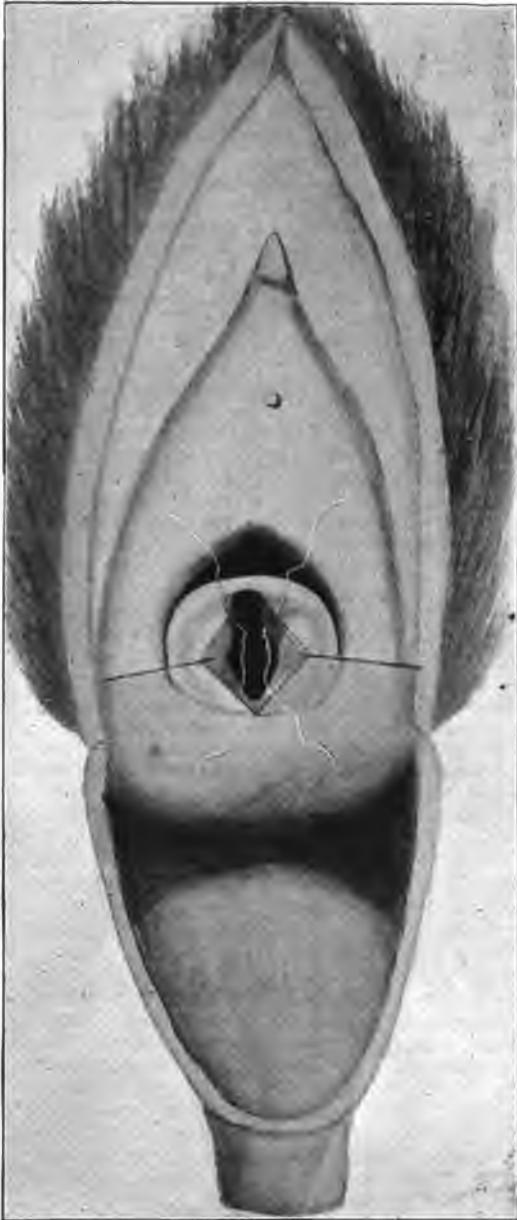


FIG. II.

cuts through the whole thickness of the posterior lip of the cervix almost to the vaginal mucous membrane. (see diagram). For convenience I propose to call the end of the cervix at the os the point, and the part where it meets the vagina the base. There are now two cut

of micturition and the patient had to make water as often as thirty times in the twenty-four hours. All these symptoms being worse during the flow. Examination showing a very acute bend. Operation on October 20th. During the night following the operation the patient made water only twice. I had a letter from her doctor last week in which he says: "Miss B—, is very much better, there is now no sickness nor pain with the periods, only a slight headache, the flow is normal and lasts three days and the patient does not require to get up during the night to pass water. There have been three periods since you operated."

TUBERCULAR DISEASE OF THE HIP-JOINT.

By R. L. SWAN, F.R.C.S.I.,

Surgeon to Stevens' and the Orthopedic Hospitals, Dublin.

It will be convenient for clinical purposes to consider the features of hip-joint disease, as they present themselves in three stages. 1st. Where they are of recent origin; where there is no real shortening, but suspicion of disease is excited by familiar symptoms which shall be briefly alluded to. 2nd. Where real shortening has occurred with or without suppuration. 3rd. Where a certain amount of consolidation has occurred with more or less shortening or deformity.

There are considerable differences in the early manifestations of morbus coxæ apparently due to the position of the deposit. If it be at or outside the epiphysal line, the symptoms may not be very acute. The parents of the child will notice a limping gait to which they may not attach much importance. The child may complain of fatigue rather than pain. If the disease progresses, pain at the inner side of the knee will be a prominent symptom, and night cries will be present. The appetite and digestion may be deranged, and the child will look badly.

The symptoms will differ when the articulation is involved upon the circumstances of its primary or secondary implication. In the first instance there may be signs of an acute inflammation ensuing on the receipt of an injury, probably a fall on the outer side of the thigh when the limb is semi-flexed. There will be pain, slight flexion, or abduction. The pain will be referred to the joint itself, and is increased by movement, concussion of the femur, or pressure over the trochanter. In such a case it will be necessary to differentiate between simple and tubercular inflammation of the joint. A few days' rest in bed will settle that question, if simple; the symptoms will subside, but if a focus of tubercular disease be established the signs, if not much aggravated, will remain about the same. After a time, a prominent and invariable symptom is muscular wasting. This may be seen by a comparison of the two limbs, taking a similar point on each for measurement. This sign is of great diagnostic value, and taken in conjunction with limitation of motion, both as regards flexion and rotation, will almost fix the diagnosis. The evidence that pain affords in the case of a young child is extremely misleading, as such patients invariably cry from apprehension, and the infliction of pain in an examination is undesirable, and to be avoided. In making an examination, the child should, when the clothes have been removed, be made to stand, facing the surgeon. The affected limb will be usually advanced, and the foot will touch the ground by the anterior part of the sole. The anterior superior spine will be depressed below that of the opposite side, and the limb will appear longer than its fellow, the lengthening, however, being only apparent, as will be found, by measurement. From the posterior view, it will be learned that the glutei are flattened at the affected side; that there is an apparent widening of the natis

owing to the loss of the muscular prominence and an obliteration of the fold below the gluteus maximus. This muscular wasting is observable in all the crural muscles, and is an atrophic process of a rapid nature, superadded to what must be viewed as a minor cause, namely, the wasting due to functional disuse. The child should now be placed on a flat table covered with a blanket, lying on its back. If the limbs are placed parallel to each other and flat on the table, it will be found that the loins are arched forwards. This indicates flexion, and the amount of this deformity is recognised when the back touches the table. If the anterior superior spine is lower than the other, abduction is present. The amount is manifest by moving the limbs outward till both spines are on a level. If, which is not a common occurrence, the affected side be higher than the other, it shows adduction, and its amount may be ascertained by moving the limb inwards till a horizontal line will pass through both these points.

It is necessary in the early stage of hip-joint disease to bear in mind the following conditions, with a view to their rejection:—1. Infantile paralysis. This may be simulated by the muscular wasting, and imperfect circulation of the limb. The limitation of motion at the joint, and the history, will render the diagnosis clear. 2. The lordosis of rachitis, with sub-acute epiphysitis. Here, however, the abundant evidences of a general rachitic diathesis will determine the question. 3. Spinal disease with psoas abscess. Here, although flexion may be present, the rotary movements of the joint are unaffected, and positive evidence of spinal disease may exist. 4. Gluteal or other extra-articular abscess. Here we must be guided by the absolute condition of the joint, by the concomitant symptoms, and by the history. 5. Congenital dislocation of the femur. In such a case, the absence of pain, the peculiar gait, the shortening without marked inversion, and the history will be sufficient guides. 6. Periostitis of upper extremity of femur. Here the symptoms are extremely acute. The pain and tenderness are excessive. There is high temperature, and even convulsions may occur. At a comparatively early period signs of septicæmia may supervene. 7. Sacro-iliac disease. By fixing the pelvis, the movements of the joint, whether flexion-extension or rotation, are unimpaired. The progression is also distinctive of sacro-iliac disease. This, in my experience, appears to be a disease of adults, except in very exceptional instances, while hip-joint disease is essentially a disease of childhood. 8. The term usually named "hysterical joint," and to which Sir James Paget has applied the term "neuro-mimesis." This condition will often tax the diagnostic skill of the surgeon, the more so, as it may undoubtedly co-exist with incipient disease of the joint, and is sometimes associated with general evidence of the hysterical habit. But there is an inconsistency of symptoms. The pain is often referred to the skin, and apparently produced by superficial manipulation, which would have no effect in genuine disease of the joint. As was pointed out by Hilton, the nervous relations to the hip-joint are those which have a direct relation to the supply of the uterine appendages. The condition, however, is not confined to the female, but is found in both sexes. The postural symptoms are unusual and erratic, and there is an exaggeration of all the subjective signs. At the same time, there is an absence of pyrexia, and of the presence of those symptoms which indicate joint mischief. There are no night cries, and the immobility of the joint is not constant. By directing the attention of the patient to some engrossing subjects, manipulations are borne without complaint, which would otherwise elicit cries of pain. There is no muscular wasting, or, at least, only what is due to functional muscular disuse. In a case of this kind the surgeon must not commit himself to a hasty

opinion but, until he has had opportunities sufficient to fully make up his mind on the subject, he must treat the case as if the joint were really implicated.

There are some rare or accidental conditions which may render diagnosis difficult. One is an inflammation of the bursa under the tendon of the psoas and iliacus. Another, which the following case will exemplify:—A. H., set. 10, was seized with intense pain in the right hip. I was called to see him the next morning. There was some pyrexia, and the boy screamed if the limb were touched. I desisted from any examination, and ordered him warm fomentations to the part. The following day a well-marked eruption of herpes zoster, following the course of the ilio-inguinal nerve, was evident, and explained the circumstances.

THE OBJECTS AND LIMITS OF OPERATIONS FOR CANCER. (2)

By W. WATSON CHEYNE, F.R.S.,

Professor of Surgery at King's College; Surgeon to King's College Hospital.

ONE of the departments in which there has been such activity of late years is in the treatment of cancerous diseases. The last few years have seen marked alterations in the older methods of operating in these cases, and also the introduction of operations in regions and of an extent formerly not thought of. Opinions differ very much at the present time as to the utility of many of these surgical procedures, and it is a matter of much interest and importance to consider the results which have been obtained, and to come to some definite conclusions as to their value. And it is with a view of trying to estimate the value of the work done in this department that I have decided to discuss in these lectures the objects which we should aim at, and the limits to which we may go in operating for cancerous diseases.

By cancer I mean the carcinomata, the essential feature of which is continuous and excessive growth of epithelium. Once this growth has commenced, nothing that we know of has any power to stop it. It invades the surrounding tissues, it spreads along the lymphatic vessels, or is carried by these vessels to the nearest lymphatic glands; it passes from one lymphatic gland or one chain of lymphatic glands to another, till it ultimately reaches the main lymphatic trunks, through which it enters the blood stream, and is deposited in distant organs and parts of the body. Deposited in these distant organs it again grows, and the same cycle of events follows, or would follow, were it not that the patient soon succumbs from general poisoning as the result of absorption of materials elaborated at the seat of the disease, from interference with the vital functions owing to the presence of the growth in important organs, from repeated hæmorrhages due to erosion of blood vessels, and so on. Once this overgrowth of epithelium has begun it goes on inexorably, unless we can arrest it, to the one fatal end.

Let us pass on now to the subject proper of these lectures—namely, the *objects and limits of operation* in cases of this disease. The primary object of operation in cancer is, of course, the prolongation of the patient's life and the alleviation of his local trouble, and what I propose to assert in these lectures is that these results are in most cases best attained by aiming, where possible, at the cure of the disease. Up till quite recently, and even now, many surgeons approach operation in these cases impressed with the view that real cure is practically hopeless, and that, with a few rare exceptions, the most that can be expected is prolongation of life for a variable length of time. They therefore oppose elaborate and extensive operations which in themselves must involve considerable risk of life and are content with fairly free removal of noticeable disease; in some cases, indeed, they do not even go so far. For example, in cases of mammary cancer, even where some enlarged glands are to be felt in the axilla, they comfort themselves with the idea that the glands may only be enlarged from irritation and not from cancerous deposit,

and therefore leave them alone until their true cancerous nature is only too evident. Of course, if operations are performed in this manner and with these views, it is no wonder that these surgeons are confirmed in their views and go on operating on cancer with the sole object of prolonging life for a comparatively short time. In discussing the curability of the disease I have already mentioned, evidence as regards cancer of the extremities, lips, and uterus, which shows that a real cure is obtainable in a very considerable proportion of cases, and in the following lectures I shall try to produce similar evidence as regards other parts. I therefore hold, and would strongly urge, the view that the first question to be kept before us in investigating a case of cancer is whether there is any possibility of curing the disease or not. Such a point of view makes a very great difference in the operation, for it is not then sufficient to remove only the noticeable disease, but it is necessary to take away, as far as possible, the parts in which disease may have become disseminated, although still unrecognisable—in other words, possibly infected lymphatic areas. Thus, if the skin is affected, a considerable portion around must be taken away, and this is the more necessary where the infection of the skin has come from beneath, as, for example, where cancers of the breast reach the surface, for the dissemination in the cutaneous lymphatic plexus is often under these circumstances very rapid and extensive, and this is probably due in part to the larger size of the deep cutaneous plexus, which will, in the latter case, be first involved. Again, where muscle is infected, the cancer cells are very rapidly and early driven along the lymphatic vessels of the muscle, and even though there may only be one visible nodule in the muscle, the whole or the greater part of it must be looked on as suspicious, and must be removed if there is to be anything like certainty in attaining the object of the operation—namely, the patient's cure. Again, as regards the lymphatic glands, we know that from a very early period they become affected, and that, of course, without any visible enlargement in the first instance; and, in addition to this infection of the glands without enlargement, plugs of cancer cells very often stick in the lymphatic vessels on their way to the glands. Hence it is necessary in all cases where the disease has lasted any time or extended at all deeply, not only to remove the primary mass freely, but also to take away the whole lymphatic area up to, and including the nearest lymphatic glands. Thus the operation performed with the object of curing the disease becomes a much more extensive one, and consequently much more serious, than that which simply aims at getting rid of the main trouble for a time and prolonging the patient's life.

The primary object of operation in these cases being, therefore, cure, the limits of the radical operation are where there is no reasonable prospect of removing the whole disease, or where, along with a very poor prospect of success, there is a very high mortality from the attempt. In such cases I do not think that operation should be mentioned at all, for even where the patient recovers from it and has presumably two or three months added to his life few would, I think, thank one for it, seeing that these two or three months have been spent in convalescing from a serious and, in the end, useless operation. But even in cases where hopes of cure or marked prolongation of life by a radical operation are out of the question operation may sometimes be advisable, with the object of removing symptoms which are immediately threatening to life, such operations, for example, as tracheotomy, colotomy, &c., or, in the second place, with the object of taking away the primary disease from a part, such as the mouth or throat, where its continued development means intense pain and trouble, and thus of substituting for these troubles an easier death from exhaustion. A *sine quâ non* of such operations must, however, be that they are reasonably free from immediate risk, and with regard to the second class that there is a prospect of attaining the object of the operation—namely, the entire removal of the disease from the part operated on. I do not think that a dangerous operation is allowable for simple relief of symptoms, however proper it may be if a cure may be hoped for.

There are thus two different objects to be held in view, and two different questions as regards operation which we must bear in mind in treating a case of cancer—namely (1) Can we reasonably hope for a cure? for if we can, a

serious or dangerous operation is permissible; or (2) Cure not being possible, can we decidedly ameliorate the patient's condition by operation, such operation, however, not involving any great risk of life?

It is, of course, impossible for me in the time at my disposal to discuss the objects and limits of operation for cancer in all parts of the body, and I have therefore selected three regions for examination—namely, (1) the breast, (2) the throat, and (3) the intestinal tract, as these three regions illustrate very well all the points bearing on our subject.

Before going on to discuss the results of operation for cancer of the breast I must very shortly indicate the sort of procedure which I think is necessary, and as I have already written on this subject I need not go at all fully into details. Knowing the very early period at which the cancer cells get into the lymphatic vessels, an operation to be at all complete must include the primary disease, the lymph channels leading from it, and the whole mass of the nearest lymphatic glands. It does not, however, follow that when these glands are enlarged it is not absolutely necessary to go beyond the first group because, for a time at any rate, the disease seems to be held back at that point; but, as I say, the minimum operation for cancer which will offer anything like a real chance of cure must take away everything up to, and including, the first chain of glands. Hence, in the case of the breast we must remove the primary disease, the whole breast tissue in which the lymphatics run from the breast to the axilla, and the whole of the axillary glands. In this connection we must remember that recent researches have shown that the breast is a very much more extensive organ than was formerly supposed, and that by the old method of operating practically only the central part was taken away. Lobules of the breast run in the fat over the pectoral muscle nearly up to the clavicle, well into the axillary line, almost on to the sternum, and downwards on to the origin of the abdominal muscles. In the deeper part, also, the lobules of the breast are intimately connected with the pectoral fascia, and the removal of the breast without simultaneous thorough removal of the pectoral fascia inevitably means that numerous lobules are left behind. Hence our skin incisions must be very much more free than formerly was the rule, and for my own part I always take away the skin coextensive with the prominent part of the organ. There is another reason for taking away this large amount of skin—namely, the existence of the suspensory ligaments of the breast, in which lymphatic vessels run from the organ to the skin, and these are not at all infrequently infected with cancer cells. In addition to this portion absolutely taken away, the skin all round must be raised, leaving fat and lobules of the breast, as high as the clavicle, as far inwards as the middle of the sternum, downwards on to the abdominal muscles, and outwards on to the latissimus dorsi, and one advantage of this free undermining of the skin is that in the great majority of cases one can subsequently bring the edges together by means of stitches. Where the tumour is situated towards one side of the breast additional portions of skin must be taken away in a V-shaped manner, so that all the skin from the vicinity of the disease is removed. The skin flaps being held up, the pectoral muscle must be exposed at the upper part, and then, in order to ensure the removal of the fascia, a layer of the whole surface of the muscle must be taken away, and when the lower and outer edge of the pectoral muscle is reached the fascia over the serratus magnus and the whole fatty tissue containing lymphatics, as far back as the edge of the latissimus dorsi, must be detached. In this way the primary disease, the breast, and the lymphatic vessels running in the fat and pectoral fascia towards the axilla are separated, and then one proceeds to clear out the whole contents of the axilla, finally leaving the nerves and vessels thoroughly cleansed, as in an anatomical dissection. One first follows the fat and fascia running between the pectoralis major and minor on to the costa-coracoid membrane; and then I explore the axillary vein at the lower part and tear open its sheath along its whole length. Then, raising the pectoralis minor, I begin at the very apex of the axilla right up under the clavicle, and with a curved blunt instrument (the one I find most useful is a periosteum detacher invented by Dr. Greville Macdonald for operations on the

nasal septum), and the finger detach the whole fat and included glands and lymphatic vessels till everything except the important structures in the axilla has been got away. It is very important also that the whole tissue should be removed in one piece; in the first place it is of great advantage in clearing the axilla to have the parts dragged down by the weight of the breast, and in the second place it is very important not to cut through tissue which may be actually diseased, and which may lead to subsequent infection of the wound, as might be the case were the mamma taken away in the first instance and the axillary tissues removed subsequently. And this risk of soiling of the wound is no imaginary one; had I time I could bring forward evidence to show that recurrence may be due to this cause, and that if it can possibly be avoided a malignant tumour should not be cut into, and on no account should it be removed piecemeal, as is sometimes done in other parts of the body.

This operation is, in my opinion, the least extensive which ought to be done, even in a simple case, if the object is to cure the patient, but it must be modified and extended in most instances according to circumstances. Where the skin is much tacked down over the tumour, although it may not be actually involved in the disease, the cutaneous lymphatic vessels and those running in the suspensory ligaments are apt to be affected over a wide area, and hence it is necessary in such cases to cut exceptionally wide of the disease. Where the tumour itself actually involves the skin, however, we know that the disease has almost certainly spread widely in the cutaneous lymphatic plexus, and in such a case one must not hesitate to remove the skin extremely freely and to leave a wound the edges of which it may not be possible to bring together. If such a wound is left it can very readily be closed by skin grafting, either at the time of the original operation, or if the patient is too exhausted about ten days or a fortnight afterwards.

Where the tumour is adherent to the pectoral fascia, as is very commonly the case, I think it is advisable to take away the whole thickness of the muscle at that part, and as the lymph tends to be forced onwards in the direction of the muscular fibres the mass of muscle removed should be detached along its whole length, from its origin to its insertion. In operating on such cases, as I approach the neighbourhood of the tumour I usually sink my hand through the muscle, and then rapidly separate the part grasped from origin to insertion, and detach it at both ends, and, as a matter of fact, in many of my cases I have done this, and have thus removed a considerable part of the lower portion of the pectoral muscle. Halsted and others advise that the pectoral muscle, at any rate its sternal origin, should be taken away in every case, partly in order to get thoroughly rid of the pectoral fascia, and partly in order to be able to clear out the axilla more effectually. As will be evident when I come to compare my statistics with Halsted's, this is really not necessary unless there are actual nodules in the substance of the muscle, more especially where the lower portion of the muscle is removed in the manner I have described there is no difficulty whatever in pulling up the remains of the pectoral muscle sufficiently to obtain complete access to the upper part of the axilla.

Where the muscle itself is actually diseased—that is to say, where there are one or more nodules in the muscular substance—it has been pointed out by Heidenhain that the whole muscle must be looked on as infected, for the muscular contractions very quickly distribute the contents of the lymphatic vessels over it. He therefore advises complete removal of the pectoralis major under these circumstances. I am inclined to think, however, that even in these cases it is often sufficient to take away the sternal origin of the muscle, and that the clavicular portion may be left unless there is actual disease present in it. The connection between the two portions is not very intimate, and from a functional point of view it is of great importance to leave the clavicular part.

Where the glands in the axilla are markedly enlarged the question arises as to how far one should go. In the first place, under such circumstances, it is certainly well to see what one is doing, and while if the pectoral muscle is not affected at all I prefer leaving it, I think it is well to divide it transversely and after the operation to stitch it up. The chief question, however, which has to be con-

sidered is whether, having found the higher axillary glands enlarged, one ought not to go further and remove the glands from the posterior triangle of the neck. Some have, indeed, tried to make it a universal rule that if the axillary glands are at all enlarged those in the posterior triangle must also be taken away; but, as I have already said, the first chain of glands opposes a barrier for a considerable time against the onward spread of the disease, and if only it is thoroughly removed I think one may in most cases be content. Where the cancer is a slow-growing one and only the lower axillary glands are noticeably enlarged I do not, therefore, open up the posterior triangle of the neck, and, so far as I can recall, I have only twice had recurrence in the supra-clavicular glands. If, however, the highest axillary glands are noticeably affected, it stands to reason that the posterior triangle of the neck should be opened. Unfortunately, however, in these cases the line of infection does not so much run into the posterior triangle as along the subclavian vein into the thorax along a route that is only imperfectly accessible even when the posterior triangle is opened, and I have not seen much benefit in the way of finding and rooting out disease as the result of opening up the posterior triangle. Mr. Arbuthnot Lane apparently advocates division of the clavicle and clearing out the supra-clavicular glands in all cases, but this is a method which I cannot at all agree with, and I think that my results bear me out; and where the disease is noticeable in the supra-clavicular glands I believe that cure is hopeless. Some have also advocated amputation at the shoulder-joint with the view of removing the axillary disease still more thoroughly, and this was first done by Sir Joseph Lister, partly at my own instigation. I do not, however, believe that when the disease has gone so far as to necessitate such a procedure there is the slightest probability of curing the patient. The conditions under which amputation of the arm would be necessary are the presence of a large mass in the axilla involving the nerves, for involvement of the vein or the artery, or even of both, does not necessitate amputation. I have on more than one occasion removed portions of the axillary vein to which glands were firmly adherent, and in one case I removed both vein and artery without any loss of vitality or other trouble in the limb; but where the disease is so diffuse as to involve the nerves I think it may be taken as certain that it has extended beyond reach.

As regards the limits of operation for cure in breast cancer, I would exclude from operation:

1. Cases of cancer *en cuirasse*.
2. Cases where there is a large mass in the axilla involving the nerves.
3. Cases where large glands can be felt above the clavicle.
4. All cases where secondary cancers already exist elsewhere.

In none of these instances is there any reasonable prospect of cure; and there will be but little to be gained by subjecting the patient to elaborate operations. Short of these conditions, however, I think a patient ought to have the chance of operation, and though, as I have said before, I would not urge it in bad cases, I think she should be allowed to choose. Even when the operation fails to cure the prolongation of life is often marked, much more so after those thorough operations than after the ordinary imperfect procedure. In this list I have not included cancerous cachexia, as is usually done, because it seems to be due to absorption of products from the cancerous growth, and does not necessarily imply a general internal infection. I have repeatedly seen patients with marked cancerous cachexia improve immensely after the operation.

In considering the results of former and recent methods of operation for cancer of the breast we may look either at the question of cure or at that of local recurrence, and the most satisfactory conclusion is, I think, obtained when we take both together: indeed, since the most recent views have influenced practice the time is too short for the accumulation of any large statistics as regards cure, and one must therefore judge of the effect to some extent by considering the question of recurrence. As regards cure, I have adopted Volkmann's three-year limit, and include under cures all cases which for a period of three years or longer after the

operation have had no local recurrence and have shown no sign of internal cancer. Although this three-year period is, as I have already said, not absolutely accurate—for a certain, though small, proportion of patients who have been alive and well at the end of three years have yet died of cancer—nevertheless it is near enough for all practical purposes, and even if we only secured the patient three years of complete freedom from disease such a gain would fully justify the most radical operation.

As regards the question of local recurrence, it will be seen that a very marked change has been produced by recent methods of operating. Formerly, and even now, local recurrence was extremely frequent (Gross puts it at 68·8 per cent.), and that is not including the cases which have been lost sight of, probably many of which have also recurred). In considering this question of local recurrence, it must also be remembered that up till recently half of these local recurrences took place during the first three months after the operation, and over 80 per cent. during the first year. Halsted has drawn a distinction between what he terms local recurrence and regional recurrence. By local recurrence he means recurrence actually in the track or area of the wound; by regional recurrence he implies recurrence in the neighbourhood, or in glandular areas which were not included in the first operation. Such a distinction is, however, extremely difficult to carry out, and it must often be impossible to determine whether a particular nodule has appeared in the track of the former operation or in its immediate vicinity. As a matter of fact, Halsted's regional recurrences imply an imperfect operation just as much as his local recurrences do; they simply mean that the operation has not been sufficiently extensive, no doubt in many cases because it was impossible; hence I prefer to group both these so-called local and regional recurrences together under the heading of external recurrences, and in my own statistics I speak of two sets of recurrences, namely external recurrences in the wound, its vicinity, or the glands, and internal or metastatic deposits.

The study of my cases fully justifies, I think, what I have said as to the necessity for extensive operation and the advantages to be derived from it. Contrast the older results from Trendelenburg's with 4 per cent. of cures to Fischer's with 15 per cent., or taken altogether an average of about 10 per cent., with the more recent results, varying from 15 per cent. in Küster's practice up to 57 per cent. in my own, and we see that, as the result of greater care in operating, the chances of cure have been largely increased, and the recent results in this table ought to be really better, for a little study of the methods employed by some of the surgeons in the more recent period shows that even there the operations were not so complete as could be wished. The value of even an imperfect improvement is well shown in Esmarch's results, for during the first period up to 1863, the old plan of operating was employed with only 4 per cent. of cures; while afterwards the axilla was cleared out more or less thoroughly, with a jump at once to 18 per cent.—a result more than four times better.

Looking at my own results it will be seen that the effect of thorough removal of the disease is very marked indeed. Taking the cases which have been operated on in the manner described up to three years ago, 21 in number, we have no deaths—12, or 57 per cent. of cures, and 9, or 42·7 per cent., of cases recurring either externally or internally. And if it is objected that 21 is a small number of cases to argue about, I would point out that 12 cures are more than can be shown by many of the older surgeons, although their cases exceed 100. Again, if we study my results from the point of view of the return of the disease, taking in the recent cases, we have a total of 61 cases, with 19 or 31 per cent., of recurrence of metastatic deposits, and among those recurrent cases were two which were really inoperable (in one case, indeed, visible disease being left behind), and which only raise the percentage of failures unnecessarily, and also included in these is one case in which I only assume that there was a metastatic deposit, but have nothing but suspicion to go upon. Excluding the two cases as being inoperable cases, as is usually done in the statistical reports I have quoted, we have 59 cases operated on with reasonable hope of cure, with 16 certain recurrences, or 27 per cent. Some of these, it is true, have only been operated on quite recently, and they therefore are not of much

value, although it must be remembered that by the older methods local occurrences in half the cases took place within three months of the primary operation. At the same time, let us exclude the cases operated on during the last year (and, as I have previously mentioned, over 80 per cent. of the recurrences take place during the first year after operation), I say excluding the cases operated on during the last year we are left with 40 cases, with, at the very worst, 16, or 40 per cent., internal or external recurrences, and that is including Nos. 24 and 29. Taking the external recurrences alone, we have in the 61 cases only 11 external recurrences, or possibly 12, giving an average percentage of external recurrences of 18 per cent. or 19 per cent. As regards the 12 cured cases, of course, recurrence may still take place in some, but taking the most unfavourable statements—viz., König's—that 15 per cent. recur even after three years, we would still be left with 9 cures (and that is leaving out also Case 9 which died without recurrence after three years), or 42 per cent. of definite cures, a result far superior, however it is worked out, to that obtained by the ordinary operation.

I have already referred to Halsted's paper (which up to the present has shown the most favourable results as regards recurrences), and he points out that in his 50 cases he has only had 3 local occurrences; but he has also had 8 regional recurrences, and, as I have already said, I think it is much fairer to combine his local and regional recurrences under one heading, "external recurrences," as I have done in my own statistics, and this gives him a percentage of 22 per cent. external recurrences. Contrast the results as regards external recurrence obtained by Halsted (22 per cent.) and myself (18 per cent.) with those of surgeons operating less completely as worked out by Halsted; for example, Billroth, 85 per cent.; Czerny, 82 per cent.; Fischer, 75 per cent.; Gussenbauer, 64 per cent.; Volkmann, 59 per cent., &c.; and the difference between the old imperfect operation and the thorough one becomes most striking.

While the results, as I have pointed out, are steadily improving, the proportion of cases which succumb to cancer is still considerable, and will not, I think, be much reduced till patients and medical men understand that there is a good chance of radical cure from early and thorough operation in mammary cancer, and that a suspicious lump in the breast, especially in elderly women, is not a thing to be watched, for I may say that over 90 per cent. of the swellings of the breast in elderly women are cancerous.

Contrary to the usual dictum, it is now found that the most favourable of all cases for operation are those of atrophic scirrhus, and the more nearly a cancer approaches the atrophic form the greater is the chance of permanent cure; indeed, I believe that the malignancy of the cancer in the individual cases has a great deal to do with the favourable result of operation, indeed, possibly more than the early period of the operation; but that, expressed in other terms, is only to say that in the less malignant forms of cancer the disease does not diffuse itself as rapidly or widely, and that by an extensive operation we have a better chance of getting beyond it. A patient who comes with a small tumour which has been noticed for several months, which has not markedly increased in size, and in connection with which we have only small glands in the axilla, has a much better chance than one who has found a tumour quite recently which is noticeably enlarging, and in which the axillary glands are of considerable size. In the former case the probability of getting beyond the disease is great on account of its slow spread; in the latter the reverse is the case. Hence while the sooner a cancer of the breast is radically removed the better, one cannot say that the chance of cure is necessarily proportionate to the early period of the operation; in any case, however, the chance of cure of necessity depends on the thoroughness of the operation.

DR. HENRY HICKS of Hendon, whose geological researches are well known, has been elected President of the Geological Society of London. Dr. Hicks is, we believe, the second medical man who has been elevated to this post of honour. The late Mr. Hulke was president of the Society at the time of his death.

Clinical Records.

CASE OF ACCIDENTAL HÆMORRHAGE.

Under the Care of MICHAEL C. O'GORMAN, J.P.,
L.R.C.S.I. and K.Q.R.C.P.I.

SEVERE cases of accidental hæmorrhage have occurred in my practice from time to time, but a case I attended on the 26th January, 1896, seems to me sufficiently interesting for publication. The patient, Mrs. G., æt. 40, a multipara, and in the seventh month of pregnancy, was taken suddenly ill under the following circumstances:—

Her servant left her early on the morning of the 25th January, and consequently she had to do some additional household work, and carried two buckets of water a considerable distance.

She retired to rest at eleven o'clock on that evening feeling quite well, but awoke at twelve in great pain with an intense desire to pass water. She got out of bed for that purpose, when to her surprise she began to bleed copiously. The ordinary chamber soon became full of blood; she fainted, and was lifted into bed.

When I arrived (about 5.30 a.m.) the hæmorrhage had saturated the bed, and the patient was completely collapsed. I immediately administered restoratives, and proceeded to make a vaginal examination. The os was high up, undilated, and frequent gushes of hæmorrhage occurred. Ballottement was easily made out. The patient moaned frequently, and complained of intermittent pains in the vagina, but nothing else.

External auscultation revealed nothing. I could hear no fetal heart or placental bruit, and palpation proved the fetal head was presenting. Under these circumstances, I dismissed all thought of placenta prævia, and proceeded to treat the case as follows. By means of an irrigator, I injected (for about an hour) into the vagina streams of hot and cold water alternately, gave a full dose of ergot, and applied a tight abdominal binder.

The hæmorrhage soon ceased, the patient dozed, and labour pains set in. I made careful vaginal examinations from time to time, but could not discover the cause of the hæmorrhage. Finally, I ruptured the membranes, and the confinement terminated quite normally, with these exceptions.

The fœtus, with umbilical cord twisted round its neck, and placenta were expelled simultaneously. The placenta was small and bloodless. On cutting the cord, it contained no blood, and the fœtus, though well developed (for seven months), was dreadfully anæmic. Quantities of large blood clots were also expelled.

Here was a case in which, I should say, complete separation of the placenta had taken place some time before labour was induced. Its analogy to the symptoms of placenta prævia in the early stage of that abnormal complication is interesting and peculiar.

The patient is making a good recovery, but still weak and anæmic.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, FEBRUARY 29TH, 1896.

The President, Dr. BUZZARD, in the Chair.

CLINICAL EVENING.

A CASE OF IDIOPATHIC MUSCULAR ATROPHY.

DR. CARR showed a lad, æt. 8, the youngest of thirteen children, none of whom had suffered from any similar manifestation, who was a typical case of muscular atrophy or dystrophy of the facio-scapulo-humeral variety. From the hardening of the calf muscles, there is reason to suppose that it may have begun as pseudo-hypertrophic paralysis. The recti-abdominis were singularly atrophied, and he could not raise himself forwards when on his back.

The PRESIDENT observed that the interesting feature of the case lay in the fact of the patient, the youngest of thirteen children, exhibiting alone among them symptoms of a disease which was usually held to be a family disease,

He held the view that many of these so-called family diseases would turn out to be of infective origin. The fact that only this child, out of thirteen, suffered from this affection, did not, at first sight, appear to favour that view, but, on the other hand, it would be extraordinary, if the disease were really hereditary, that only one child should so suffer. The occurrence of these diseases in several members of a family might be explained by exposure to the same influence. The fact that the patient had had measles a year previously, moreover, favoured the idea of an infective origin.

CASE OF ACCIDENTAL VACCINATION.

Dr. ABRAHAM showed a child, *æt.* 3, who presented two ulcers, one on the eyelid and the other on the chin, on a hard base, with the characteristic appearances of accidental vaccination. She was said to have been vaccinated as an infant, but there were no marks on the arms. She had been sleeping with a younger brother who had been successfully vaccinated, and probably that was how she was inoculated.

CONTRACTION OF FOREARM.

Mr. BATTLE showed a boy, *æt.* 12, who last year fell down, and fractured both bones of the forearm. It was put up in splints, but six weeks later, when the splints were removed, there was a large slough of the anterior surface of the forearm, with contraction of the flexors, so that he was at present unable to extend the wrist or the fingers. He has been under treatment at St. Thomas's Hospital for this condition for about five months, but, so far, no improvement has been obtained. The contraction was not influenced by *anæsthesia*.

Mr. W. G. SPENCER pointed out that this was the condition to which Volkmann had given the name of "ischemic paralysis," under which name he suggested this case ought to be described. Such cases were almost hopeless from a treatment point of view, because the contraction was due to inflammatory fibrosis of the muscles. He had seen this condition in a modified degree follow ligature of the femoral artery, tight bandaging, &c.

Mr. ABBUTHNOT LANE took a more favourable view in respect of the prognosis on the strength of two similar cases, in which, by using the tenotomy knife freely, he had succeeded in obtaining very satisfactory results.

Mr. OPENSHAW said he had had two cases like this one and he also had divided the flexors.

Dr. ORMEROD asked whether the author attached any importance to the fact that the terminal phalanges remained unflexed while the others were flexed.

Mr. BATTLE replied in the negative.

CONGENITAL DISLOCATION OF HIP REPLACED BY OPERATION.

Mr. OPENSHAW showed a girl, *æt.* 3, who came to him presenting the typical appearances of congenital dislocation of the hip. He cut down into the joint, removed a portion of the iliac bone at the upper and back part of the acetabulum and got the head back into the cavity. The shortening, which was previously $1\frac{1}{2}$ inches, was thereby reduced to $\frac{1}{2}$ of an inch, and she could walk with a slight limp. The movements of the joint were free in almost every direction, it being four months since the operation. He pointed out that unilateral cases were more favourable for operation than when the dislocation was bilateral. The head could not very well be replaced in the cavity before $2\frac{1}{2}$ years of age on account of the contraction of the acetabulum.

CONGENITAL DISLOCATION OF THE HIP WITH PECULIAR FEATURES.

Dr. TAYLOR showed a woman, *æt.* 23, who came under his care for epilepsy. He noticed that she was lame, and on examining her he found there was (probably) congenital dislocation of the hip. Mr. Ballance concurred in this view. It was peculiar in that there was very great mobility of the joint, this being associated with abnormal mobility in the corresponding knee as well as in the opposite knee. The limb was much shortened with corresponding lateral spinal curvature. There was much grating on moving the femur and it sometimes seemed to slip into a hole as if there were the remains of an acetabulum.

Mr. WALLIS said that after seeing this patient walk and noticing how easily she did so, he was disposed to congratulate her on having escaped operative interference.

Mr. GORDON BRODIE recalled the case of a lad with a similar condition who could walk several miles without inconvenience, and under these circumstances he too was inclined to doubt the desirability of operative interference.

Mr. BATTLE observed that in this case there seemed to be very little neck left and he presumed that, as in cases of injury, there has been some atrophy and absorption of the upper end of the bone.

The PRESIDENT suggested that the condition might possibly be the remains of an attack of infantile paralysis.

Dr. TAYLOR said that idea had occurred to him but he had not been able to elicit any information pointing to any such attack.

Mr. OPENSHAW recalled an interesting case of genu recurvatum, a condition which was attributed to faulty intra-uterine position, and he pointed out that most cases of congenital dislocation of the hip occurred in children born with a breech presentation, observing that this patient presented two of the features attributed to faulty intra-uterine position. Before $2\frac{1}{2}$ years of age, Lorenzo now preferred to apply extension, but between that age and 10 he still advocated this operation. He did not think it was a justifiable operation after 10 years of age.

Mr. TARGETT pointed out that the head of the bone having been outside the cavity would explain an absence of roundness.

Dr. TAYLOR, in reply, said that the child, the eldest, was born after a tedious labour, but the mother did not know whether the presentation was abnormal.

CASE OF ECTOPION VESICÆ.

Mr. H. B. ROBINSON showed a child, *æt.* 4, with ectopion vesicæ in its simplest form. The umbilical cicatrix was very large, prominent, and was situated only a short distance above the pelvis. The upper margin was well defined, and laterally its margins were directed downwards and outwards to the separated pubic crests, in relation with widely-diverging recti muscles. The pelvic symphysis was absent, and the bones were united by a firm fibrous band. The bladder and urethra were intact, but the clitoris was bifid, and the vaginal opening was a vertical slit to the left of the midline. *Per rectum*, the uterus appeared to be normal. On passing a catheter, its point could be felt plainly under the tissue above the pubes. As there was so much protrusion, he cut down, dissected off part of the fascia covering the recti, and brought the flaps together in the middle, thus providing much additional support to the abdominal wall.

DOUBLE FACIAL PARALYSIS.

Dr. H. E. TURNER showed a woman, *æt.* 25, with no history of rheumatism or of anything in particular, who after exposure to a draught three months ago developed facial paralysis on the left side. Six weeks later the condition on the left side remaining permanent, and without conscious exposure, paralysis suddenly supervened on the other side of the face as complete as in the first instance. There was actually complete loss of expressional and volitional movements on both sides, but no affection of taste or hearing.

The PRESIDENT observed that such cases were very rare, though he had seen one following influenza. By rare he meant rare in this form, for it might, of course, occur in disease of the pons.

Dr. ORMEROD recalled the case of a man whom he had seen a few years ago with the double affection equally well marked. He was at the time suffering from syphilis, and he assumed that it was probably due to syphilitic disease of the facial nerves.

Dr. MOTT remembered a similar case in a boy, the paralysis coming on the other side of the face within a day or two of the first attack. He recovered perfectly in about six weeks.

OSTEITIS DEFORMANS.

Dr. H. G. MACKENZIE showed a man, *æt.* 48, who dated his illness from a fall eight years ago. He presented marked bowing of the tibia and femora, with much thickening of the bones. There was marked deformity of the thorax, and the skull was very "bossy," its size being increased upwards as well as antero-posteriorly. Since December of last year he had on three occasions experienced a snap followed by pain and local swelling, but no crepitus, twice over the ribs, and on the last occasion in

the leg. In view of the resemblance of this affection to osteo-malacia he had tried a course of red-bone marrow, but though the treatment seemed to have relieved the painful manifestations the condition of the bones was apparently unaltered.

Mr. W. G. SPENCER suggested that the case might be one of multiple sarcoma, the characteristic features of which would possibly become more manifest later on.

Mr. WALLIS pointed out that it was not unusual for this affection to date from an injury. The patient, he said, was well-known at several London hospitals, and unless the author were in a position to confirm his story, he should be inclined to doubt his history in respect of the injury.

MULTIPLE LIPOMATA.

Mr. BIDWELL showed a strongly built man, æt. 23, who had a tumour in the palm of one hand, and on the neck, ever since he could remember. Seven years ago, something was done to the tumour on the neck, and soon after, several other tumours appeared, and he now presented numerous tumours varying in size from a pea to a walnut, all over the body. The skin over the large tumours was freely movable.

Dr. ABRAHAM said he had made sections of one tumour and found chiefly very vascular fibrous tissue with signs of inflammation. He did not think it could be described as a case of *molluscum fibrosum*.

Mr. CLEMENT LUCAS said some of the larger tumours were probably fatty, but the smaller ones appear to be fibrous.

CONGENITAL ENLARGEMENT OF FOREARM.

Mr. MAKINS showed a young woman, æt. 23, who presented marked enlargement of one forearm. The affection (nævus?) appeared to involve only the deeper veins. He asked whether it was a simple venous nœvus, or one involving the lymphatics. She complained of pain and numbness in the limb, and the swelling was entirely confined to the forearm, not extending into the hand.

Mr. CLEMENT LUCAS said he had no doubt it was a case of veno-lymphatic nœvus, and expressed surprise that she should not have been operated on before. He referred to a patient, a girl between 12 and 14 years of age, who presented this condition, there being a large spongy mass extending from the thigh to the ankle. He excised it in part very freely, and a year later she returned in order that he might repeat the operation in respect of the remainder.

TUMOUR OF MEDIAN NERVE.

Mr. WALLIS showed a young woman, æt. 23, who had sustained an injury to her right hand, damaging the median nerve, on which a tumour formed, which had been operated on several times. In January she came presenting signs of trophic disturbance, due to interference with the innervation of the nerve, in the shape of an ulcer on the index finger and commencing ankylosis of the joints. He excised the whole of the tumour, which measured 2½ inches, and brought the divided ends of the nerve together. She now had a very useful hand, fully capable of being used for sewing, &c.

SUTURE OF TENDONS.

Mr. WALLIS also showed a lad, who had met with an accident resulting in the division of the extensor tendons of the third and little finger, which, after healing of the wound, he was quite unable to extend. He consented to an operation; but as he could not find the upper ends of the divided tendons, he split the lower segments and sutured them to the tendon of the middle finger, and he could now fully extend both fingers with perfect ease.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, FEBRUARY 13TH, 1896.

The President, CLEMENT GODSON, M.D., in the Chair.

Dr. GEORGE KEITH read a paper on

THE PERMANENT CURE OF ANTEFLXION BY OPERATION. which will be found with illustrations, on page 229.

The PRESIDENT, in thanking Dr. Keith for his valuable paper, said that the older methods of treating anteversion by the intra-uterine stem, by Dr. Wynn Williams's pes-

sary, and by Hewitt's cradle pessary were so unsatisfactory as to have been abandoned. The good results of Dr. Keith's operation held out a hope that it would prove a valuable means of treatment.

Mr. SKENE KEITH said that when his brother first described the operation, he did not think it would answer, but once he had seen it he was so satisfied with it that he had performed it since about twenty times. In four out of five cases cure followed, and in the fifth, relief. In the latter class the method was perhaps responsible, he had consequently slightly modified the procedure by making the division more complete and paring off the corners left after division, so as to allow the uterus to assume a straighter position. He thought his brother's method was a real advance in their knowledge.

Dr. HEYWOOD SMITH said that hitherto the explanation of the pain was that it was due to a kink at the internal os. But in Dr. Keith's operation only the lower segment was opened up, suggesting that the pain was probably due to the pressure against the posterior wall of the cervix exerted by the uterus when expelling its contents. He thought that, as a rule, a single dilatation was useless, owing to the tendency to recurrence, but if some kind of incision were made, good results were more likely to follow. He could see no objection to a glass stem inserted for a few days, and he had known this to answer well both for sterility and for dysmenorrhœa.

Dr. BANTOCK traced the history of the treatment of these cases. The earlier methods of bilateral division of the cervix (Sir James Simpson) and incision of the posterior lip (Sims) were not free from risk, and had been given up. The natural history of the dysmenorrhœa was that at first the patient menstruated without pain; later there was some hindrance to the flow of blood, causing a little pain. By repetition, stasis was induced in the uterine vessels, and hyperplasia occurred, causing narrowing of the canal, so that often it would not admit a surgical probe. The pain often became most severe at about the age of 22. He had found dilatation, to No. 16, of the greatest service; if pregnancy followed, the relief was permanent, but otherwise, and in single women, dilatation must be repeated till the patient was cured.

The PRESIDENT said that his experience of the value of dilatation had been remarkable, and he hoped at some time to record his results. The point which struck him was that there were two kinds of ante flexion: one in which the cervix was in a good position and the fundus was flexed forward, the other in which the cervix was at fault, the fundus being in good position. He thought that Dr. Keith's operation would be found to be least satisfactory in the latter class. In his experience, dilatation up to No. 16 gave the best results.

Dr. GEORGE KEITH, in reply, claimed no merit for the operation, which he had learned from Dr. Dudley, of Chicago. When he first heard of it he did not think it would do any good, but after seeing the results of it in Dr. Dudley's patients he changed his mind. By this method the patient could be cured once for all, instead of requiring the repeated dilatations mentioned by Dr. Bantock, and he thought that in the case of virgins especially, this was a most important advantage.

Dr. E. F. ELIOT, of Southampton, read "Notes of Gynecological Cases from a Provincial Hospital," for which we hope to have space in our next.

HARVEIAN SOCIETY.

MEETING HELD FEBRUARY 20TH, 1896.

J. KNOWSLEY THORNTON, Esq., President, in the Chair.

Dr. J. EDWARD SQUIRE read a paper on

SOME CLINICAL REMARKS ON PNEUMONIA.

Dr. Squire first remarked on the influence on the production of pneumonia and on the course of the disease, which is due to the condition of the lung tissue—modifications in the "tissue-soil" which allow of the growth of micro-organisms. It is on the character of this change in the tissues that the "individuality" of each case of pneumonia depends. Though chill is the common determining cause of pneumonia, fatigue or debility after illness render the risks from chill greater. In this connection a case is

quoted where pneumonia followed a chill during convalescence from measles. The not-infrequent occurrence of pneumonia as a complication of enteric fever, introduced some remarks on the importance of deciding in any case of pneumonia whether the lung mischief fully explains the course of the illness as well as the existing symptoms. The occurrence of pneumonia has sometimes delayed the recognition of the disease of which it was merely a complication. The peculiarities of the pneumonia of influenza were referred to, and the influence of malaria on pneumonia was discussed. Whether or not malaria predisposes to pneumonia, there seems little doubt that the cachexia left after malarial poisoning adds to the danger of a subsequent attack of inflammation of the lung. Dr. Squire then considered the question whether acute congestion of the lung occurs, or whether the cases so described are not, in fact, cases of pneumonia. Pneumonia may prove fatal before the lung consolidation is complete, and in other cases resolution of the pulmonary exudation may occur before this has coagulated. In both instances the signs and symptoms of pneumonia are not fully declared, and when recovery takes place in the first stage of the pneumonia process, the term "abortive pneumonia" may be used. Passing on to the course and symptoms of pneumonia, instances of divergence from the usual course of the disease were mentioned, and some of the more important complications and sequelæ were illustrated by cases which had come under Dr. Squire's observation. Pneumonia of the apex sometimes gives rise to difficulties in diagnosis, especially with reference to the presence or absence of tuberculosis. In the treatment of pneumonia, Dr. Squire strongly advocated a stimulant line of treatment from the first. The exhaustion, which constitutes so great a danger, may be more easily prevented than counteracted. The necessity for a plentiful supply of nourishment, which must be administered frequently in small quantities, makes good nursing essential. The good results obtained by the inhalation of oxygen in certain cases, and the relief following a tepid bath in one instance, were also referred to. In conclusion, Dr. Squire remarked that, though we may have some general principles of treatment, which guide us in all cases of pneumonia, the details must depend upon the individual peculiarities of each case.

The PRESIDENT remarked that he hardly ever saw a case of pneumonia in his practice, possibly because when necessary he stimulated very early.

Dr. BOXALL had met with several cases of acute lobar pneumonia in connection with childbirth, cases in which there was not the slightest suspicion of septic complication, and all of them in hospital practice, where the septic element could be completely eliminated. But there are two factors in these cases which appear to have an important bearing on the incidence of the disease, and serve to support the opinion so ably put forward by the author of the paper. (1) The removal of the patient to the hospital during labour entails a considerable risk of chill. (2) The labour itself entails, at any rate in first cases, the hardest day's work which, even in this class of patient, a woman is called upon to perform, and leads to *fatigue*. He had noted the same in connection with pleurisy and acute rheumatism. But these cases, if treated on the now generally accepted lines, all seemed to do well. He had met with acute lobar pneumonia associated with childbirth also in another way. Acute lobar pneumonia, like many other febrile diseases, and especially those known as "acute specifics," often led to premature delivery or to miscarriage. These cases also, if septic contamination be avoided, seemed to do well. It was a point worth noting, that as soon as delivery or miscarriage occurred, not only did the general condition of the patient become no worse, on the contrary, it often improved, but the local manifestation of the disease, the lung consolidation, often rapidly improved also, an effect probably due to the inevitable loss of blood. As regards oxygen inhalations, Dr. Boxall considered them pre-eminently of service as a means of oxygenation when the lung was extensively consolidated, but he wished also to elicit an opinion as to its general stimulating effect. In both ways benefit might be derived.

Dr. G. A. SUTHERLAND referred to the inverted type of breathing which was frequently present in pneumonia, and might prove an aid in the diagnosis of obscure cases.

The respiratory cycle, instead of the normal sequence of *inspiration, expiration, pause*, took the form of *expiration, inspiration, pause*. The fresh air was thus retained in the lungs as long as possible, and the demand for more oxygen was supplied.

Dr. COOK mentioned cases where oxygen had been of the greatest service, noticing, in particular, how its administration seemed to act not only as a stimulant and restorative, but also as an expectorant of great value. He asked if it had been observed that sometimes, in the patchy pneumonia of influenza, the sputum was of a bright sulphur yellow in colour, though scanty in quantity. He remembered that when living in a malarious English district the type of pneumonia was of a particularly fatal character, also mentioning a case of a soldier invalided home for Egyptian malarious fever, who developed pneumonia from a chill, with a rapidly fatal result.

Mr. HAZEL said that he had recently successfully treated a bad case of pneumonia, attended with great debility, in a medical friend, *æt.* 75, who took alcoholic stimulants (whisky and brandy) to the extent of 12 oz. in twenty-four hours; and that he and the patient largely attributed the recovery to their use. In addition, he took strophanthus and nux vomica, which he preferred to digitalis and strychnine; and to aid resolution, iodide of potassium.

Dr. EDWARD GRAY remarked that the paper under discussion reminded him of a case he had about two years ago. His patient, a strong, robust man, *æt.* 30, had passed through all the well-known stages of typical pneumonia which, in spite of treatment, had gradually crept over the greater part of both lungs. There was consolidation of a good deal of the right and apparently the whole of the left lung with effusion into the right pleura. The pulse was of low tension, very rapid and irregular. The breathing also was very quick, shallow and irregular—in fact, he was breathing chiefly by means of the middle lobe of the right lung. The face was livid and the lips blue. Seeing that the case was desperate he determined to try oxygen as a last resource. He drove to Krohne and Sesemann's in Duke Street, and brought back a cylinder containing from 30 to 40 feet of that gas. When he re-entered the sick room, the nurse met him with the remark "Its all over, doctor." He looked at the patient: breathing had ceased and there was no reflex action on touching the conjunctiva. There was no time to examine the heart, but no pulse at wrist or temporal was perceptible. He lost no time in putting the apparatus together and applying the mouthpiece. He then turned on the gas, compressed the patient's chest at regular intervals, and eventually perseverance was rewarded by respiration being re-established. The patient gradually improved from that hour and is now as well and strong as ever he was. Dr. Gray added that with regard to the colour of the expectoration in pneumonia following influenza, that he was at present attending a case, and was much surprised at the long continuance of what he took to be the characteristic rusty-coloured sputa. A day or two ago, however, he found on inquiry that his patient had been in the habit of sucking "Spanish liquorice" for the relief of the cough. It was quite possible, therefore, that her expectoration had taken on the yellow colour alluded to by Dr. Cook from this cause. The fact, he thought, was worth remembering as showing how necessary it was to make minute inquiries and accurate observations.

Mr. SPENCER HUELBUTT agreed with Dr. Squire that pneumonia following influenza differed in many respects from the ordinary lobar variety; it was especially in these cases that the early and free use of stimulants were required. He inquired in what stage of pneumonia was the inhalation of oxygen most likely to be of service?

Dr. CAGNEY spoke of the advantage of administering oxygen by inhalation in pneumonia and in cases of heart failure from other causes, illustrating these points by the mention of cases within his experience.

Dr. SQUIRE then replied to the various questions and points raised, and the meeting adjourned.

Dr. GRANVILLE BANTOCK, F.R.C.S.Ed., Senior Surgeon to the Samaritan Free Hospital, having resigned that post, has been elected on the Consulting Staff.

THE LARYNGOLOGICAL SOCIETY OF LONDON.

MEETING HELD FEBRUARY 12TH.

DR. FELIX SIMON, President, in the Chair.

DISCUSSION ON THE NATURE OF LARYNGEAL COMPLICATIONS OF TYPHOID FEVER.

THE discussion was opened by a paper by Drs. KANTHACK and T. A. DRYSDALE.

Dr. KANTHACK, who read the paper, began by stating that opinions differed considerably with regard to the frequency of intra-laryngeal ulcerations during typhoid fever. Out of 61 fatal cases at St. Bartholomew's ulceration was found in 26 cases. The general situations were the tip and edges of the epiglottis and in the neighbourhood of the vocal processes. With regard to the pathological nature of the lesions, Are they specifically typho-genetic? The assumption that the ulcers are decubital was at once set aside as erroneous. That they are produced by repeated injuries acting on debilitated tissue was more commended. That they were typho-genetic on the ground that the ulceration affected the adenoid tissue of the larynx is incorrect, as in the above regions no such tissue exists. That the evidence of the assumption from analogy of other parts, such as periostitis and parotitis, that the typhoid bacillus produces the ulcers is weak and insufficient. The bacteriological evidence is very incomplete, and such as there is points against their specifically typho-genetic nature. Clinical evidence too does not support the theory, as there seems to be no relationship between the symptoms of the fever and the laryngeal lesions. The explanation that the mucosa of the larynx being in the so-called "typhoid state" is readily injured and forms an easy portal for pyo-genetic cocci, and naturally this occurs most commonly in the most inefficiently vascularised portions, however, does not satisfy all cases. The lesions are undoubtedly caused by micro-organisms, and there is the strongest evidence that these are the pyococci, and with very rare exceptions the typhoid bacillus.

Dr. WATSON WILLIAMS (Bristol) was of opinion that while acute and chronic laryngeal lesions are sometimes undoubtedly secondary, the result of septic infection, they are in the main specific, and due to typhoid toxin, and more frequently associated with the presence of the Eberth bacillus than Dr. Kanthack's observation had led him to believe. Dr. Williams submitted the following reasons for arriving at this conclusion: 1. As regards lymphoid tissue, Cornil and Ranvier had found that, while in typhoid cases dying from pulmonary and bronchial complications catarrhal laryngitis was generally present, in a smaller portion, and in a more acute form of laryngitis, the lymph follicles were tumefied and formed nodules, in which the multiplication of the nuclei and infiltration of the retiform tissue were entirely similar to what is observed in the closed follicles of the small intestine. These tumefactions often give place to crateriform ulcers. 2. The frequency of initial lung symptoms in typhoid were suggestive of a specific origin, and, in fact, the typhoid bacillus had been found in the lungs in numerous instances. Newman found the typhoid bacillus in 11 out of 48 cases in the kidney, and concluded that the bacilli appeared only in the urine when the kidney is directly involved. Thus the preliminary and renal lesions should be regarded as due to the typhoid bacilli and their toxins. 3. The frequency and the characteristic aspect of laryngeal ulcers in typhoid, as compared with the rarity in other exanthemata, pneumonia was strong *prima facie* evidence in favour of their specific nature. In congenital typhoid the intestines do not present ulceration, due, Dr. Williams thinks, to the absence of saprophytic micro-organisms, especially the B. coli, which, abounding in the intestinal tracts in after-life, add to the virulence of the typhoid bacillus. So in the larynx, the ulcerative process may be due to its exposure to the combined action of these bacilli, under conditions which markedly favour the development of extreme pathogenic properties. 4. It was hardly possible to account for the inoculation of certain cases, except by serial infection. Dr. Williams referred to cases in which typhoid was apparently caught from the expectoration of a case with laryngeal ulceration. These cases were virulent and fatal. Two had laryngeal ulceration, and in one case, Eberth's bacilli had been obtained from

these ulcers. 5. Just as more general typhoid lesions fell into two groups—the acute and the chronic, secondary focal abscesses, otorrhoea, osteomyelitis, in which typhoid bacilli had been demonstrated, so, likewise, did the laryngeal complications of typhoid fever.

Mr. S. G. SHATTOCK exhibited some preparations showing the ulcers so typical in situation, viz., over the vocal processes of the arytenoids. He could say from having examined especially into the point, that there was no lymphoid tissue in this situation in the normal condition. Therefore, the lesions in the larynx were not strictly comparable to the intestinal lesions.

Dr. J. HORNE said that ulceration of the larynx in typhoid fever was necessarily of a typhoid origin. In some cases, the ulceration had been found *post-mortem* to be tubercular. In such cases, it would be important to know the state of the lungs and larynx before the onset of the fever. Bearing in mind that tuberculosis more commonly follows typhoid than any other fever, it may be that typhoid renders the laryngeal tissues more vulnerable to the attacks of the tubercle bacillus.

THE PRESIDENT asked why the cricoid cartilage was so frequently the site of the disease? There were several specimens showing this without disease at the processus vocalis.

Dr. KANTHACK, in reply to Dr. W. Williams, did not accept the statements with regard to lymph follicles in the larynx. His own and other observations showed the absence, even in disease, of adenoid tissue on the vocal processes and on the tip of the epiglottis. He desired to know what authority Dr. Williams had for stating that the typhoid bacillus had been found in the lungs in numerous instances. The presence of Eberth's bacillus in the blood during typhoid was generally acknowledged to be extremely rare. Its frequent occurrence in the urine was indisputable, but this was no argument that the tissues were generally infected. To argue from congenital typhoid was to argue, in his opinion, from the unknown. Dr. Williams assumed that the typhoid bacillus in the lungs produced no ulcerative lesions because it did not co-exist in the B. coli. Dr. Kanthack, on the other hand, had shown that it was always there, and in following Dr. Williams' own argument, necrotic lesions in the lung should be common in typhoid. Most authors had failed to find typhoid bacilli in suppurative and inflammatory complications of typhoid. With regard to the President's question, he was not prepared to answer without a little more thought and study, but he had always considered the cricoid perichondritis to be secondary to the ulceration on the processus vocalis.

DISCUSSION ON FOREIGN BODIES IN THE UPPER AIR AND FOOD PASSAGES.

Mr. C. SYMONDS, in opening the discussion, said that in the nose, when no history was given, the most characteristic symptom was unilateral purulent, often blood-stained, discharge, with more or less obstruction. Young children should be examined under chloroform, and the foreign body removed with forceps or probe. In the pharynx stress was laid upon the importance of examination with the mirror, and the close resemblance of a string of glazy mucus to a fish-bone. Where nothing could be seen the finger should be used. The danger of thus driving in sharp bodies was referred to. In the larynx division was made into those that were small and did not impede respiration, and those that were large and obstructive. In the first case, intra-laryngeal methods of removal were recommended. In the second group great stress was laid upon the importance of having everything ready for tracheotomy, in case of spasm occurring. If the body is impacted in the glottis, after tracheotomy, he considered it better to attempt at removal through the mouth by a skilled operator before dividing the thyroid cartilage. He would not retain the tube after all extraneous substances were removed. In the trachea and bronchi the value of the paroxysmal cough was referred to, also the importance of the knowledge of the nature of the foreign body. The danger of mistaking the quiet period for complete recovery was pointed out. The danger of inversion and succussion, without previous tracheotomy, was thought to be sufficient to exclude the method. Tracheotomy should always be performed if a foreign body were in the trachea or bronchi. In the oesophagus

phagus the main point was the danger of over-manipulation, causing fatal laceration, driving penetrating bodies into the œsophagus, and the wisdom or otherwise of pushing down impacted food, rather than waiting a few hours for solution to take place. Importance was attached to the sounding for coins, and the inadvisability of using an ordinary bougie. For the removal of tooth-plates œsophagotomy was recommended, the wound to be packed with gauze after suturing the gullet.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD THURSDAY, FEBRUARY 13TH, 1896.

The President, Dr. PORTER, in the Chair.

PROFESSOR HICKS, F.R.S., Principal of Firth College, gave a very clear and interesting account of his experiments with Röntgen's rays, of which we gave a description in our issue for February 19th. He showed a large number of sharply-defined and beautifully executed shadowgraphs.

Dr. ARTHUR HALL showed: (1) a case of facial spasm; (2) a case of osteo-arthritis, with Röntgen shadowgraph of one hand.

Mr. DALE JAMES showed (1) a case of "Circumscribed Scleroma" in a girl, *æt.* 19. The patch existed as an arc four inches long upon the upper surface of the left mamma. It followed a severe blow upon the site four years before. Under massage and the constant current, it was rapidly improving. (2) A severe case of "Raynaud's Disease." The patient was a woman, *æt.* 44. When first seen, a fortnight before, the fore half of each foot was deeply cyanosed, and mottled patches extended above the outer arch of the left leg. Both arms were similarly mottled to the shoulder on the extensor surfaces. The right hand was cold, purple, and œdematous. The left presented an extraordinary appearance. The fingers were greatly swollen, of a brilliant scarlet colour, spotted with white; the index and second fingers showed hard necrotic plugs, destroying the entire pulp. These have since broken down to some extent, but are not yet detached. A former attack, six years ago, was not so severe, but involved some of the toes in superficial ulceration. There is no evidence of specific taint, although she has miscarried twice, having four living children. She had rheumatic fever eleven years ago, which has left a slightly damaged aortic valve. The present attack commenced in September, after a miscarriage.

Mr. CHARLES ATKINS showed a case of

SYMMETRICAL GANGRENE—? RAYNAUD'S DISEASE.

Mr. C. B., *æt.* 39, complains of the tips of the fourth and fifth digit on each hand being cold and dead: one month. One month ago, when employed at work in a cold and damp cellar, he became ill with a severe cold (? influenza). Had pain like rheumatism in his fingers and then they became cold, and of a purple colour, turning to a deep dead black, down as far as first joint, except fifth digit on right hand, which is only affected just at the tip; the parts just above the line of demarcation are slightly swollen, inflamed, and tender. Both feet have been affected with discolouration, extending from centre of foot on outer side round the heel to a point opposite on the inner side. The toes have also been slightly discoloured and painful on the dorsum. When 15, had rheumatic fever. No other severe illness of any kind. No history of syphilis. Has had slight (?) rheumatic pains on and off last three years. Has had very good health. Father died, *æt.* 70, of hepatic cirrhosis. Mother alive and well, *æt.* 56. Seven sisters, all alive and in good health. One brother, ditto. No family history of any complaint. Heart normal. *Urine*—Clear, acid, 1020, alb. $\frac{1}{2}$. No sugar.

Dr. SINCLAIR WHITE showed

(1) A woman, *æt.* 50, who had a cancerous stricture of the rectum of six years' duration. Colotomy had been performed three years after the onset of symptoms. The patient was still fairly well and might be expected to live several years yet.

(2) A man, *æt.* 69, whose rectum had been resected nine months previously for cancerous stricture situated three inches from the anus. The growth together with five inches of the rectum was removed by the trans-sacral

incision. The peritoneum was freely opened and the growth drawn out of the wound. A Murphy's button was used to unite the ends of the rectum. The posterior part of the rectal wound leaked, and for a time there was a fecal fistula, but this gradually contracted. There was no evidence of recurrence, and he had complete control over his sphincters. He had gained two stones in weight since this operation, and was stronger than he had been for years.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Feb. 29th, 1896.

ANTI-DIPHTHERITIC SERUM.

At the last meeting of the Société Médicale des Hospitiaux M. Hutinel read a paper on this subject. He said he considered Roux's serum a marvellous remedy, and invariably employed it in diphtheria of any gravity. He thought it, however, necessary to subscribe to the two following propositions set forth by M. Sevestre.

When a diphtheritic angina of benign aspect develops in a child, the subject of enlarged chronically inflamed tonsils and adenoid vegetations it is better not to commence injection of serum, unless examination reveal the presence of Löffler's bacillus of the long variety, and in great numbers, or unless the membranous fœces be affected.

And again, in cases of scarlet fever, when the bacillus of Löffler is discovered in the throat, it is best to make sure before injecting if the bacilli are long and numerous and the diphtheria clearly characterised.

For a long time M. Hutinel has held the opinion that the more serious of the complications following injection of serum ought not to be ascribed exclusively to the serum nor to the antitoxin which it contains, but rather to secondary infections. These infections are probably due to streptococci. The presence of streptococcus, even of the virulent type, in the throat, is not, however, reason sufficient to make that organism responsible for the complications which may follow injection of serum. In cases of undoubted streptococcus he has often sought in vain for that organism in the blood.

He has considered whether chronic inflammations of the throat, before onset of diphtheria, were not in some way associated with complications following sero-therapy. He has observed that the most serious manifestations were usually produced in children with large tonsils, with chronic inflammation, and with adenoids, and he thinks that the specific germs may develop in the crypts and cavities of the parts.

A recent case of death in a girl, *æt.* 12, suffering from diphtheria and streptococcus has confirmed him in his belief in the greater gravity of cases of the above kind; and he has records of other cases in which, as in this, after injection there supervened albuminuria, anuria and death. M. Chantemesse thinks that no one with any experience can believe that complications of any more than slight importance ever follow serum injection; and does not believe that albuminuria is ever so caused. He believes, on the contrary, that the serum protects the kidneys; and that when albuminuria occurs, it is almost always due either to the diphtheritic infection itself or to an infection by streptococci. He criticised cases in which albuminuria had been ascribed to injection of 10 cc. of serum, and asked if so small a dose were capable of giving rise to this complication; whether cases would not be much more commonly met with; and it was well known that the most

minute examination in many cases failed to show the slightest trace of albumen. M. Variot, who has had a vast experience in this matter, has never seen a case of albuminuria which he could ascribe to serum, nor has he ever observed any effect on the kidneys, save an almost constant diminution of the quantity of urine secreted during forty-eight hours.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Feb. 28th.

TUBERCULOUS PERITONITIS.

PROF. ISRAEL, in a contribution on the above-named subject, reports 4 cases successfully treated by operation. Three of them were children from 4 to 7 years of age, and one was a girl of 20. In the first 3 the diagnosis was arrived at before operation and confirmed microscopically. The time that had elapsed after the operation was 17, 16½, and 7 months respectively. The only new feature about these cases was that before closure of the abdominal wound a quantity of iodoform oil emulsion, 10 per cent. in strength and from 10 to 30 grammes in quantity, was poured into the abdominal cavity. He thinks the cure of tubercular peritonitis cannot be explained by the removal of the ascites that goes along with the laparotomy. In spite of the presence of tuberculous ulcers of the bowel permanent recovery may result from operation. Even within 36 days of the operation all tuberculous nodules, even those the size of a cherry, may have disappeared. Fever is not a contra-indication of the operation.

In the fourth case there was tumour-like tuberculosis of the ascending colon. On account of the extensive dissemination of tubercle in the peritoneum, no attempt was made on the tumour-like growth, but an anastomosis was made between the colon and the ileum, 10 cm. nearer the anus than the tumour. Recovery uninterrupted. The tumour diminished so much in size after the operation that at the time of writing it was no larger than a walnut.

REGULAR PHENOMENA IN THE SPREAD OF SOME ENDEMIC DISEASES.

At the Hufeland Society Hr. A. Goffstein read a paper on this subject. After a definition of infection, he said that in the case of tuberculosis something more than the excitator was necessary to the production of the disease—a certain condition of the organism or disposition was necessary, and this had nothing to do with the pathogenic germs. The necessary factor was at first denied, but later it had to be conceded, and not only for tuberculous, but also for diphtheria and cholera. It was especially due to Liebreich, by the introduction of the idea of *noso-parasitism*, that we had an explanation of this question. In order to understand the processes in the spread of infective diseases, we must not only consider the bacteriological aspect of the subject, but also the receptivity of the individual, for on this factor alone depended the mode of the extension of the disease. If contagion alone was all sufficient, enormous numbers would sicken in a short time, as in the case of small-pox, measles, and *var typhus*. The spread of an infective disease was quite different when the population was not susceptible. Here the rise of the curve would be much slower, it would never reach the height of that of the other disease, and its fall would be much slower. If this were applied to the spread of an epidemic it would follow the more general the re-

ceptivity for infection, the more rapidly would the epidemic spread and die away, and *vice versa*. The amount of this receptivity was determined by reckoning how many out of 100 people coming into contact with the infection would later on be attacked with the disease. This number he had named the contagion index, and he had attempted to fix it for measles, scarlatina, and diphtheria.

As regarded measles, of 100 children coming into contact with the infection, 95 would take the disease, so the contagion index would be 0.95. From numerous data, he had determined that in the case of scarlatina, the contagion index was 0.4, and for diphtheria, 0.1, *i. e.*, of 100 children exposed to the infection of scarlatina, 40 would contract the disease, and in the case of diphtheria, 10. According to this the courses of the three epidemics must be very different from each other. The curves of measles epidemics must be very abrupt, there must be a sudden rise and a sudden fall. The curves of scarlatina epidemics must mount more slowly, they could never reach the height of those of measles and the fall must be more gentle. The diphtheria curve must be flatter still and the time from the commencement to the highest point and to the final fall might perhaps cover decenniums.

The importance of these considerations was not seen in the material of the smaller towns, as epidemics were prematurely extinguished for want of material. As objects of study only towns of 100,000 and upwards would be taken, and the curves could only be constructed from the mortality as no other data were accessible.

The speaker then showed his curves relating to these diseases in fourteen of the chief cities of Europe. They were uncommonly characteristic and showed that similar conditions prevailed in all the towns. A peculiarity of the measles curve was that all the greater epidemics began in the second quarter of the year. Another peculiarity was that the outbreak began in many towns in the same quarter of the same year.

As regarded scarlatina a period of 10 years was too short to allow more than one epidemic. It was lighted up in these towns about every 10 or 15 years, and the descending curve was generally more abrupt than the ascending one. The duration of a curve was 3 years and upwards. It was of no use to give a 10 years' curve of diphtheria; those of Heubner and Hecker were only fractions of a whole, and were, indeed, the tolerably steep ascending limb of a curve, the summit of which was reached in the first half of the "Eighties." [Sclava had shown this fall for Italy, and it was incomprehensible how Behring had brought him forward as a witness for the constancy of diphtheria. To get a characteristic curve for diphtheria one must take a period of over a quarter of a century. The speaker then showed 25-year curves for diphtheria for Berlin, Leipsic, and Dresden. The curve rose irregularly, suddenly reached a high point, and then fell with terrace-like gradations. All the large cities of Germany were in the terrace stage of decline long before the introduction of Behring's serum. London alone, where the acme was reached later, *viz.*, at the end of the Eighties, had in 1895, in spite of serum, a mortality almost equal to that of the worst period. The study of diphtheria epidemics then required, not decenniums, as in the case of measles and scarlatina, but centuries.

From the study of the history of diphtheria, we learned the surprising fact that an epidemic of diphtheria extending over decenniums follows upon a period equally long, in which nothing is heard of the disease, that whole genera-

tions of physicians did not know the new disease that had sprung up.

In Europe the contagion first appeared in Spain at the commencement of the 17th century; it reached its height in 1613, and played an important part in Spain, England, and Italy in the first half of the century. Just 100 years later it again appeared, and devastated the peninsula, and about the end of the Forties attacked England, France, Italy, Switzerland, and Sweden. It appeared first in Germany in the latter half of the century, and in 1798 was spread over the whole of Europe. At the commencement of this century it appeared in Eastern Europe, and in East and Mid-Germany. In the second and third decenniums it was almost confined to France, where Bretonneau published his classical work. From then to the commencement of the Fifties it completely subsided in Europe. This disappearance only lasted 15 years in France, but in Germany a whole generation, and for the Netherlands half a century. Just before the middle of the century diphtheria again began its march through Europe, reached its highest point, as already stated, about the end of the Eighties, from which date a distinctly recognisable eubidence has taken place. In Berlin the disease first appeared in a noteworthy manner at the commencement of the Sixties, reached its highest point in 1883-4, and since then has steadily subsided. Whether the epidemic will become extinguished, whether it will become epidemic in the great towns, with periods of exacerbation and retrogression, the next twenty years will teach us with greater certainty.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Feb. 23th, 1896.

BURNS.

KAPOSI showed to the Gesellschaft at the last meeting a young man with a deep burn on the hand which he considered of great importance, as it exhibited a condition of charring of the tissues unusually met with. The patient was fifteen years of age, and was engaged with a butcher. On January 15th, he met with the accident, and on the following day was brought to the clinic, when it was found that the skin and soft tissues of the left arm were charred to the elbow, while the injury to the right was confined to the back of the hand. In the hard mass the subcutaneous veins could be distinctly seen coursing under the surface. There were no secondary phenomena which usually accompanied deep injuries of this character. No albumen in the urine, no pain, nor other toxic symptoms. A few days later it was discovered that the skin, subcutaneous fat, and tendons had been quite destroyed by the heat, since the capsules of the joints soon sloughed, the ends of the bones extruding. In closely examining the cause of this lesion several difficulties present themselves, as the history leaves us to conjecture the cause. In the case of females where clothing has taken fire, and produced severe burning, we are often able to trace the lines on the body where the hard parts of the stays have been in contact with the surface which, owing to their greater capacity for heat, have produced local charring. This boy's duty was to attend to the fire on which large quantities of refuse were kept constantly burning. It is presumed that at the time of the accident, the lad's hands and arms of his coat were covered with fat, which

has also a great capacity for heat, and may probably be accounted for the severity of the lesions. It is also presumed that he had taken a fit as we learn he had three epileptic attacks in the preceding year. All the information we can glean from the lad is that he had fallen asleep by the fire and that he was awakened by the smarting sensation of the heat. It is possible that this so-called sleep may have been equivalent to an epileptic attack.

ALLOXURINE BODIES.

Kolisch followed Kaposi with a reply to Zülzer, of Frankfort, who has challenged the correctness of the results in a paper which the former read a few months ago before the Gesellschaft. In that address on the morbid conditions of gout Kolisch placed the maximum value in perfect health of the nitrogenous bases at 0.06 which seems to have been in close accord with Leyden's result, which was 0.07. Any variation from this was classed as a pathological disturbance, which might rise as high as 0.1 or 0.12, or double the maximal normal result. Zülzer now affirms that this nitrogenous base is very much lower than what Kolisch has reckoned it, and quotes six cases where it was absent. Kolisch produced a letter from Krüger, who first introduced this method of inquiry, and affirms that Zülzer has erred in his analysis. In the discussion that arose, Freund related twelve cases of Morbus Brightii in which the alloxurine bodies had been carefully separated; eleven gave the exact results recorded by Kolisch. The remaining case seems to have been affected by the diuresis.

MYXŒDEMA.

At the Medical Club, Hock exhibited a child, 21 months old, with typical myxœdema, which he had treated with the thyroid extract. Alongside with this patient he placed an idiotic child four years of age, whom he had treated with the same preparation, with satisfactory results. He thought it ought to be more generally known that thyroïdin was as efficacious in the idiotic as in myxœdema.

Prof. Kassowitz related a case of cretinism and myxœdema combined, which improved wondrously under the thyroid treatment.

He admitted that the intelligence remained unchanged, but the other symptoms were greatly improved. He also added that cretinism was more general in Vienna than at present recognised. The differential diagnosis from idiocy was the vaulted condition of the mouth or the thorus palatinus. To this Köhn said that he had often seen cases with thorus palatinus and not a trace of cretinism present. Kassowitz admitted this was possible, but he would never meet with a case of cretinism without the thorus palatinus.

IODINE IN THE THYROID.

Töpfer brought the recent results of Baumann before the Gesellschaft by stating that the normal gland contained iodine, which was firmly bound up with the organic matter, but after boiling with sulphuric acid could be separated. Baumann macerated the gland from 4 to 8 hours in a 10 per cent. solution of sulphuric acid; the solution was then filtered, and treated with alcohol, he afterwards obtained iodine by evaporation, varying in amount from 9.3 per cent. Baumann has named this "Thyroid Iodine." This he thinks accounts for the absence of iodine in the fluids of cretins and strumous patients.

THE Duke and Duchess of York will visit Halifax on July 21st, in order to open a new Infirmary which has been built at a cost of £80,000.

The Operating Theatres.

MIDDLESEX HOSPITAL.

LYMPHATIC NÆVUS OF THE TONGUE (LYMPHANGIOMA).—Mr. BLAND SUTTON operated on a countryman, æt. 40, who was sent in with an elongated raised patch upon the left side of his tongue measuring seven centimetres in length, and two centimetres in breadth, the long axis of the patch coinciding with the long axis of the tongue. In colour the tumour resembled a patch of xanthelasma, but the uniformity of its surface was broken by small cysts the size of millet seeds. The man stated he had had this tumour for ten years, but lately it had been getting much larger. When touched roughly with a towel its surface bled. There was little doubt that the tumour was a lymphatic nævus. It was freely removed with the knife and about fifteen vessels required pinching or ligature; some of these were compressed and others tied with fine silk and the edges of the wound brought together by sutures. Mr. Sutton remarked that this was a rare species of tumour, the usual form being known as macroglossia; of course, he said, it is well known that all navi of the tongue as of the skin contain lymphatics, but in some of these tumours the lymphatics preponderate over the hæmic capillaries and then the growth is called a lymphatic nævus, but this condition of things is excessively rare, blood vessels, however, were not absent in the one just removed as the exceedingly free bleeding demonstrated. The cut surface of the tumour exhibited a structure exactly resembling that of a corpus cavernosum or spongiosum. Mr. Sutton further stated that the clinical distinction between a nævus and a lymphatic nævus of the tongue was simple as the former was deep blue, like an ordinary venous nævus of the skin, but the latter was colourless and resembled a patch of xanthelasma.

CHELSEA HOSPITAL FOR WOMEN.

CHOLECYSTOTOMY.—Mr. BLAND SUTTON operated on a woman, æt. 40, who had been admitted with acute abdominal pain, vomiting, and jaundice; she was very fat, and had an umbilical hernia, and for some hours it was conjectured that the bowel was strangulated in the sac. When he saw the case the sac was soft, and its contents easily reducible, and this disposed of the idea that the hernia was strangulated. The jaundice and the acute pain which the patient felt in the region of the gall bladder made him think that gall-stones were the source of trouble. An enema was prescribed, and a subcutaneous injection to relieve the pain. The patient stated that she had had an attack three months previously, and ever since felt pain just below the right costal arch; she was watched for a few days, and Mr. Sutton came to the conclusion that she had gall-stones impacted in the cystic duct, and occasionally that the stone interfered with the passage of bile from the hepatic duct. The woman was recommended to submit to operation. The gall bladder was exposed by a longitudinal incision in the right linea semilunaris, and found enlarged and its walls thickened; the cystic duct contained a number of small calculi. The fundus and the gall bladder was incised, and the calculi, manipulated by the fingers, were conveyed from the cystic duct into the gall bladder, and from thence extracted with a scoop. The fundus of the gall bladder was sutured to the peritoneum, and the incision closed in triple layers. Mr. Sutton said the interest of the case was two-fold: In the first place, the diagnosis that the calculi were lodged

in the cystic duct was confirmed; and secondly, the concretions were of peculiar shape inasmuch as they were the size of green peas, but tuberculated in all their contour, like mulberry vesical calculi.

Forty-eight hours later the patient was absolutely free from pain and jaundice.

ST. THOMAS'S HOSPITAL.

SUPRA-PUBIC CYSTOTOMY.—Mr. BATTLE operated on a man, æt. 72, for stone in the bladder. The patient had been attending as out-patient for symptoms of enlarged prostate with cystitis and a stone had been discovered on sounding. The symptoms had commenced some months before but had recently become worse. On admission he had most of the usual signs of stone but without hæmorrhage; there was a small amount of pus in the urine and a little mucus. As there could be no doubt of the presence of a stone he was kept in bed for a few days and no instrument passed. His symptoms improved and his general health was better by the time of operation. After the administration of ether a lithotrite was passed, the presence of the stone immediately detected and its size at once ascertained. As it measured more than an inch-and-a-half it was decided to remove it by the high operation and not by lithotritry. It was considered that the crushing of a stone of this size would take a long time, and in a patient of his age this would be a serious consideration, and besides it was not possible to say what the consistence of the calculus might be. The bladder would not hold more than four ounces of boracic lotion, and although the rectal bag was introduced this did not cause the bladder to rise more than about two inches above the pubes. A median incision was employed and the bladder exposed; the fold of peritoneum came low down, but was easily pushed upwards. The surface of the bladder was covered by a network of varicose veins unusually numerous. Two ligatures were passed through the wall of the bladder on either side of the middle line and the viscus opened between; a large stone was immediately felt lying behind the prostate, and it was necessary to enlarge the opening in the bladder considerably before it could be extracted. It broke in two parts during extraction, and was seen to consist of a central nucleus of oxalate of lime with a thick coating of phosphates. It measured two inches in its longest diameter, and an inch and a half across. The walls of the bladder were somewhat hypertrophied, and the mucous membrane showed signs of chronic inflammation. The prostate was hypertrophied, but there was no special projection of any one part. The bladder walls were stitched on each side to the skin; a special drainage tube (resembling a tracheotomy tube) was passed to the bottom of the bladder, and the upper part of the wound closed with silk stitches. A dressing of cyanide gauze was then applied, and on return to bed a long tube was passed into the drainage tube already in position to carry the urine into a utensil by the side of the bed. Mr. Battle remarked that the size of the stone and the hard character of the nucleus proved that its removal by lithotritry would have been somewhat difficult and required too much time; whereas the operation performed took about half an hour, the lithotritry would have taken an hour or an hour and a half, and the advantage of drainage to the bladder would have been lost.

THE deaths from diphtheria, which had been 61, 63, and 45 in the preceding 3 weeks, rose again last week in London to 48, exceeding the corrected average by

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 4, 1896.

DEVELOPMENTAL HEART DISEASE.

It is a well-known clinical fact that certain varieties of heart disease are associated with the growth of the organism, but the pathology of the subject is still characterised by a vagueness which is not conducive to the success of therapeutical measures. It is evident that rapid growth must throw an extra strain on the heart as the distributor of the elements which go to maintain the tissues and to provide the materials for their development. It is evident that the presence of congenital cardiac lesions interfering with the distributive function of the heart necessarily retards growth, and, on the other hand, a heart which has been able to fulfil all requirements up to a certain point may, when a sudden strain is thrown upon it by the supervention of active growth, as at puberty, develop functional disturbances and bring to light previously unsuspected sources of cardiac weakness. During these periods of rapid growth the heart undergoes a physiological increase of size, which might be called hypertrophy were it not for the fact that hypertrophy is a term indicative of something abnormal. It is under these circumstances that the heart, which is hereditarily prone to abnormal or irregular development, first gives evidence of its tendency. Cardiac defects at these periods of growth may arise then, either from develop-

ment along abnormal lines or to more or less partial arrest or imperfection of development. Organic murmurs are met with at these periods with tolerable frequency. Rare in new-born and suckling infants, they increase in frequency with the advance of age up to the fifteenth year, when for a time they undergo a diminution, only to resume their sway at the twentieth year of life. They are met with more frequently in boys than in girls, and seldom in children of good health. This liability of the heart to develop latent tendencies at particular periods is well shown in the lesions associated with the rheumatic diathesis. It is essentially during the periods of rapid growth that we most frequently meet with evidence of cardiac mischief of the kind which accompanies or follows rheumatic manifestations in any form. One of the difficulties of the subject arises from the fact that the growing heart is peculiarly liable to undergo dilatation under comparatively slight provocation and also that disturbances of cardiac innervation are liable to arise from reflex or other adventitious causes. Practitioners are familiar with phenomena of this class due to undue physical exertion during adolescence and other disturbing causes are the early use of tobacco and disturbances of the gastric functions. Then, too, the adolescent heart appears to be peculiarly susceptible to the influence of infective agents, and the influence of these agents may accentuate and make evident inherent weaknesses of structure. The comparative abundance of lymphoid tissue in the growing heart renders it especially amenable to toxic influences of this kind. Considering the large number, not only of infectious diseases but of infective states, to which a child is exposed, it is evident that the heart must be frequently attacked. Apart from rheumatism, measles, and other common febrile complaints of infancy and adolescence, the growing child is subject to influenza, acute dyspepsia, febrile attacks with swelling of the lymphatic and febrile attacks not possessing any definite characteristics. All these affections are determined by, or at any rate associated with, toxic or infective phenomena, capable, under particular conditions, of exerting an injurious effect on the heart. Many of these disturbances being ephemeral, often escape recognition and when discovered may excite surprise by their sudden disappearance. The disappearance of the clinical signs, however, by no means implies that the heart has resumed an absolutely normal state, though the process of growth, as all clinical observers know, favours recovery. Nevertheless, these disturbances may not improbably pave the way to subsequent disease of that organ. This, as Dr. Springer aptly observes in a recent article in *La Semaine Médicale*, is not merely a hypothesis, for, as he points out, the occurrence of an attack of endocarditis after an infectious disease renders the heart more prone to subsequent infection. All children contract infectious diseases but all do not develop heart disease. This is due to the fact that the lesion becomes localised in an organ predisposed to it by hereditary influence. Under these circumstances there is a tendency to fibroid degeneration which, rarely

observed in new-born infants, becomes more frequent and more marked as the period of growth is approached and it is especially towards the close of the period of growth that they supervene, for, in proportion as the strain of growth loses its preponderance, heredity resumes its sway.

DR. ARMSTRONG AND THE TYNE PORT SANITARY AUTHORITY.

At the end of last January the Tyne Port Sanitary Authority received its annual report under circumstances that demand something more than mere passing comment. The document in question was drawn up by Dr. Armstrong, although his resignation of the post of the medical officership had been previously accepted by the authority. It contains a summary of the circumstances that led up to his withdrawal, and is probably unique in the history of official sanitary reports, as it contains a serious indictment of those responsible for the local government of the Tyne Port. Opinions will doubtless differ as to the entire wisdom of the course adopted by its author in availing himself of the accident that placed so powerful a Parthian weapon in his hands. He may be reminded, perhaps, that his report may not only fall short of an ultimate position, but may even turn out to be many times removed from the penultimate. In disputes of this kind the exact advent of the "last word" very much depends on the strength and temper of the opponents. However, in this particular case Dr. Armstrong appears to have been badly treated, and as the whole affair involves principles of importance in the future of public health administration it may be well to review briefly the leading features and bearings of this Northern *casus belli*. For many years past Dr. Armstrong has done extremely good and progressive sanitary work as Medical Officer of the town of Newcastle-on-Tyne. To that post he united, naturally enough, as it will seem to most people, the Medical Officership of the neighbouring authority of the River Tyne Port. The latter includes Gateshead, Tyne-mouth, South Shields, Jarrow, and an area that may be broadly defined as comprising the seaboard, river, and river banks, at and about the mouth of the Tyne. It will thus be seen that the Tyne Port Authority holds the key to the shipping traffic as it passes on its way to the great commercial centre of Newcastle. Some idea of the extent and responsible nature of the duties discharged by the down-river Board may be gathered from the Report for the year 1895. During the twelve months in question, no less than 11,757 vessels were inspected, and of these 1,381 were found defective. The total number on board the 11,757 inspected vessels, including crews, passengers, and emigrants, amounted to 173,782 persons. 520 vessels were boarded on account of their coming either directly or indirectly from foreign ports infected with cholera or small-pox; while a further 239 came from places suspected of similar infection. Turning next to diseases reported on shipboard during voyage, on arrival, or whilst in the River Tyne Port, during the year 1895, we find 9 cases of small-pox, 21 of

cholera (all of them on the voyage); 143 of diarrhoea, choleraic diarrhoea, and suspicious cases; 12 of enteric fever; 17 of malaria; 38 of yellow fever (all on voyage); and 27 of fever and ague. It is from these returns that the importance of the preventive work done at the mouth of the Tyne will be mainly apparent. The arrest of cases of cholera at the seaports, whereby they are prevented from going inland to act as centres of infection, is now recognised to be a preventive step of nothing less than national importance. Indeed, it may be asserted without fear of serious contradiction that had no other function than that of cholera prevention been performed by the Port Authority since its foundation, that work alone would have fully justified its existence. Now, the whole of the excellent system of inspection and control of the port shipping has been organised and administered by Dr. Armstrong, who some years since, when cholera raged on the Continent, rendered important service to the nation by the rigid and admirable sanitary *cordon* which he established at the entrance of the Newcastle waterway. It is, therefore, to be regretted that anything should have arisen to disturb the hitherto harmonious relations between so efficient an officer and his board. The circumstances that gave rise to the misunderstanding may be thus summarised from the report presented by Dr. Armstrong. In May last, during his temporary absence from home, a ship arrived with several small-pox cases on board. After inspection the patients were removed to hospital, and the ship disinfected. Some infected bedclothes, however, concealed in another part of the ship, were afterwards taken on shore by a healthy sailor, and were alleged to have caused three cases of small-pox in Jarrow. In the absence of their Medical Officer, the authority met and passed a vote of censure both upon him and his assistant; and although eventually they decided to let the matter drop they nevertheless did not rescind the adverse vote. Later on it was proposed that the Port Medical Officer should reside at the mouth of the river, a motion which would, if carried, practically dismiss Dr. Armstrong from the post. At that point the gentleman in question decided that the most dignified course would be to send in his resignation, which was accepted. There the matter stands. The incident furnishes strong proof of the necessity of some continuity and security of tenure on the part of Medical Officers of Health. A public board notoriously has no conscience, but it may be doubted whether a more signal instance of treachery and ingratitude has ever been laid before the public. In most cases of the kind the injured medical officer has not enjoyed the opportunity which chance has afforded Dr. Armstrong of making his wrongs known to the outside world. One other point to which attention may be drawn is the feeble attitude of the Local Government Board in the matter. As usual, the local officer has been left to fight his own battles alone and unaided. The traditions of the Department seem to insist that no active support shall be given to any medical officer, however just his cause, in the endeavour to defend his position against a hostile board.

Until the Public Sanitary Service can reckon upon the help of the Local Government Board in all just and progressive protests there can be little prospect of any solid advances in the local sanitary administration of this country.

THE ELECTION OF DIRECT REPRESENTATIVE FOR IRELAND.

THE counting of the votes by the Branch Council was completed on Saturday last, when it was ascertained that Mr. Thomson had been elected Direct Representative by a considerable majority. In him the profession in Dublin, the Conjoint Colleges, the Royal University, and the Queen's Colleges have secured a representative to whom the most captious critic could not offer objection. As the Vice-President of the College of Surgeons and a Senator of the Royal University, Mr. Thomson brings to his new office the dignity appropriate to so honourable a position. Intellectually, and by his long experience of teaching and examining, and public professional work in general, he ought to take his position as one of the most useful and capable members of the Medical Council in educational matters. Mr. Thomson is, also, a man of decided individuality, and unmistakably vertebrate; he is a lucid and deliberate speaker and a skilled writer, and, on the whole, it must be said that the Irish colleges and schools could not have sent forward a better representative.

The contest has been a most interesting one, and the upshot of it teaches many useful lessons. The first is taught by the record of the number of voting papers issued—2,768—and the relative number of papers returned—2,078. It thus appears that 690 voters did not take sufficient interest in the matter to induce them to attach their names to the voting paper and put it into the post (for the stamp was already attached). Considering that five candidates have, for the last three months, exhausted their energies in canvassing the constituency with addresses, circulars, post-cards, telegrams, and personal letters of importunity, the existence of such a cataleptic condition in one-fourth of the voters is amazing. If the rank and file of the profession in Ireland slumber in this condition of lethargy about their other public affairs, it will be readily understood why they occupy the humiliating public position which they do. At the election of 1886 the same phenomenon was seen, out of 2,671 voters only 2,040 returned their papers. The number of missing votes would have been much greater at the present election, but for an agreement formally entered into by the candidates that they would not raise any questions as to the validity of papers upon which irregularities (such as the inaccurate statement of qualifications) might appear. Such irregularities invalidated, at the 1886 election, 160 votes; at this election only three.

The final result of the poll was declared as follows:—

Thomson	...	...	...	866
Cuming	...	...	...	757
Jacob	...	...	...	455

Total 2,078

In analysing these figures it should be recollected that, in addition to the candidates named, there were originally two others, Drs. MacDonnell and Greene, who declared themselves the champions of the provincial practitioners and the antagonists of metropolitanism. Dr. Cuming, though strictly a metropolitan, posed also as the representative of provincialism because he happened to live in Belfast. After a time it became manifest that, with three so-called provincialists in the field all must inevitably lose, and some gentleman in the South of Ireland undertook to reduce the number by eliminating two of the three, for which purpose they proposed a preliminary vote as between them. Their enterprise did not succeed very well, for out of the 2,700 voters in Ireland they elicited answers from only 685, but the reply sufficed to show that Dr. Cuming, with his Queen's College backing, had the best chance of success. Wherefore, Drs. MacDonnell and Greene retired, and their voters, to the number probably of about 500, were ostensibly set free, and for them a general scramble ensued amongst the three remaining candidates. It was assumed that the great majority of these, being freed from their original promises, would exercise an unpledged vote, but it would appear from the result that the large majority of them felt themselves bound to vote for Dr. Cuming, as a sort of provincialist, and they did so with the result of running his probable poll up from 500 to 727, and proportionately running down to 455 the poll of Dr. Jacob, whose chief dependence was on the Poor-law vote. Mr. Thomson being sustained by his large metropolitan vote, and gaining some accession of strength from this unpledged contingent, beat all candidates out of the field.

The final lesson to be learned from the contest is that the provincial practitioners of Ireland are incapable of returning a Direct Representative, or, indeed, effecting any other substantial change in their own position, not because they are not strong enough, but because they are absolutely indifferent, and refuse to exercise their strength. We confess that we fail to see any force in the cry for a provincial Direct Representative, and it seems reasonable to suppose that association with the leaders of thought in a metropolis will be likely to produce a more experienced and competent representative than residence in the obscurity of a country town. Nevertheless, it seems that there is a substantial feeling in favour of the subject on the part of Irish provincials and we do not see why they should not gratify that sentiment if they have the power. But, if they have, and will not take the trouble to avail themselves of it they may, without pity, remain out in the cold. On this occasion, they have acted with complete want of sense. They were warned, and everyone knew, that without a unanimity, which never previously was experienced, they could not place their man and that the only effect of their running a provincialist would be to secure the coveted position for some one with a strong metropolitan and School-College backing, a consummation which they most dreaded.

One more aspect of this contest we must briefly allude to, and that is the wholesale abandonment of Dr. Jacob by the Poor-law men for whom he has spent a quarter of a century of his life. Mr. Thomson, Dr. Cuming, and every other person who aspires to medico-political life have, by this, learned, if they like to avail themselves of the instruction, that the less time, labour, and self-interest they expend upon the Poor-law Medical Officers of Ireland the better for themselves. Should they try to deserve the approval of this class in a public contest they will find, as Dr. Jacob has found, opponents started to keep them out of all positions of honour, and they will see many who ought to recollect past services quite willing to throw them over because they are asked to do so by some casual acquaintance.

Notes on Current Topics.

The Malarial Parasite.

MALARIAL affections are not comprised among the diseases with which the British practitioner has to deal in daily practice, but we have a sufficient number of colonies and dependencies in which they are rampant, to make the subject worthy of our serious attention. This was doubtless the reason why the subject was selected as one of the set discussions at the Royal Medical and Chirurgical Society, and the interest taken therein was testified to by the fact that this discussion extended over two full evenings, the second, indeed, of unprecedented length. We are fain to confess, however, that the moot points appear as far from settlement as before this prolix discussion. One's confidence in Laveran's parasite is somewhat disturbed by the telegram announcing Dr. Lawrie's disclaimer, and until the validity of its existence has been cleared up, it seems a trifle superfluous to go into details. Before it can safely be affirmed that particular varieties of the parasite are associated with particular forms of the disease, it would be well to make sure that any one such parasite has really been differentiated. As might be expected, a large number of the retired Indian Medical Officers inhabiting the Metropolis had something to say on the diagnosis and treatment of malarial disease, but they were, for the most part, unnecessarily reticent on the biological questions under consideration. What we want, in order to decide the questions at issue, is direct evidence, the outcome of personal observation and research. Instead of this, we were treated to copious quotations from the works of others, some of whom affirm one thing and some the other. Each speaker chose his supporters from among those whose views he had espoused, and we are left in a state of confusion not unusual when expert evidence is pitted against itself. It may be conceded that the problems are of exceeding and peculiar complexity, but this dialectic method of dealing with matters which are essentially of observation only tends to stultify original research and to confuse the points at issue. On the whole, assuming that there is a parasite of malaria, and that it has

been sufficiently identified, the balance of evidence seems to be in favour of all varieties of malaria being modifications of one and the same disease, the virulence of the affection in particular individuals and places being attributable to personal susceptibility or exceptionally favourable conditions for the development of the parasite.

Intra-Uterine Injections of Glycerine.

It is now upwards of three years since Dr. Pelzer, of Cologne, first called the attention of the medical profession to the intra-uterine injection of glycerine for the induction of labour and to stimulate uterine contractions. The publication of his paper on this subject with five illustrative cases in the *Centralblatt für Gynecologie*, was followed by the adoption of this alternative means of inducing labour by practitioners of an experimental turn of mind all over the world. The last number of the *St. Louis Medical Mirror* contains a critical review of the recorded cases in which this method has been tried, and the conclusions arrived at are sufficiently clear to merit notice. It seems that glycerine injections sometimes produce very violent uterine contractions, with the result of causing a high percentage of foetal mortality. This of itself is an obvious drawback to a method which was at the start hailed as a "simple, safe, and efficient means for the induction of labour and the stimulation of uterine contractions." Of 33 cases subsequently reported by Pelzer, 13 children were born dead or survived but a short time, and Pelzer himself admits that the injection of quantities varying from 50 to 100 cubic centimetres is likely to determine the death of the foetus. On the other hand, injections of less than 50 cc. are often ineffectual, and injections of glycerine, like other intra-uterine injections, are liable to be followed by shock, air-embolism, thrombosis, nephritis, and sepsis. Moreover, they sometimes give rise to glycerine poisoning, manifested by decomposition of the blood corpuscles, resulting in diseases of various organs, more especially nephritis, with hæmoglobinuria. Our contemporary concludes that the use of intra-uterine glycerine injections should be abandoned, or at any rate, that the doses should be reduced, special caution being indicated in the subjects of chronic kidney affections.

Bacteria in Agriculture.

In times gone by, as everyone knows, science has afforded a vast deal of help to the farmer. It may be questioned, however, whether the fields of scientific agriculture have been even yet fairly entered by scientific investigation. For many years past, the pressing problem has been how to obtain the nitrogen from the air (or elsewhere), and to convey it to the soil in such a way as to be available for the growth of plants. Bacteriologists have been at work lately, from this standpoint, in the investigation of the nitrifying organisms of the soil, and there now appears to be a good prospect of an immediate practical result from their labours. It has been announced in Berlin, before the German Agricultural Society, that Herr Notbe has succeeded in cultivating the special bacteria mentioned on a

large scale. He is convinced that the sowing of these cultures will make soils which need them more productive in a cheaper and more convenient way than the method of inoculating suitable earth invented some time ago. The expense of treating a Prussian *morgen*, about half an English acre, by the bacterial method, will be half-a-crown. If this plan prove to be of practical value, it will offer an undoubted boon to agriculturists. It is not a little interesting to note the extraordinary crop of discoveries and developments that are being daily opened up to the various arts of mankind by the comparatively youthful science of bacteriology.

Anti-Foreign Medical Movement in Paris.

SOME months since the strong anti-foreign feeling which has of late years grown up in Paris against foreign medical students and doctors was commented upon in these columns. That there has been no abatement in the crusade was shown by a recent resolution of the Montpellier students to the effect that the invasion of foreigners constituted an obstacle to their studies, and a threat for the future. Dr. Brouardel, Senior Member of the Medical Faculty, has lately made a public statement of his views upon the subject of the agitation. The chief cause he at once traced to the want of room in the schools and hospitals. The accommodation of the Paris medical schools he estimated as sufficient for 3,000, but, as a matter of fact, there were no less than 6,000 students, of whom 1,000 were foreigners. In order to lessen the pressure, the Minister of Public Instruction, last November, issued a decree prohibiting the further admission of strangers to the Paris Medical Faculty. That edict had the effect of driving the overflow of new-comers to the provincial medical faculties. At present, one doctor out of every five practising in France was an alien by birth. Dr. Brouardel suggested that the Minister of Public Instruction should create a new and special medical diploma, which would not confer the right to practise in France. To most Englishmen, this attempt to establish protection in intellectual matters will seem an extremely short-sighted policy. The coming London University could not fail to benefit greatly from the jealous exclusion of so many enterprising students.

A Milkman's Oversight.

THE intermittent or rather the remittent prosecution of fraudulent milk vendors forms a staple feature of police-court proceedings in most of our large towns. In no class of cases, probably, is there a greater assumption of injured innocence and a more copious fertility of excuse than among these humble but necessary tradesmen. A good example of both phases was produced last week before a metropolitan magistrate. The evidence showed that a Knightsbridge cowkeeper purveyed milk from which no less than three-fifths of the cream had been abstracted. In defence, the ingenuous milkman stated that he sold the milk as it was taken from his own cows. He was of opinion, however, that he had not stirred it up properly, so that some of the customers got the top layer, which con-

tained the cream, and unfortunately the inspector had been supplied with thin milk from the bottom of the can. This explanation did not satisfy the bench as to the three-fifths deficiency of cream, and defendant was fined 43s. There is a large field for local authorities in preserving the purity of this important article of popular consumption. To look after the milk is a simple, straightforward, and serviceable duty, more to be desired than prosecutions for the copping of peas and such-like debateable and transcendental proceedings.

The Notification of Diseases Act and its Adoption.

MR. CHAPLIN, in the House of Commons last week, quoted some interesting figures in regard to the adoption of the Notification of Diseases Act. The Act it appears is now in force, in districts containing an aggregate population of 27,220,000, out of a total population of 29,000,000. The question of making the Act of 1889 compulsory has been under the consideration of the Local Government Board, but the conclusion arrived at by the Board is that the Act is more likely to be enforced when it is voluntarily adopted by the local authority than if it were made applicable to a district without the concurrence of the local authority. Inquiry shows that at the end of last year there were 202 urban and 94 rural districts in which the Act is not yet in operation. The Board therefore intends to communicate with the local authorities in these districts with a view to bringing pressure to bear in order that the adoption of the Act should be carried out. Probably few of our readers could have had any knowledge of the remarkable progress which the Act has made throughout the country as a voluntary measure.

The Unpopularity of the Army Medical Service.

IF further evidence were wanted to show the unpopularity of the Army Medical Service, it is to be obtained from the results of the last competitive examination to fill the vacancies for the same; and in passing, we may remark that the War Office would do well to read, mark, and seriously reflect upon these results. Sixteen vacancies were declared, for which only seventeen candidates competed. But out of these seventeen, no more than nine were reported by the examiners to have obtained the requisite number of qualifying marks. The inference to be drawn from these facts is self-evident. Clearly, the Service has ceased to have any attraction for the bulk of the higher class of young practitioners who might otherwise be induced to compete. What the ending of this dearth of candidates will be can be easily foreseen. The War Office will ere long find themselves in a difficulty which, unless some steps be taken to remedy it, will only increase with time. As we have, however, repeatedly pointed out, the matter is one which does not rest alone with the War Office officials. It is one in which the British taxpayer is intimately concerned. The country pays for the Army, and has a right to demand that that Army for which it makes provision

shall be as efficient as possible. Included in that Army is the Medical Department; but if those in military authority, by petty jealousies, or puerile regulations, render the Medical Service unpopular to those who would otherwise join it, it is for the public to insist that all such internecine absurdities shall cease, and steps be taken to attract medical men to the Service whose competency would be a guarantee that the efficiency of the Department was being maintained. The dearth of officers and the number of unfilled vacancies is becoming a serious matter. We wonder that no member of the House of Commons has not already drawn attention to it. We should like to see the following suggestions incorporated into a question put to the Secretary of State for War:—"Having regard to the clear evidence which exists of the unpopularity of the Army Medical Service among young medical men, it is imperative that some public inquiry be made respecting the causes of that unpopularity, and that steps be taken immediately to remedy the existing unsatisfactory state of things."

Multiple Tumours of the Cerebrum.

A SPECIMEN of considerable interest was recently shown at a meeting of the New York Pathological Society. It was that of the brain of a little girl who had previously to her death suffered from some obscure nerve lesion. The history was that after a protracted attack of diarrhoea the child passed into a condition of dull consciousness, and finally became cataleptic. The only symptom present of cranial paralysis was the absence of pupillary reaction to light and accommodation, and the diagnosis arrived at was that of a tumour probably of the basal ganglia. There was no enlargement of the head, no optic neuritis, nor any sign to indicate distension of the ventricles. Finally the child died, apparently from inanition. At the post-mortem examination, on the basal surface of the left cerebellar lobe a small, whitish tumour was found, apparently connected only with the pia mater. It was also found that the head of the caudate nucleus on the right side was the seat of a similar new growth. A third new growth, and the one which had produced the symptoms, was found to involve the anterior and posterior quadrigeminal bodies. No mention is made in the report of the microscopical appearances of the growths, consequently their exact nature is a matter of speculation. A point worthy of special note is the absence of any marked clinical features indicative of the serious nature of the lesions which were present.

Syphilis from an Insurance Point of View.

THE question of syphilis in relation to life insurance is an important one, and it is doubtless the case that not a little divergence of opinion prevails upon the subject. The remarks, therefore, of Dr. MacLaren, in the March number of the *Edinburgh Medical Journal*, in this connection are opportune. The author classifies, for insurance purposes, all syphilitics under the three following groups:—1. If a man has been properly treated, the probabilities are, that provided he is of good constitution and habits, that no complications will arise, and

the expectation would be that he will go through life with scarcely more appreciable risk than one who has never had the disease. 2. If the proposer has not undergone a sufficient course of treatment, and applies for insurance before the expiration of six years, and yet is not suffering from any tertiary manifestations, and is otherwise satisfactory, the chances are that he may escape the malignant form, but a 10 per cent. extra should be charged until the expiration of the six years, and then his case should be reconsidered. 3. When tertiary symptoms have developed, the proposal should be absolutely declined, because, while treatment may temporarily remove these, it cannot eradicate the tendency to recurrence; and clinical observation has shown that those so affected rarely live beyond a term of ten years, and often much less when palliative treatment is wanting. In view of these pronounced statements, we should be glad to hear the opinions of other medical officers attached to insurance companies, and to learn to what extent their practice coincides with that which Dr. MacLaren adopts.

The Latest Experimental Researches with Electricity on Diphtheritic Bacilli.

HARDLY has the wonderful discovery of Professor Röntgen been made known and commenced to give satisfactory results, than another and perhaps still more important discovery is announced to the scientific world. Our French Correspondent informs us that M. S. Arsonval, Professor at the College de France, has just presented to the Académie des Sciences the results of his experiments on the action of electricity on microbes. Passing an electric current producing two-hundred and twenty-five thousand oscillations per second, through a glass tube containing the microbe of diphtheria, he found that, at the end of a very short time, the secretion of the microbes, which before the operation had been mortal, had completely lost their virulence. On the other hand, and this is the important point, the current had not completely destroyed the toxins, but had transformed them into vaccine. In this way, M. S. Arsonval was able to render immune from diphtheria about thirty guinea pigs, inoculating them with the liquid. According to the Professor, these electric currents contravert the organism without producing any morbid effect, that is to say, while currents producing only one-hundred and fifty thousand oscillations per second kill instantly, those of the velocity employed by M. S. Arsonval are absolutely harmless. Consequently it is possible to treat directly certain bacterial affections by this method, and experiments are being made in this direction on guinea pigs which are yielding very satisfactory results.

A DEPUTATION of the Medical Faculty of Würzburg University, of which Dr. Röntgen, the discoverer of the new photography, is a Professor, presented him last week with a diploma conferring on him the title of Doctor of Medicine, an honour granted unanimously by the Faculty.

Bicycle-Riding and Urethral Troubles.

"BICYCLE-RIDING," says an American surgeon, "with the common saddle, such as is sold with most machines, causes disease of the prostate and urethra, the severity of which is in proportion to the amount ridden and the relation of the buttocks and perineum of the rider to the saddle." The subject is one, the author states, to which he has paid a large amount of attention, having been led to do so by the number of patients presenting themselves with prostatic and urethral irritability, who denied a venereal history. The chief symptoms were frequency of micturition, with some dysuria, and endoscopic examination of the prostatic urethra showed a swollen, velvety, and a sensitive-to-pressure condition of the mucous membrane. In short there was present a parenchymatous prostatitis together with granular urethritis. The cause of these conditions was traced by the author to faulty-made saddles by which the whole weight of the patients' bodies were made to rest upon the perineum, instead of upon their buttocks. Hence, when the bicycle-riding was indulged in to excess the trouble resulting therefrom was not long in developing. In all cases the author interdicted the use of the bicycle, and then the symptoms quickly began to subside. Inasmuch as prostatitis is of very uncommon occurrence, save when caused by gonorrhoea, the point raised by the author is of some interest. There are reasons, however, for doubting whether, at all events in this country, medical men have been called upon to treat cases of prostatitis the origin of which could be distinctly traced to riding a bicycle. Manufacturers have paid so much detailed attention to perfecting the saddles of the machines that an ill-fitting saddle must now be almost a thing of the past. Nevertheless, it is well to bear in mind that harm of the kind to which the author draws attention has been observed.

How to Sterilise Cotton.

A RATHER ingenious plan for sterilising cotton is referred to in a French contemporary. A piece of cotton is taken, twisted on a stick or a piece of wood, and dipped into a saturated alcoholic solution of boracic acid for a moment or so. It is then withdrawn from the solution, and a light is applied to it, as the result of which the alcohol burns out, while the boracic acid prevents the cotton from burning. Five seconds are enough; as soon as the flame turns green it is extinguished. The cotton remains white, dry, warm, but absolutely sterilised.

A New Material for Skin-Grafting.

THE difficulty which is sometimes experienced in obtaining skin grafts to unite is apt to interfere to a considerable extent with the ultimate success of a case, and this despite every care and the method which may be adopted. It is, however, worthy of mention that an American surgeon, Dr. Z. J. Lusk, has suggested a new and original method of obtaining material for skin-grafting. Having recently to treat a man with an unusually extensive burn, the result of a fall into a vat of boiling brine, the plan suggested

itself of using some of the exfoliated epidermis from the vesicles. A piece one inch square was softened and sterilised in warm boric acid solution, and divided into twelve grafts. Seven of these grew rapidly. The process was continued, and at the end of six weeks the very large surface had become completely covered with soft, firm skin. The same process was successfully applied to the treatment of an old varicose ulcer, the skin being obtained by raising a blister on the patient. This method seems simple enough, and evidently promises to be useful in practice.

The Nauheim Treatment at Bath.

ANY enterprise which is destined to improve and add to the attractions of the English spas, so that English invalids may be prevailed upon to patronise them instead of going abroad, is worthy of commendation. We notice in this connection that the Nauheim treatment has been introduced into the Queen's Bath at Bath, and despite the fact that the appliances have only been in use for a few months, already a thousand baths have been administered. It may be mentioned that the Nauheim treatment, or "Thermalscoolbad," consists mainly in the use of a highly carbonised hot brine bath, by which sufferers from cardiac affections are greatly benefited. It is only just to say that for this new development in the application of the Bath waters the town is indebted to Mr. Alderman H. W. Freeman, Surgeon to the Royal United Hospital at Bath.

The Cardiff Quack Prosecution.

WE learn that the excellent "Stipendiary" who adjudicated in the case of "Dr." Bridgwater, M.D., U.S.A., has refused to grant a case for a higher court, on the ground that the questions involved were those of fact, and not of law. As a corollary to this remarkable judgment, it is stated that "Dr." Bridgwater, M.D., U.S.A., has threatened to take proceedings against the medical man who laid the information in the case, with a view to recovering damages in respect of the prosecution. What has the Medical Defence Union to say to this new development?

An Action for Libel against the British Medical Journal.

A CASE of unusual interest to medical men generally was tried at the Manchester Assizes on Saturday last. A medical practitioner residing in Blackpool is connected, but without payment on either side, with two hydropathic establishments in that town. His name appears on large plates at the entrances and on the tariff bills. These facts were submitted to the editor of our contemporary, the *British Medical Journal*, for comment and an expression of opinion with respect to the ethical aspect of the case. The view given was that the exhibition of the plates was wholly incompatible with the honour and dignity of the profession. This was the libel complained of. For the plaintiff, Drs. Renaud, Collins, and David Little gave evidence to the effect that no ethical rule had been broken. While for the defendant, Sir Dyce Duckworth—whose testimony was wholly discounted by his

admission that his name, the hospital with which he was connected, and his private address appeared in an Insurance prospectus widely circulated, and placed in numbers upon public counters—Dr. Ward Cousins and Dr. Bateman stated that Dr. Kinsbury had broken an unwritten law of the profession. The judge, in summing up, apparently regarded the statement of which complaint was made as one of fair comment. But the jury were asked to consider whether there had been misstatement and comment which was unfair. They arrived at the latter conclusion, and awarded the plaintiff £150 damages. In reviewing the evidence and the facts of the case, it appears to us that the matter resolved itself into one of whether complaint had or had not been made by the local practitioners against their *confrère*. The *British Medical Journal* said that the practitioners had complained, and this is borne out by the fact that the editor was asked to express his opinion on the case. But at the trial it was apparently impossible to obtain any evidence in support of this statement from the other practitioners in Blackpool, from which we are led to the conclusion that at the last moment they left the editor of our contemporary in the lurch.

A Sensational Case in Vienna.

SOME of our lay contemporaries have been exercising their minds with respect to a supposed wonderful operation performed in one of the Vienna hospitals. The report is to the effect that a young man, aged 19, suffered from some abdominal enlargement, for which it was deemed necessary to perform laparotomy. When the abdomen was opened, "the professor found between the spine and the intestines the undeveloped form of a child without a head." Such is the announcement of which so much has been made. The tumour was removed but the patient succumbed. It is, we suppose, scarcely necessary to observe further than to say that there is nothing remarkable about this case. The tumour, was so far as can be gathered from the reports, simply a dermoid cyst, the contents of which are always various.

RESIDENTS in Johannesburg are suffering from an epidemic of typhoid and dysentery of a most serious character. Dr. Vissor, the health officer, states that never in his experience has there been so much typhoid in the town as at the present moment. The hospital is overcrowded with zymotic cases, and 150 extra beds are wanted. The outbreak, it is alleged, is due to impure water, owing to the prolonged drought, and also to bad milk.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

DEATH OF A LUNACY COMMISSIONER.—The death of Dr. Robert Lawson, one of the Deputy-Commissioners in Lunacy, took place in Edinburgh last week. Dr. Lawson, about a year ago, obtained leave of absence from the Board on account of ill health, and his decease was caused by an

affection of the heart. A native of Kirriemuir, Dr. Lawson went to Edinburgh to study medicine, taking his degree of M.B., C.M., in 1871, and M.D., in 1888. In 1874, he was an assistant in West Riding Asylum, Yorkshire, and before his appointment as a Commissioner in 1878, he was superintendent of Wonford House, a registered asylum in Devonshire. During his long term of service with the Lunacy Board, Dr. Lawson had wide literary tastes, and was the author of numerous contributions to medical journals. He was a warm supporter of the system of boarding suitable patients in private dwellings.

GLASGOW OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.—An address entitled "Historical Sketch of Gynæcology during the last 50 years" was delivered by the Hon. President, Sir John Williams, Bart., London, on Wednesday, to the Society, in the Faculty Hall, St. Vincent Street, Glasgow. A large number of the Fellows and Medical Practitioners of Glasgow and surrounding neighbourhood were present. The address was an admirable one, and was thoroughly appreciated by the audience, after which a complimentary dinner was given to the Hon. President, and during the toasts, old reminiscences were revived which made "the old men" feel young again. The chairman reminded the members that the guest (Sir John) had once been a student in the "old College" in the High Street, and on the banks of the classic Molenduiar, "*sic transit gloria mundi*."

THE FIFTH YEAR OF STUDY.—At a meeting of the Students' Representative Council held last week a considerable amount of important business was got through, amongst which the report of the delegates who represented Glasgow in the Inter-University Conference was considered. Thereat it was unanimously adopted that the Students' Representative Council should petition the General Medical Council so as to arrange that the fifth year of medical study should be exclusively devoted to clinical work. It is well known that the University Commissioner, in increasing the number of years of medical study, intended the additional year to be devoted to practical work. It appears, however, that their object is likely to be defeated in practice, unless effect is given to the reforms which the new ordinances were designed to accomplish.

EDINBURGH UNIVERSITY RECTORSHIP.—We understand that Lord Balfour of Burleigh, the Secretary of State for Scotland, will be the Unionist nominee for the Rectorship in the University of Edinburgh, and Mr. Haldane, M.P. for East Lothian, the Liberal candidate.

THE MORISON LECTURES, EDINBURGH.—Dr. Alexander Bruce has delivered the course of six lectures for which provision was made by the Morison bequest, taking as his subject the minute anatomy of the central nervous system. The lectures were lavishly illustrated by lime-light views, and proved a source of instruction and enjoyment to the large audiences attracted by the lecturer's well-known acquaintance with this difficult subject.

EDINBURGH ROYAL INFIRMARY.—At a meeting of the Medical and Surgical Staff of the Edinburgh Royal Infirmary, held last week, it was unanimously agreed to hold two statutory meetings during the year to discuss any point arising which might affect the staff of the hospital. The meetings are to be held early in May and November.

THE LATE DR. ANDERSON, OF DUNDEE.—We are sorry to have to report the death of Dr. A. M. Anderson, who held the post of Medical Officer of Health for Dundee from 1882 until last year, when he resigned owing to failing health. Dr. Anderson graduated in Glasgow in 1864, and became a Licentiate of the Royal College of Surgeons, Edinburgh, in the same year. During the course of a busy life he filled the posts, in addition to the one noted above, of Superintendent of the Fever House in the Town's Hospital, Glasgow, and Superintendent of the Royal Infirmary and King's Cross Fever Hospital, Dundee. A few years ago he published some remarkably successful results obtained in the treatment of typhoid fever by means of large doses of salol.

It is understood that the Government of New Zealand will introduce a measure for the exclusion of consumptive persons on the same lines as that dealing with small-pox, making masters of ships liable.

Correspondence.

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

THE DEPOSITION OF PHARMACOLOGY BY THE LONDON CONJOINT BOARD.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is difficult to understand the object of the Conjoint Board in removing pharmacology from their schedule. The subject has for many years occupied a definite position in the medical curriculum, and has served a purpose which no other department can fulfil. It has shown the student of chemistry and physiology how he may utilise the scientific knowledge he has already obtained in the treatment of disease, and has laid a firm foundation on which his subsequent study of therapeutics may rest. Without it treatment can only develop into empiricism, and the science of medicine again degrade to an art.

But it is easy to find reasons why pharmacology should be retained, the difficulty lies in finding reasons why it should be removed. If the promoters of the abolition scheme wish to benefit medical students (as they would have us believe) why do they not turn their attention to the subject of pharmacy, which contains much that is useless to the practitioner, and is sadly in need of reform? Why, for example, should a medical student be expected to distinguish between the different kinds of aloes or senna leaves, or between the ordinary and granulated sulphate of iron? Would it not be sufficient if he were able to distinguish the active poisons of the *matéria medica* without having to struggle through the differential characteristics of comparatively innocuous roots and woods?

There are many ways in which the burdens of students might be lightened, but one is not by the abolition of a subject which helps to a rational understanding of the methods of healing and helps to diminish all future study in the field of medicine. If the Board persist in this folly it must sooner or later bring its own reward. The Universities, recognising the value of pharmacology, are raising the standard of requirements in this subject, and it is very improbable that they will follow the lead of the Conjoint Board in abolishing it. The result will be a further widening of the gap between graduates and diplomates, which will assuredly not be to the credit of the latter.

I am, Sir, yours, &c.,
C. R. MARSHALL.

Pharmacological Laboratory,
Downing College, Cambridge.
February 28th, 1896.

CONTRIBUTING CAUSES TO THE RECENT ARMY MEDICAL EXAMINATION FAILURES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The recently published Results of the Army Medical Examination certainly call for some inquiry. To what cause is the failure to fill the vacancies to be attributed? Different persons will assign different reasons. But if the candidates may be consulted on the subject, the real state of affairs should become more apparent. The fact is, that the candidates and younger members of the medical profession, rightly or wrongly, still consider the Army, with its many acknowledged drawbacks, to be a fair opening with which to commence their medical career, and would gladly enter it, if they only got a fair chance at the examination.

No candidate can now enter the Army Medical Department unless he fulfil the following regulations, viz., "that no candidate shall be considered eligible for the Medical Staff who shall not have obtained at least 'one-third' of the marks obtainable in each of the compulsory subjects, and at least 'one-half' of the aggregate marks for all the compulsory subjects." This regulation came into force only for the first time during the last two examinations, and resulted on both occasions in the vacancies being unfilled. If the first part of the regulation were only put in force, there would be now remaining no vacancies as well as no grievances. Several of the men disqualified by the second and newer part of the rule

would be eligible in accordance with the first and older part, and in many cases would have from four to six hundred marks to spare. It may seem an easy and rational condition of the regulation that the successful candidate be required to obtain half the aggregate of marks, but the candidate who has tried finds it very different. He is in a position to know by comparison that the Army Medical Examiners, as a combination, are the worst set of markers to be probably found. He also considers each Examiner marks you according, or in proportion to, his own knowledge of that one subject, of which alone he himself has made a special study of for perhaps more than a quarter of a century, entirely forgetting that the candidate has to reserve some of his already overtaxed memory for every subject and its different branches required by the Medical Council since the first day he became a student, and now, again, required *en masse* for the Army Medical Examination. The second part of the regulation is simply unique in its application. Take the case of a candidate who has fulfilled the first condition of the regulation quoted above, that is, he has obtained 30 per cent. or considerably more, as happened in the recent examination in each subject. It will, however, be found that unless his excess of the required 30 per cent. standard reaches 50 per cent. he will fall short of half the aggregate or two thousand marks, if he cannot save himself by an extraordinary knowledge of some one particular subject, e.g., if a candidate at any time of his life made a special study of chemistry, so much that, by his knowledge he secured full marks at the Army Examination, he could owing to these marks afford only to get 30 per cent. in two such important subjects as surgery and medicine, as the extra marks in chemistry would bring him up in the other subjects to the two thousand marks and thereby secure a place for him. Now contrast this case with the candidate who has not made a special study of chemistry or any one particular subject; but who obtains from 40 to 45 per cent. in each subject, but as this percentage in the aggregate will fall short of the two thousand marks he will miss a place, though he may have actually, in each of the three out of the four compulsory groups, beaten by 10 or 15 per cent. the candidate with the extra knowledge of chemistry. Still he will remain unplaced, notwithstanding that he is as much as 15 per cent. in excess of the standard required in each of all the subjects; but it is here the injustice of the second part of the regulation makes itself felt again. This is the exact position of many of the candidates who were in for the recent examination, having got 10 or 15 per cent. more than the standard required in each subject, failed to get a place from the insufficiency of the aggregate of their marks, in most part due to the customary low marking of several of the examiners. Again, if at the present day a candidate is considered not eligible for the Army Medical Department unless he obtains 2,000 marks, it may accordingly be inferred that at least nine-tenths of the present Army Medical Staff are not eligible for the same reason that they never obtained anything like 2,000 marks when appointed. Quite previously to the enforcement of the present regulation, men received commissions with 1,200 marks, or thereabouts, and there are to-day men considered not eligible with 1,500 to 1,800 marks, and in this way, vacancies remain unfilled. It is to be hoped that it is not yet too late to abandon such an absurd regulation, which, in the hands of low-marking examiners, will eventually render the Army Medical Department needless. There is a strong feeling amongst the candidates that they will yet be called in, and there are instances in the past where men were called to fill extra places which were not even advertised at the time of the examination. The candidates also expect the medical press will accord its support in redressing their grievances. To many of the candidates, as in the case of the subscribed, it means their last chance.

Thanking you in anticipation,

I am, Sir, yours truly,

TWICE REJECTED.

PSEUDO-COXALGIA.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I was very much interested in the report of Prof. Duplay's lecture on Pseudo-coxalgia, MEDICAL PRESS & CIRCULAR, January 15th, as I had two cases under

my care which slightly resemble the case of the woman, *st.* 43, which he quotes. If you would kindly give me space, I will very briefly give the principal points of the cases.

Both were males, *st.* 36 and 28 respectively. Their history up to a certain point is similar, and is as follows:—They noticed a hard, pointed swelling, about the size of a bean, in the inguinal region, just below Poupart's ligament and to the inside of the inguinal vessels, much resembling an enlarged gland. It was not painful, but gave a certain degree of stiffness when walking. No gonorrhoea existed at the time, but some years previously both suffered from that disease. The swelling increased in size slowly, and became more painful, with increased lameness. At its height the swelling was about the size of a large egg, half of it being above Poupart's ligament and half being below. At this time deep-seated fluctuation appeared—both were opened, drained, and syringed out with a solution of carbolic acid. The swelling almost disappeared, but when the cavity was allowed to close the symptoms returned. So far both were similar—a slight difference in their history takes place now.

The man, *st.* 36, suddenly and without cause got a most severe attack of sciatica extending to and most severe at knee. He lay in bed with thigh flexed on abdomen and leg on thigh, the thigh being rotated inwards. After ordinary counter-irritant treatment he was relieved of the pain, so that he could be removed to hospital. In hospital he was kept at rest in bed without any splint or support, and was put on iodide of potash and mercury internally for four weeks. Then he got about on crutches for some weeks, when he ultimately recovered with a slight halt and a turning in of his toes.

My other patient developed symptoms of sciatica more slowly. When I discovered the least symptom of it I got him to bed at once. He complained of great pain and tenderness at back of hip over sciatic nerve, but was never troubled with pain in his knee. I put him up in a weight and pulley extension apparatus, beginning with one and a half pounds, and gradually increasing it in ten days to nine pounds. He was a month in bed altogether. Then I got him up with a patten on sound leg and crutches, sent him to the seaside, where he recovered perfect use of the leg without any lameness or pointing in of toes. Twelve months afterwards the swelling and abscess returned, in this case in the same spot. It was opened under chloroform, and found to be at least three inches deep. He got better quickly.

The reason I give this very brief sketch of the cases is, that they are so rarely seen in country practice.

I am, Sir, yours, &c.,
M. L.

P.S.—I enclose my card, but not for publication.

MEDICAL TITLES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Campbell Black deserves thanks for bringing this question to the front and keeping it there. No one who has studied the case of the medical profession and recognised the causes which retard its progress can dissent from Dr. Black's implied proposition that it is of far greater importance to put an end to false pretence and quackery within, than to overthrow quackery outside our ranks. Outside quackery, including the sale of quack medicines, does no harm to the legitimate practitioner; on the contrary, it manufactures invalids and aggravates disease; and as the vast majority of cases thus created or made worse gravitate in the end into the hands of qualified men, quackery from a sordid point of view, is an advantage to the whole profession. The only way effectually to hamper the unqualified quack would be by forbidding the practice of medicine in any department for gain to all save the legally qualified. That such a measure would put a stop to the infliction of a vast amount of misery needs no proof—proof is to be found in the frequent published reports, in which are exposed the cynical villainy with which the army of medical impostors, including cancer, rupture and consumption curers, pursue their aims. A measure hampering the sham-medical harpy would save from maltreatment and plunder a class of the community

—the weak and suffering—whose claim to the protection of the State is surely paramount; but he would be a very sanguine individual who imagined such a measure were within the scope of present day practical politics.

Meanwhile, the Medical Acts need amending to render them operative even to the meagre extent which their sense expresses. Dr. Bateman evidently was far too confident in his belief in the efficiency of the Acts, as the recent magisterial decision in the Cardiff case sufficiently shows. If that case be argued in the High Court it is probable the magistrate's judgment will be upheld. In the case of Ferdinand an appeal after magisterial conviction was heard by a bench of magistrates and the conviction was confirmed. Had the magistrates refused to convict, and had the case been sent for argument before the bench of judges, a very different result might have been looked for. Meanwhile, in the uncertainty of the law and in the absence of any public functionary charged with its enforcement, the unqualified quack flourishes apace and is enabled to amass wealth in proportion as he possesses capital to puff himself. This varies, and in proportion as he is pervaded by an anti-human indifference to the suffering and misery which he deliberately inflicts upon his victims.

I am, Sir, yours, &c.,

S.

Feb. 28th, 1896.

Medical News.

Royal Free Hospital, London.

At the sixty-eighth annual Court of Governors, held on Wednesday last, under the presidency of the Hon. Mr. Justice Bruce, chairman of the committee, the report of the past year which was read by the secretary, Mr. Conrad W. Thies, showed that the total cost of the new buildings which were opened by the Prince and Princess of Wales in July last, and other necessary alterations and improvements, had been about £29,300, towards which, the sum of £27,600 had been raised, leaving a deficit of about £1,700. The Chairman appealed to the public to help the Committee by providing the sum needed to pay off the remaining liabilities. The Medical Report showed that the number of patients treated during the past year was 35,714, as compared with 30,337 in the preceding year. Lord Rowton and Sir James Stansfeld were elected vice-presidents of the Hospital. At the conclusion of the meeting, Mr. Justice Bruce unveiled a marble memorial of the late Mr. George Moore, in the Moore Ward. He mentioned that Mr. Moore had been chairman of the Committee of the Hospital, and for many years devoted much time and energy to the welfare of the institution. He raised a large sum of money to purchase the freehold, and owing to his efforts the financial position of the Charity had been permanently improved. They, therefore, felt greatly indebted to him, and desired that his name should be remembered. The memorial was a replica of a similar tablet executed by Mr. John Adams Acton for Carlisle Cathedral. The cost had been defrayed by Mr. W. Parkin-Moore, of Whitehall, Cumberland. The following is the inscription on the memorial:—"George Moore, whose valuable services to the Royal Free Hospital are gratefully remembered, died November 21st, 1876."

The Cancer Hospital, Brompton.

At the forty-fifth annual meeting of the Governors of this charity, held on Wednesday last, Sir George Samuel Meason, J.P., in the chair, Mr. W. H. Hughes, the Secretary, read the report of the Committee, from which it appears that during the past year 2,233 new patients were received, 805 as in-patients, and 1,428 as out-patients, being in excess of any previous year since the hospital was founded in 1851. Considerable expense has recently been incurred in connection with the operating-room by fitting it up in accordance with the aseptic requirements of the present day, and providing anæsthetic and sterilising rooms, &c. The hospital has also been fitted throughout with the electric light, and the Committee make an appeal for continued support to enable them to pay for these necessary outlays, and to carry on the important work of alleviating, and, as far as possible, arresting the growth of this terrible disease.

Notices to Correspondents, Short Letters, &c.

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

SEQUAH'S NEW ROLE.

THE representative and proprietor of the once prosperous quack nostrum "Prætie Flower" can now be seen, we are told, at the valety Music Hall, Birmingham, extracting molars "with his ac-ac-tomed dexterity." Having now got to tooth-drawing as a music hall attraction, perhaps some "M.D., U.S.A." will treat the public to the sight of a few surgical operations as a further progressive development of stage attraction.

MR. R. B. ANDERSON.—It is quite beyond our province, and would be beyond our space, to attempt to publish communications addressed to the branches of the British Medical Association.

MR. H. VAYASSEUR will receive a private note when a decision has been arrived at.

PROF LIECH's communication is unavoidably crowded out at press. It shall appear in our next.

DR. F. W. KIDD.—Your paper is held over for the production of the necessary illustration.

A NEW VERSION.

LITTLE BOY: "Please, want the doctor to come and see mother." Doctor's Servant: "The doctor's out; where do you come from?" Little Boy: "What! don't you know me? Why, we deal with you. We had a baby from here last week."

M.R.C.S., L.R.C.P. (Wolverhampton).—One method which has proved very effectual in the resuscitation of the new born is to dilate the infant's rectum with the finger. Coincident with the passage of the finger through the sphincter respiration will be started.

M.B.CANTAB. (Cheltenham).—There is no evidence at present to show that the serum treatment of cancer is of any use.

Meetings of the Societies

WEDNESDAY, MARCH 4TH.

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY (Limmer's Hotel, Conduit Street, W.).—8 p.m., Dr. H. McClure (Cromer): Some Factors in our Atmospheric Environment and their Relation to Health.—Dr. D. Kerr (Bath): Modern Improvements in British Balneological Practice.

OBSTETRICAL SOCIETY OF LONDON.—8 p.m. Specimens by Dr. Amund Routh, Dr. Galabin, and others. Adjourned Discussion of Mr. Harrison Cripp's paper on Abdominal Hysterectomy with Intra-peritoneal Treatment of the Stump, with Notes of Eight Cases.—Mr. Alban Doran: Cases of Fibroma of the Ovary and Ovarian Ligament removed by Operation, with a Series of After-histories of Cases reported in the "Transactions" since 1879.

SOCIETY OF ARTS.—8 p.m. Mr. A. A. C. Swinton: Roentgen's Photography of the Invisible.

THURSDAY, MARCH 5TH.

HARVEIAN SOCIETY (Stafford Rooms, Tithebourn Street, Edgware Road, W.).—8.30 p.m. Clinical Evening.

FRIDAY, MARCH 6TH.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.—8.15 p.m. At Royal Kent Dispensary, Greenwich. Clinical Evening. Cases, specimens, &c., by the President (Mr. Ernest Clarke), Drs. Collic, Henry, Jocelyne, and others.

WEST-LONDON MEDICO-CHIRURGICAL SOCIETY (West London Hospital, W.).—8.30 p.m. Clinical Evening. Cases will be shown by Drs. Harrison, A. L. Scott, C. Chapman, and Sutherland, Messrs. Keasley, Edwards, and Bidwell.

SATURDAY, MARCH 7TH.

MEDICAL SOCIETY OF LONDON.—7 p.m.—Anniversary Dinner at the Whitehall Rooms, Hôtel Metropole.

WEDNESDAY, MARCH 11TH.

LARYNGOLOGICAL SOCIETY OF LONDON (20 Hanover Square, W.).—5 p.m.—Adjourned Discussion of "Foreign Bodies in the Upper Air and Food Passages," introduced by Mr. Charters Symonds at the February meeting. Members who intend taking part in the Discussion are requested to communicate at once with the Honorary Secretaries. The following cases and specimens will be shown:—Dr. Clifford Beale:—Cyst between Tongue and Epiglottis; Case of (?) Cancer or Tubercle. Dr. Bond: Maggots in the Nose (case and specimen); Myxoma of Vocal Cord (case and specimen). Mr. E. C. Stabb: Lupus of Palate and Larynx; Tumour of Soft Palate. Dr. St. Clair Thomson: Myxoma of Vocal Cord (case and microscopic section).

THURSDAY, MARCH 12TH.

BRITISH GYNÆCOLOGICAL SOCIETY (20 Hanover Square, W.).—Specimens.—Dr. Purcell: Three Uteri removed per vaginam for Malignant Disease. Dr. Schaacht: Uninterrupted Tubal Gestation containing Fœtus. A Discussion on "Ventriculo-fixation, ventro-suspension, and Allied Operations with their Results" will be introduced by Mr. Mayo Robson.

Vacancies.

Birmingham and Midland Eye Hospital.—Assistant House Surgeon. Salary £50 per annum, with apartments and board. Testimonials to the Chairman on or before March 12th.

Boscombe Hospital.—House Surgeon (unmarried). Salary £60 with board, lodging, and washing. Applications and testimonials to the Hon. Sec. on or before March 9th.

Bristol General Hospital.—House Surgeon.—Salary £120 per annum, with board, residence, &c. Applications to the secretary on or before March 18th.

Burton-on-Trent Infirmary.—House Surgeon. Salary £130 per annum, with a prospect of rooms in the Infirmary free; also coals and gas. Applications and testimonials to the Hon. Sec., Mr. J. Jones C. (Printing, The Infirmary, Burton-on-Trent, on or before March 12th.

Chelsea Hospital for Women, Fulham Road, S.W.—Resident Medical Officer. Salary £20 per annum, with board, lodging, and washing. Applications and testimonials to the Secretary on or before March 14th.

Cornwall County Lunatic Asylum, Bodmin.—Junior Assistant Medical Officer. Salary £100 a year, increasing £10 yearly to £120, with board, lodging, &c. Applications to the Medical Superintendent at the Asylum, on or before March 19th.

Greenwich Union Infirmary.—Second Assistant Medical Officer (unmarried). Salary £80 per annum, with board, lodging, washing &c. Applications and testimonials to the Clerk of the Guardians before March 18th.

Metropolitan Asylums Board.—Assistant Medical Officer (unmarried) for the North-Western Fever Hospital, Haverstock Hill, N.W. Salary £180 first year, £180 second year, and £200 subsequent years. (See advert.)

National Hospital for Consumption for Ireland.—Physician as Resident Medical Officer and Registrar. Salary £100 per annum, with apartments, &c. Applications and testimonials to the Hon. Sec. not later than March 14th. (See advert.)

Sunderland and North Durham Eye Infirmary.—House Surgeon. Salary £50 a year, rising to £90 after six months. Applications and testimonials to the Chairman of Committee, care of J. F. Potts, Secretary, 18 Derby Street, Sunderland

West Sussex Asylum.—Medical Superintendent. Salary £450 a year, with unfurnished house, light, washing, coals, &c. Applications and testimonials to the Clerk to the Committee on or before March 25th.

Appointments

GRIFFITHS, P. E., M.B., B.S. Lond., M.R.C.S., Honorary Surgeon to the Cardiff Infirmary.

HALL, J., M.B., Ch.B. Vict., M.R.C.S., L.R.C.P., Junior House Surgeon to the Salford Royal Hospital.

PAGE, F., M.D. Edin., M.R.C.S., an Examiner in Clinical Surgery in the University of Edinburgh.

RAY, J. H., M.B., Ch.B. Vict., M.R.C.S., L.R.C.P., House Surgeon to the Salford Royal Hospital.

RENSHAW, J. A. K., M.B., C.M., M.A. Cantab., L.S.A. Lond., House Surgeon to the Manchester Royal Infirmary.

STONHAM, C., F.R.C.S. &c., Surgeon to the Westminster Hospital.

TAYLOR, A. K., M.B., C.M. Edin., L.R.C.P., L.R.C.S. Ed., Honorary Assistant Physician to the Cardiff Infirmary.

TAYLOR, J., F.R.C.S. E., Honorary Consulting Surgeon to the Wrexham Hospital.

TAYLOR, W., M.D. Edin., L.R.C.P. Edin., M.R.C.S., Honorary Consulting Physician to the Cardiff Infirmary.

TURNER, W., M.B., F.R.C.S., L.R.C.P., one of the Visiting Surgeons to the Seamen's Hospital Royal Victoria and Albert Docks, (a Branch of the Seamen's Hospital) at Greenwich.

WATKINS, B. V., M.B., Ch.B. Vict., M.R.C.S., L.R.C.P. Lond., House Surgeon to the Manchester Royal Infirmary.

Births.

BOND.—Feb. 26th, at Leyton, Essex, the wife of Mayston Bond, M.R.C.S., L.R.C.P., of a daughter.

REVELL.—Feb. 27th, at 11 Granville Road, Southfields, Wandsworth, S.W., the wife of Hugh Stanley Revell, of a daughter.

ROES.—Feb. 28th, at 9 Pavilion Parade, Brighton, the wife of Douglas M. Ross, M.D., of a son.

SMYTH.—Feb. 24th, at Adelaide Road, Brockley, S.E., the wife of F. Sydney Smyth, F.R.C.S. Edin., of a daughter.

TAYLOR.—Feb. 25th, at Thrupton, near Andover, the wife of James Taylor, M.D., of a daughter.

Marriages.

WILLEY-PERRY.—Feb. 27th, at Christ Church, Sneyd Park, near Bristol, Frederick J. Ingor Willey, M.B., B.S., M.R.C.S., Crouch End, London, N., to Florence Elizabeth Perry, B.Sc. Lond., second daughter of Benj. Perry, Esq., Avonleigh, Stoke Bishop, near Bristol.

Deaths.

BUDD.—Feb. 26th, at Barnstable, Richard Budd, M.D., in his 87th year.

BYRNE.—Jan. 14th, at Hay, New South Wales, Dr. Edward H. Byrne, of heat apoplexy.

HALL.—Feb. 28th, at Ballisborough, William Hall, L.R.C.S.I., and L.R.C.P.L., son of John Hall, aged 28, deeply lamented.

ILOTT.—Feb. 21st, at Bechtfield, Bromley, Kent, James William Ilott, M.R.C.S., L.S.A., aged 80.

LAWSON.—Feb. 22nd, at Mayfield Terrace, Edinburgh, Robert Lawson, M.D. Edin., F.R.S.E., Deputy-Commissioner in Lunacy.

LYNCH.—Feb. 19th, at Sudbury, Suffolk, John Cox Lynch, surgeon, aged 60.

MOORE.—Feb. 28th, at Rockcorry, co. Monaghan, Robert Wm. Moore, B.A., M.B., T.C.D., only and dearly-beloved son of Dr. Robert E. Moore, Rockcorry.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXII.

WEDNESDAY, MARCH 11, 1896.

No. 11.

Original Communications.

NOTES ON A CASE OF SO-CALLED ELEPHAN- TIASIS. (a)

By FREDERIC WM. KIDD, B.A., M.D.,
Master of the Coombe Lying-in-Hospital, Dublin.

THE patient, æt. 33, sent to me by Dr. Blake, of Ravensdale—has never been abroad, nor is there any suspicion of a syphilitic origin—states that about thirteen years ago she got a fall, to which she attributed the growth of the tumour. The tumour commenced in and involved all the tissues of the right labium, and hung down more than half way to her knees. It did not grow quickly at first, but increased more rapidly for the last eighteen months. Patient had never sought advice, and only now came because the growth had assumed such proportions that it was impossible for her to sit down with any comfort. There were no disorders of menstruation or micturition. The operation for the removal of this growth was done on December 7th, 1895. Before operation an attempt was made to pass the catheter. This at first was unsuccessful, as the catheter went up its whole length into a kind of sinus or space, and the point of it could be felt anterior to the symphysis pubis and nearly on a level with its upper border. An elliptical incision having been made, the diseased tissues were dissected out from the anterior surface of the symphysis, where they were very adherent; bleeding points were ligatured or twisted, the site of the clitoris giving most trouble. A drainage-tube having been inserted the length of the wound, it was closed with numerous silkworm-gut sutures. One small nodule of this fibrous-like tissue was left immediately anterior to and above the meatus urinarius—owing to the patient becoming rather collapsed, with the intention of removing it by a subsequent operation if the growth showed any tendency to recur. The wound did not heal by first intention—a result probably due to the low vitality of the part and its œdematous condition. The tissues became very œdematous, and at one time had an erysipelatosus-looking blush. Some suppuration took place, and it was only by the most absolute care that septic trouble was avoided. There must have been many lymphatics in a condition likely to absorb septic matter. The temperature never went above 101.2°. She made a good recovery, though somewhat slow. The condition of the patient two months after the operation was not quite satisfactory; several small sinuses existed about the middle of the wound and when laid open and joined together it was found that the cavity into which they opened was just similar to the description given by Dr. McWeeney, where a smooth mucous membrane lined the so-called cavities of sinuses in the original tumour. The skin above the symphysis is hard and hypertrophied and could be easily removed, but the patient will not hear of another operation at present.

When removed, and in the recent condition, the

tumour weighed 5½ lbs. The following was the report made by Dr. McWeeney:—"The tumour is whitish in colour, covered close to the pedicle with rather dark-coloured skin, from which grew a few long hairs, whilst elsewhere it is covered with epithelium which has the character of mucous membrane. It is lobulated and very irregular in shape, with numerous papilla-like excrescences, so as to resemble a gigantic wart; the consistency is rather soft. Between the larger lobes are curious sinuous cavities, some of which are actual passages or canals running right through the mass from near the pedicle at one end to the free convexity on the other. Part of the skin covering the base of the tumour is covered with innumerable small pedunculated protuberances like fungiform papillæ. Microscopically, the tumour consists of a somewhat œdematous fibrous tissue of loose texture containing so many lymph clefts that in places one might almost term it a lymphangioma. There are also very numerous newly-formed blood-vessels. Around the lymph clefts are many collections of lymphoid and epithelioid cells. Sections of the papilla-like protuberances show essentially the same appearances. The surface is covered with stratified epithelium, which, from its slightly-developed horny layer and absence of hair follicles, may be said to constitute a mucous membrane. I should be inclined to class this specimen provisionally as *molluscum fibrosum*."



The points of interest in the case are the comparative rarity of this form of growth; the presence of these cavities or sinuses permeating it; the size it had attained before relief was sought; the absence of serious trouble, both from hæmorrhage during the operation and from septic absorption when portion of the wound suppurred; the question as to whether the growth would be one likely to recur if any portion of it were left behind.

It was usual to refer cases of this nature to repeated attacks of an erysipelatosus character, or to obstruction of the lymphatic channels, from the presence of the

(a) Read at the Obstetrical Section of the Royal Academy of Medicine, 31st January, 1896.

"*filaria sanguinis hominis*," but in this case there was no history of previous inflammatory attacks nor had the patient ever been abroad, which alone could account for the presence of "*filariæ*." In the accompanying illustration (from a photograph taken by Dr. Alfred J. Scott), the patient is on a gynecological chair, the thighs abducted and the knees supported on the crutches of the chair.

ON SOME CASES OF HERNIA.

A Post-Graduate Demonstration given at the West London Hospital, on November 6, 1895.

By W. McADAM ECCLES, M.S., Lond., F.R.C.S.,
Eng.,

Assistant-Surgeon, City of London Truss Society, and West London Hospital, &c.

I SHALL, first of all, show you a series of cases illustrating some points in connection with femoral hernia. This form of rupture is always one which has especial interest, but more particularly so when occurring in male subjects. Femoral hernia is rare before the age of puberty; and before 12 years of age, it occurs nearly as frequently in boys as in girls. After this age, however, the proportion becomes vastly greater in the female sex than in the male.

About eighteen months ago, a boy, æt. 9, was brought by his father to the Truss Society, with the complaint that he had had a swelling in the right groin for about a year. On examination, a well-marked, rounded protrusion, presenting all the typical characteristics of a femoral hernia was found. It was completely reducible, and seemed to give the little fellow but a small amount of trouble. There was no family history of rupture, though it is by no means uncommon to find in these cases of femoral protrusion that some near female relative is, or has been, also the subject of it.

The boy was fitted with an ordinary femoral truss. Great care is to be taken in dealing with these cases that the measurement taken for the truss is accurate, in order that it may be very nicely adjusted. If too short, the instrument will be so uncomfortable that the patient, especially if a child, will refuse to wear it; if too long, it is certain to press on the spine of the os pubis, and thus cause intolerable pain.

This boy then was sent away wearing a well-fitting truss, with instructions that it should be kept applied day and night.

I have not examined him since until now. The patient is undressed before you, and I would have you notice that the truss is by no means worn out, and still lies comfortably in position. We will remove it, and it is obvious to all that there is no visible protrusion in the right groin, not even when the boy stands up and coughs. The truss, therefore, has not only been sufficient in keeping the hernia reduced, but it has done more; it has considerably lessened the tendency to protrusion; it has, in other words, brought about a partial cure. If one were to cut down on the parts now, the sac, owing to the continuous pressure and the condensation of tissues around, would probably be found partly, if not wholly, obliterated.

May we then allow this patient to discard his truss after his wearing it for eighteen months? No, I am certain it would, to say the least, be unwise to do so, for I am sure that seeing a strong, healthy, young subject has developed a hernia, he has still a tendency to such, and if no support be given the protrusion is very likely to reappear, and this particularly so in the femoral variety.

This patient presents the condition so often found after the so-called "radical cure" of hernia, and I venture to assert that the truss pressure has wrought in

his case practically exactly what an operation would have done, namely, the nearly complete absence of any impulse on cough. Nevertheless, in either case he should be still wearing a truss for some time yet to come.

The next case I bring before you is also a boy (kindly shown to me by my colleague Mr. L. A. Bidwell) who has a double femoral hernia, but with this important distinction, that the protrusion on the left side is irreducible.

It is open to us to treat this boy in one of two ways; firstly, to provide him with a double femoral truss, having the pad concave or hollow on the left side, or secondly, to perform herniotomy and attempt a radical cure, subsequently ordering him to wear an ordinary light double femoral truss.

The hollow-pad truss will probably bring about reduction before very long, and that with a minimum of risk, whereas an operation would certainly also effect the return of the contents at once, but with a certain amount of risk. The patient remains in danger so long as neither of these plans are carried out.

The third case, which is now before you, is a male adult who demonstrates a very interesting disease in addition to his hernia. He is the subject of diffuse molluscum fibrosum which he has had as long as he can remember. His femoral protrusion is very distinct. As he stands before you and coughs you will observe the pronounced manner in which the abdominal contents descend into the hernial sac. If we place him in the horizontal position the swelling is not altogether spontaneously reducible, but very slight taxis causes it to disappear with the characteristic gurgle of gut. A resonant note on percussion, with the usual intestinal sounds on auscultation, conclusively prove the presence of bowel in the sac. The hernia is of such a size, that of a tangerine orange, and the force with which it is protruded is so strong that at first I was doubtful whether an ordinary femoral truss would retain it, but when we adjust this 33-inch one it holds it up most satisfactorily.

It is interesting to note that although nearly the whole surface of his body is studded with molluscum swellings, many of which are of quite recent development, he has not a single nodule over the area with which the spring and pad of the truss come in contact. Can the use of the truss for several years have prevented the occurrence of the molluscum formation?

We now pass on to our fourth and last case of femoral protrusion. He is an older man, being sixty-three years of age. He has had hernia in the right femoral region for no less than thirty-seven years, but it was sadly neglected when it first appeared, consequently he had now a large protrusion, which is, however, wholly reducible. If we observe this rupture closely as it protrudes it will be seen that it has a tendency to pass upwards in front of Poupart's ligament as femoral herniæ so commonly do, as well as passing somewhat downwards.

In order to efficiently keep the contents of the sac within the abdomen this patient must have a specially made truss.

Firstly, a femoral pad is necessary in order that the ring be covered, but this will not be sufficient to retain the hernia.

Observe what happens when we put an ordinary femoral truss on and get the patient to cough—the rupture slips down and protrudes above and below the pad chiefly passing out above it.

In order to overcome this upward passage, what is called an inguinal fulness is to be superadded to the femoral pad.

It will be observed that this addition has a strap which is to be fastened to a buckle placed just within the anterior superior spine of the left ilium. To further satisfactorily deal with the lower portion of

the protrusion the femoral pad itself is prolonged somewhat downwards, and attached to its inner border is a shaped piece of jean which passes round the thigh and is fixed on the outer side by means of straps and buckles. This is called a thigh belt, and serves to prevent the truss being displaced upwards, and with the inguinal fulness and the ordinary femoral pad will effectually control the rupture.

Our first case showed well the effect of a truss in causing considerable improvement of a femoral protrusion in a young subject. I should now like to show you a case in which a scrotal hernia has been in like manner practically cured by the adjustment of a properly constructed truss.

This young man of nineteen, came to the Truss Society two years ago with a fully developed, but completely reducible scrotal rupture, and he was fitted with a rat-tailed truss. The prolongation of the pad in these trusses should be made quite soft and flexible without any part of the metal of the pad projecting into them. He wore this steadily day and night till he came up again a week or so ago, and now if you examine him carefully I think you will agree with me that there is little or no impulse on cough.

This result occurs in hundreds of cases, and I claim that it is quite as good as many a case of radical cure by operation. He is, however, still in danger of a recurrence of the hernia, and therefore he now wears an ordinary inguinal truss.

I am convinced after some close observation that a large proportion of "radical cures" are in precisely similar condition to this patient, and ought to be treated like him with a light truss for at least two years or so after the operation.

The sixth case is a man who presents the double affection of a hydrocele with a complete inguinal hernia, both on the same side. These cases are common enough, but the diagnosis of them is not always a perfectly straightforward matter. This one shows very clearly some of the points to be relied on in coming to a decision as to the condition. There is a slight constriction between the hydrocele below and the hernia above. The impulse on cough in the upper part is expansile in nature, that in the lower half is merely one of a forward character. The hernia is reducible with the peculiar gurgle of intestine and the feeling of a solid body slipping away from the fingers. The hydrocele is irreducible. Fluctuation may be obtained over the hydrocele, and this fluid-containing sac is translucent. There is a resonant note over the hernial portion, there is dulness over the fluid part. Auscultation gives evidence of bowel above, but reveals nothing below.

The treatment of such a case is to carefully tap the hydrocele, and apply a truss to the hernia.

We have now in our seventh case a very interesting one. Here is a man who is the subject of a partially descended right testis, which lies in fact in the inguinal canal just within the external abdominal ring. You will observe that the right half of his scrotum is practically entirely undeveloped. Very frequently retention of the testicle is associated with escape of contents of the abdomen, and in some of these cases a curious variety of inguinal hernia is induced. I refer to what is termed the interstitial hernia.

As the man stands before you, you will see he has some fulness in the right inguinal region due in part no doubt to the retained testis. On asking him to cough you will observe the descent of the hernia, and the typical direction which it pursues. Instead of passing from the canal into the scrotum, it turns upwards on to the abdomen, mounting up, as it were, by dissecting the layers of the abdominal parietes.

In this ascension the sac and its contents lie in one of three positions:—

1. Between the partial peritoneum and the fascia transversalis.

2. Between the internal and external oblique muscles.

3. Between the aponeurosis of the external oblique muscle and the skin.

As to the cause of this peculiar variety of hernia, it has been thought that the extension of the sac upon the abdominal wall is due to repeated attempts at reduction, especially in funicular hernia, where the opening of the internal ring is small. A similar condition may, of course, be found in one of the varieties of reduction *en masse*. Again, if a truss is worn over the external ring alone, in other words, a truss which is manifestly too long, it has been considered likely that the sac within the canal may pass upwards, being prevented by the pressure on the external ring from descending into the scrotum. Against this theory it may be urged that interstitial herniæ are very rare, but a truss worn in the above-mentioned wrong position is unfortunately very common.

Lastly, it has been held that a partially descended testis blocks the external ring when it lies just within it, and so retards the formation of a complete hernia, and in some cases, prohibits its production altogether. But, on the other hand, many patients with a testis in the canal are not the subjects of interstitial hernia.

It is true, however, that the majority of cases of interstitial hernia in males have a but partially undescended testis. When the condition occurs in women, their smaller and tighter external ring may account in some measure for the abnormal course of the protrusion. It may in all these cases then be said that the sac enlarges in the direction of least resistance.

The treatment falls under two heads, either operative or mechanical. I think such cases of the not far advanced types of interstitial ruptures may be greatly benefited by operation, and I strongly advise, if there be an offending testicle, that it be either replaced within the abdomen, or, if ill-developed, removed at the same time as the sac is dealt with. If, on the other hand, a truss be applied, one with an interstitial plate will be necessary. This testis, if present in the canal, need not be thought of, as it will take care of itself.

Our last case of inguinal hernia is a very rare one, in fact so uncommon is it that this is the only typical case I have seen. He presents the condition known as a cruro-scrotal hernia. By this term is meant a rupture which, instead of having a sac passing into the scrotum, has, as it were, developed a sac which pushes down in front of it the tissues at the upper part of the fold between the thigh and the scrotum.

These cases are usually, if not always, associated with malposition of the testis on the same side. It would seem that this organ having escaped from the external abdominal ring, misses the way into the scrotum, and turns or is dragged by a process of the gubernaculum toward the perineum, but stops short on its way.

This arrest may afterwards have developed in connection with it a hernia such as we have here before us.

If you will notice, in this man the right half of his scrotum is undistended by either a testis or the hernia, but presents very clearly the corrugated condition of the skin of a normal scrotum. The hernial protrusion lies altogether external to the scrotum itself. The treatment of such cases is that of an ordinary scrotal hernia.

There are now remaining two cases of ventral hernia to be seen. One is a man who has a typical protrusion through the linea alba some two inches above the umbilicus. This is the common position, namely, between the navel and the ensiform appendix, for such herniæ.

They are frequently in their earlier stages merely a prolapse of subperitoneal fat through an opening in the fibrous tissue of the linea alba. The opening in this is commonly wider transversely than vertically.

Such small ruptures may be retained, especially

when the patient is thin, by a Salmon and Ody's umbilical truss. If they cause much pain, as they not infrequently do, I usually operate on them by a vertical incision on to the tumour, freeing the sac if there be one, or the tag of fat if this is all that is protruded, and then transfixing either and cutting the part away. The edges of the opening are now refreshed and sutured transversely with silk.

The last case I have to bring before you is a man with a well-marked non-traumatic protrusion through the linea semilunaris.

These are nearly always on the left side and below the umbilicus, this possibly being due to the fold of Douglas.

They occur usually after middle life, as in our patient, and by no means infrequently become strangulated when they contain bowel.

A small umbilical pattern truss answers well in the majority of these cases. Operative treatment is not very satisfactory in producing a radical cure.

CLINICAL NOTES OF GYNÆCOLOGICAL CASES FROM A PROVINCIAL HOSPITAL. (a)

By E. F. ELIOT, F.F.P. & S. Glags.,
Surgeon to the Women's Hospital, Southampton.

HAVING been to some extent instrumental in initiating the establishment of a hospital for the treatment of the special diseases of women in Southampton, I think a short account of its foundation and work may be of some little interest. I feel acutely how very difficult it is to introduce any new idea or any information of any real interest or importance, and my apology must be that, in bringing before your notice this evening some details of the early work of a small hospital, and recording a few notes of my earliest cases, I may be able to justify my own practice, and encourage renewed zeal and energy in some members of the profession, who, perchance, may be at the present time experiencing difficulties similar to my own, and also show the leaders and teachers of gynecology that their seed is not cast in vain, but that it is finding root in remote corners of the land.

After I had been in practice for some years in Southampton, a great many cases requiring special treatment came under my observation, cases which appeared to me to be outside the pale of ordinary medical and surgical treatment, and as there was no institution where such cases were treated, or treated in any special manner or department, a small committee was formed which, after consultation with Mr. Lawson Tait, decided it would endeavour to establish an institution where cases of a special nature could be dealt with. I need not refer to the uphill nature of the work, except to say we have had a hard struggle, but now, I am thankful to say, we are established, and I hope doing some useful work. I am quite satisfied that this work should be done at a special institution, as really there is no branch of surgery which requires more special knowledge, more special care and tact, and more special forethought and judgment in weighing the importance of the history of each case.

The female pelvis is, at any rate to a beginner, a most gloomy and dark region, wherein one must always be prepared for the unexpected; as it often happens that the surgeon launches on a voyage of discovery, and does not know what he may have to do or deal with until the patient is on the operating table, and the operation is commenced. Even my short experience has taught me that cases which before operation have promised to be of a simple and straightfor-

ward character are often cases of extreme difficulty, and tax the resources and skill of anyway the young operator, to the utmost.

There are such a large number of cases of women who eventually find their way to special hospitals and to the consulting-rooms of abdominal surgeons, who tell the same tale of woe, and who have been going from doctor to doctor to find relief, cases in which examination reveals nothing, or at the most, very little, and cases in which the greatest care and judgment are necessary in deciding on the right course to pursue. Advanced cases of pyosalpinx or myomata, or ovarian cyst are easy enough to recognise, but it is the chronic cases, the cases on the border-land, that require the knowledge gained only by experience and practice.

In hospital practice, when it comes to a question of operation, I always put the case to the patient and her friends under certain heads:—(1) the probable result of leaving the case alone; (2) the certain results of medical treatment; (3) the probable result of surgical interference and the exact methods proposed; (4) the risks of surgical operations. The choice must be made by the patient after considering these points. By this means no operation is forced on any patient, and each thoroughly understands, or has the chance of understanding, what is going to be done, and what object is hoped to be achieved. This is more important in a provincial town, as one has to live, perhaps, very near one's patient. In all these cases, a carefully recorded case, a carefully given opinion, and a carefully noted result place one in a position to answer any criticisms which may be passed in a decisive and unanswerable manner; and it is for this reason that we have been able to treat many attacks which have been made on our work with absolute contempt (and to leave them unanswered), knowing that our work rested on a sound basis.

All difficulties can be overcome by knowing they exist; being forewarned is being forearmed. By keeping a high standard of honour always before one, by building up a stock of experience, by having a sound reason for every measure one adopts, and by adopting a system of method in dealing with one's cases, all difficulties will soon disappear, or can be easily combated, and as a compensation for all the troubles and worries there is the greatest consolation in every difficulty that is overcome, and there is, so my experience teaches me, the hand of friendship and encouragement, and the word of counsel and advice, always waiting for the beginner amongst the veterans and leaders of our great profession.

Apart from the major cases and major operations, there is such a vast amount to be done in connection with uterine therapeutics, and to collect these cases together must build up an experience which must be of use to anyway the poorer inhabitants of a town, and, take it, this society welcomes an account of work done in the provinces, and that the leaders in London of this great branch of surgery are always glad to lay the little fragments of work done in a provincial town by a provincial man as a proof that their own work is not in vain, and that the doctrines they are teaching are finding root throughout the country.

In conclusion, I would draw your attention to the following cases, and thank you for the honour you have done me in listening to my paper to-night.

CASE No. 102.—Mrs. T—, *et.* 25, healthy till marriage four years ago; twins two years ago, and a year later a boy at the seventh month; regular, no dysmenorrhœa or discharge. Swelling first noticed six weeks ago, has increased rapidly since. Patient looks very ill and is losing flesh fast. When first seen tumour was up to umbilicus, slightly to the left side, and was diagnosed as a parovarian cyst (while the possibility of its being a cystic sarcoma or a collection of encysted fluid was entertained). No large glands or veins. Seen by Mr. Lawson Tait, of Birmingham, and he wrote: "A plain

(a) Read before the British Gynecological Society, Feb. 15th, 1896.

straightforward case of parovarian cyst, unless the pedicle be sessile, on which point you cannot be certain until you are there."

Operation, April 20th, 1895.—Median incision, tumour adherent in front and carefully peeled off; wall in places very thick; growth mostly omental, but it has spread over the whole peritoneal cavity; wall of gut very thin in places and riddled with miliary tubercle. Part of the omentum which had been adherent in front was removed. Abdomen flushed out and a drainage tube inserted. Patient rallied fairly well, and continued to do better than was expected. On April 25th (48 hours after operation) the discharge became distinctly fecal. On April 29th albumen appeared in the urine, and continued to do so. The fecal discharge steadily increased until on May 14th a large slough from the intestinal wall came away. Patient gradually emaciated more and more, and died quietly on May 27th (a month and three days after operation). The temperature was hectic throughout. The difficulty of diagnosis was the chief point of interest. There was no history of phthisis, and prior to her marriage she was a strong, stout, healthy girl. The rapid growth of the disease and the fact of it showing no signs, except wasting, until six weeks before operation, were the chief points which made one think of something more than a simple parovarian cyst.

CASE 59.—Mrs. C—, *set.* 36. Patient was a married woman who had had eight children and three miscarriages at early dates. Her youngest child was born three years ago. About two years ago she got gradually run down and weak. In June, 1895, she first noticed a swelling of the abdomen, and first had pain in July, 1895, and three weeks ago (Oct 30) first detected a definite lump. Catamenia regular and inclined to menorrhagia, lasting six, eight, or ten days. She had had pressure symptoms on rectum about three months, and on bladder about two months. She was a pale woman with an anxious expression, in awful pain and symptoms of obstruction. There was a tumour nearly up to the umbilicus, slightly to the left side, hard, irregular, and tender, and very slightly movable in all directions. No fluctuation or fluid thrill.

Per Vaginam, cervix looks upward and to the right. Uterus appears quite fixed and embedded in the mass felt from the abdomen. There is a large mass of a similar character to be felt in Douglas's pouch continuous with the rest. Myoma uteri diagnosed.

Operation, October 30th, 1895.—Median incision; a large mass of breaking down malignant tissue found adherent to abdominal wall. This was peeled off and found to be part of the omentum, which was extensively diseased, and which formed part of the tumour felt from about. After its removal the uterus, with one or two fibroids, was removed by the extra-peritoneal method, the whole of the broad ligaments being covered by the growth. After this the pelvis appeared quite clear, and was douched out, and then the remainder of the omentum tied off in sections; the subsequent mass weighed 4 lbs. Patient had no pain after the operation, nor subsequently, whereas it was previously described as unbearable. Her pulse kept steadily up to a hundred and over, but her temperature never exceeded 100°. A recurrence of the growth was felt on Nov. 9th in the epigastrium, and other nodules appeared later. Persistent diarrhoea, which could not be controlled, was her one bad symptom, except for gradually increasing weakness, from which she died at her home, on December 18th.

Microscopic Section.—The chief point of interest is the association of the two diseases—namely, cancer of omentum (the primary source being possibly the right ovary or tube, both of which were extremely diseased) and myoma of uterus.

CASE No. 36.—Mrs. W—, *set.* 31. Catamenia always regular and painless until six months after marriage, which took place five years ago. She then began to have abdominal and pelvic pain, which was intensified at the menstrual periods and was steadily on the increase. She had pains in the groins, thighs, and back, and was scarcely able to get about. Appendages enlarged and very tender.

Diagnosis.—Probably double pyosalpinx. After consultation with Mr. Tait, operation advised.

Operation.—The case turned out to be one of double hydrosalpinx. The left tube was removed whole, the right piecemeal. Case did well.

The chief interest is the fact of the hydrosalpinx being double. There was a history of gonorrhoea on the part of the husband.

CASE No. 19.—Mrs. M—, *set.* 36. This case was one of great interest, as it was not until after sections of the ovary had been cut that the true disease was discovered. The chief complaints were general ill-health, loss of flesh, and intolerable dysmenorrhoea. The appendages were enlarged and tender. Palliative treatment was tried for some months with eminently unsatisfactory results. She was seen by Mr. Lawson Tait, who regarded the case as one of chronic ovarian disease, and viewing the failure of medical treatment and the gradually increasing ill-health and weakness, suggested the removal of the appendages. This was decided on after explaining matters to the patient; and the operation was accordingly performed. Both tubes were irregularly knotty, and impervious to the finest bristle. The left ovary showed sarcomatous changes when examined by the microscope, though to naked eye appearance the ovary looked fairly normal, and it was very difficult to remove.

CASE No. 10.—Mrs. T—, *set.* 40. Patient had always had dysmenorrhoea and saw very little. Otherwise well till marriage in '73. Gonorrhoea soon after marriage. Has had one child. For the last seven or eight years has had several sharp attacks of pelvic pain, mostly on the right side, but of late, on both.

Per Vaginam.—Extensive pelvic peritonitis on both sides and a large tumour to right and back of uterus. During the last six weeks before operation several more sharp attacks of pain occurred.

Diagnosis.—Probably double pyosalpinx. The case turned out to be one of double pyosalpinx, associated with a suppurating ovarian cyst on right side. There was nothing to suggest that the cyst was a dermoid, but it is of interest that the cyst was bilocular, one cyst being full of serum and the other full of pus. Patient did excellently well, and wrote on Jan. 7th "I am going on splendidly." (There was nothing definite to show that the locule containing pus was in direct contact with the pyosalpinx, though this was probably the case.)

CASE H.—Mrs. R—, *set.* 45. History very obscure, "pain in womb," dysmenorrhoea, no definite menorrhagia, no pregnancy. Pain chiefly on left, shooting down leg, some pain also on right.

Per Vaginam.—Small fibroid in front wall of uterus. Great thickening and matting around appendages. It was decided to remove the appendages.

Operation.—Tubes very densely adherent, greatly thickened, and of almost cartilaginous hardness. Lumen quite impervious, no attempt made at radical operation on myoma.

This woman was told her operation was incomplete, as her tumour was left!! Tait present at operation. Patient seen a few days ago, quite well.

CASE K.—Mrs. W—, *set.* 39. Menorrhagia over five years, loss at times alarming and might almost be classified as flooding. Lasts eight to ten days, during which time she has to keep her bed, and is in very great pain. She had been under several doctors and had had a great deal of treatment. Myoma of the uterus was diagnosed and operation was advised, as this seemed the only proper way of treating the large myoma which was the cause of trouble in May, 1895. After consultation with Mr. Lawson Tait, patient refused operation unless I would undertake only to remove the appendages, which course of treatment some one had told her, was only necessary. This I naturally declined to do as I felt sure it was impossible to do so. She continued to waste and become more and more anæmic, till she was in a very critical state, the lips and conjunctivæ being almost colourless. Patient at last consented to submit to whatever operation I thought best to perform, and the operation of extra-peritoneal hysterectomy was performed on Sept. 7th, 1895.

Risks of hæmorrhage were specially guarded against and an ounce of blood would probably cover the amount lost.

Patient did excellently. The clamp did not come away for three weeks, but the wound kept clean and healed well. Temperature once reached 101 (on second day) but afterwards was never beyond normal limits. Pulse was never over 100.

The patient went away from hospital regretting the

operation, and maintained that she only consented to the removal of the appendages.

CASE J.—Mrs. B—, *æt.* 26. When I first saw the patient she had just returned from London, where she had been attending for two years at one of the leading hospitals, and had been treated for retroflexion. Came suffering agonies, largely relieved by removing a Hodge pessary. Examined shortly after: Uterus enlarged somewhat and retroflexed, some endometritis to judge by the eversion of the lips of the os, and by the discharge coming from it. Large and exceedingly tender swelling to left of and behind uterus. Similar but less pronounced tumour to right.

Operation explained and consented to. Large double pyosalpinx, the larger about the size of a good-sized orange. Both were firmly fixed in the pelvis by adhesions. Patient made an excellent recovery.

CASE No 4.—Mrs. O'K—, *æt.* 21. A miserable, spare little woman, was suffering a great deal, and was emaciating. Had been under a lot of treatment, and came describing her life as a burden and misery. She had suffered much at the hands of treatment. Mr. Tait saw the case in consultation.

On examination of specimens, both ovaries were enlarged, and they were composed of a number of small, thinly-walled cysts. The fluid in all the small cysts was clear. The tubes were irregularly thickened and very adherent.

A typical case for operation; not treated except at a special hospital, and could not get relief in London because she was not told what was the matter.

CASE 32.—Miss C—, *æt.* 20, single. Very difficult to obtain any definite history, except the following:—Menstruated first at 18 years, regular at first. In January, 1892, began to see more, sometimes two or three times a month. Great pain and bearing down. Yellow intermenstrual discharge for a vague period. Pain much worse after she had the discharge. No bad pain prior to discharge.

Per Vaginam.—Large tumour, probably pyosalpinx on right side, enlarged tube on left, hymen ruptured.

Operation.—Removal of double pyosalpinx, both very large. No very great amount of adhesions considering the size of the two diseased tubes. Patient did very well, but has had rather marked climacteric symptoms of pain, bearing down, &c. Was seen towards the end of 1895 at St. Thomas's Hospital by Dr. Cullingworth, who explained to her that all her trouble was due to the climacteric.

She had been told she had still a lump left which had not been removed. She is now quite well.

Clinical Records.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, VICTORIA PARK.

Case of Dilated Heart with Mitral and Tricuspid Murmurs much relieved by Treatment.

Under the care of DR. THOROWGOOD.

Resident Medical Officer, DR. CHAPPEL.

Mrs. A. C., *æt.* 37, admitted into Victoria Park Hospital, under Dr. Thorowgood, Nov. 26th, 1895.

Ten years ago patient had rheumatic fever, and some years previously suffered from chorea. She has been much worse in her breathing since a fall downstairs twelve months ago. On admission, she is livid in face, her cough is incessant with no expectoration, voice almost nil, sweats much, and has considerable oedema of legs and arms, abdomen swelled and contains fluid. Liver dulness extends two inches below ribs. Spleen normal Pulse 112, small. Urine, *sp. g.* 1024, contains albumen in small quantity. Dyspnoea extreme. Temperature normal. Tongue furred. Bowels open. Heart dulness extends from third to sixth rib and laterally from mid-sternum to axillary line.

At apex, præ systolic and systolic murmurs. Marked murmur at ensiform cartilage. Pulsation appears over whole anterior chest, and jugular vein pulse is very evident.

Some dulness with subcrepitant râle at both lung bases. She was ordered tincture of digitalis (πv) with acetate of potash and spirit of nitrous ether, and this suited her. Whisky 3 oz. in 24 hours.

Nov. 30th.—There being but little improvement she was ordered every evening a pill of

Pil. Hydrarg.

Ext. conil., *aa gr. ij*

The pill was taken with great advantage, and by degrees the cardiac dulness became less extensive as if the right heart was less engorged.

Dec. 10th.—Dr. Chappel prescribed for her:—

Tr. digit. πv;

Tr. Hucis vomice, πxv;

Sp. chlorof. πviij;

Doct. Scoparii, ʒj. M. T. d.

This suited well: she was soon up and about, and early in February was able to leave the hospital much improved in every way, and able to go up and down stairs without any marked distress. She gained 13 lbs. in weight in the hospital. Pulse, 100. Very little oedema of feet only. The systolic murmur was very loud at apex, followed by a ringing second sound. At ensiform cartilage also the murmur continued. The præ systolic murmur vanished after a few weeks in the hospital.

Remarks by DR. THOROWGOOD.—This case seemed to take a very favourable turn after a week of the pil. hydrargyri. This pill acted freely on the bowels, and under its influence the oedema rapidly diminished, while the cough ceased, and breathing became easy. The right heart was relieved and then the nux vomica tonic came in to strengthen the action of the heart with good effect. The amount of alcohol used in the case was very small. To start off at once in a case of this nature with alcoholic stimulants in large doses, and cardiac tonics, is a plan that seldom answers until the engorged heart has been relieved by pil. hydrargyri and digitalis, and sometimes by a small venesection. A small amount of albumen in the urine is by no means a reason for withholding mercurial medicines, provided a free action of the bowels be maintained.

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

MEETING HELD WEDNESDAY, MARCH 4TH.

The President, DR. CHAMPNEYS, in the Chair.

HYSTERECTOMY FOR CARCINOMA UTERI.

DR. A. ROUTH showed a specimen removed from a woman, *æt.* 56, who had ceased to menstruate six years previously. Although only the cervix uteri appeared to be diseased he decided to remove the uterus as a whole. He gouged away the cervical growth and then removed the uterus, and having done so he found on cutting it open that it too was diseased. This case showed that it was possible for disease of the body to escape recognition, and it showed moreover the danger to which patients were exposed if one adopted the practice advocated by Dr. Lewers and others of removing only the obvious cervical disease.

DERMOID CYST OF OVARY REMOVED DURING PREGNANCY.

DR. GALABIN showed a specimen removed at the fourth month of pregnancy which proved to be a dermoid cyst of the left ovary with the usual contents. The other ovary contained several cysts with similar contents. In the tumour of the left ovary was seen a well-marked *corpus luteum* of pregnancy. The patient made a good recovery without any threatenings of abortion or the metrotaxis which one usually gets after removal of both ovaries. He pointed out that the removal of an ovary containing a vesicle on the point of rupture produced apparently the same effect as if the vesicle had gone on to rupture, and on this assumption one could understand why, when there was no vesicle approaching rupture, there should be no metrotaxis.

CANCEROUS DEGENERATION OF URRINE FIBROID.

DR. GALABIN showed another specimen removed from a patient, *æt.* 42, who had had a large fibroid of the uterus

for many years, with menorrhagia, and, for three months, metrorrhagia. That was in October, 1894. He performed oöphorectomy, removing both ovaries and tubes. The tumour penetrated a good deal into the left broad ligament. For about six months she remained free from symptoms of any kind, and then the bleeding recommenced, but she did not apply for advice until a year had elapsed. By that time the hæmorrhage had become continuous, and the discharge was thought to be somewhat fetid. He dilated the cervix, but failed to detect any signs of cancer. Nevertheless, he thought it best to remove the mass, which was then seen to be undergoing malignant degeneration. This case, he said, was of interest as showing that it was possible to explore the uterus without finding that cancer was there although present.

CURIOUS CONGENITAL APPEARANCE IN A FŒTUS.

Dr. LEWERS showed a fetus delivered at term after craniotomy, the mother being a woman, æt. 36, with two living children, sent to him by Dr. Currie, of Finabury Park. It presented a large pendulous mass springing from the front of the neck which a colleague suggested was of the nature of a cystic hygroma.

The PRESIDENT pointed out that it was a very unusual appearance in the fetus, and on his suggestion it was referred to a committee for examination and report.

HYDRONEPHROSIS SIMULATING OVARIAN CYST.

Dr. TURNER showed a specimen from a case which appeared to him to be clearly one of unilocular ovarian cyst. By the vagina the tumour appeared somewhat high up, and this, he admitted, ought perhaps to have put him on his guard. He also made out the presence of a coil of intestine over the cyst which might also have inspired a doubt as to its nature. The patient had consulted him for a supposed injury to the hip, and it was, so to speak, quite accidentally that he discovered the tumour at all. There was nothing in her history to indicate the nature of the cyst, which had never given rise to pain or inconvenience. She was 53 years of age, and presented marked spinal curvature, with pulmonary lesions consequent on an attack of pneumonia many years ago. On opening the abdomen he at once saw that it was not an ovarian cyst, and on tracing its attachments upwards he discovered that it was a hydronephrosis. The distended colon stretched right across it in front, and the peritoneum covering the cyst was exceedingly vascular. He stripped this off and removed the cyst after ligature by enucleation. The operation was almost bloodless and the temperature at once fell to normal. The patient did well, and he was on the point of authorising her getting up when one day on attempting to pass water she suddenly became faint and expired in three or four minutes. He mentioned that the cyst contained four pints of clear urine of normal specific gravity and free from albumen. The ureter was not blocked, but was bifid up to the pelvis of the kidney. He suggested that the condition was probably consequent on floating kidney, and that the ureter had somehow got obstructed, though there was nothing in the history to point to such an occurrence. The appearances post-mortem were absolutely satisfactory as far as the operation was concerned, and he was still at a loss to explain the real cause of the syncope, there being nothing in the heart or brain to account for it. The right kidney was large, and its ureter was also bifid. After the operation the quantity of urine had increased from 15 ozs. within a few days to 44 ozs. in the 24 hours.

Dr. HEYWOOD SMITH mentioned the case of a married woman, who presented an abdominal tumour extending equally on both sides of the pelvis. There were no symptoms to enable one to say for certain whether it was ovarian or renal, so he aspirated and withdrew only six ounces of urine, though the cavity contained several pints. The patient died the same day. *Post-mortem*.—An enormous hydronephrosis was found with calculi impacted in the pelvis of both kidneys.

ADJOURNED DISCUSSION ON DR. CRIPP'S PAPER ON ABDOMINAL HYSTERECTOMY WITH INTRA-PERITONEAL TREATMENT OF THE STUMP.

Dr. CULLINGWORTH said the author's paper reflected the change at present taking place in the attitude of the profession in respect of operations for myoma of the uterus. These, he thought, are certainly becoming more frequent,

partly because of the diminished mortality resulting from improved technique. With the lessened risk, he urged, it was justifiable to recommend operative interference in cases in which formerly they would not have ventured. These tumours were now recognised to be a source of much later misery and of menace to health and even to life. Patients could not be promised a cessation of their troubles at the menopause, for experience had shown that they might lead to various troublesome and even fatal diseases. One, therefore, no longer awaited the advent of dangerous complications before advising operation. Among indications for operative interference not mentioned in the author's list, he suggested: (1) when it becomes evident that degenerative cystic or other changes are taking place; (2) when the rate of growth has suddenly begun to increase; and (3) when, after the menopause, the tumours continue to increase in size. He agreed that the so-called intra-peritoneal method was preferable to the extra-peritoneal, the latter being a clumsy and unscientific procedure. It was necessary, however, to discover a means of securing the patient against the risks of hæmorrhage from the stump, but until it was suggested to tie the uterine arteries as a preliminary step, the extra-peritoneal method could not be supplanted. That method had now practically been superseded. The rivalry at present was not between the intra- and extra-peritoneal methods, but between the method of leaving the cervix and that of removing the entire uterus. Recently the propriety of removing the tumour through the vagina, with *morcelement* if necessary, had come to the front. He had performed abdominal hysterectomy in 40 cases, in 9 by the extra-peritoneal, and in 31 by the intra-peritoneal method, the cervix being left in all the cases. Since he first resorted to the intra-peritoneal method, he had never once returned to the other plan, but he admitted that the mortality had been higher since the change, such increase, however, not being the fault of the operation, but due to exceptional complications. In the favourable cases there was a very striking contrast between the comfort of the convalescence after the one method and the discomfort after the other. He allowed that the question of mortality was of greater importance than that of comfort, but if, as was the case, the dangers attending the intra-peritoneal method were not greater than of the other, then the question of comfort deserved consideration. His plan of securing the vessels in the broad ligament was by tearing or otherwise forcing a hole in the ligament. At each extremity of the slit thus made he passed a silk ligature, tying the one over the free upper border of the broad ligament, and the other over the infundibulo-pelvic ligament, the latter securing the ovarian artery. The inner one prevented bleeding during the operation from the vessels on the uterine side of the broad ligament, and took the place of the inconvenient clamp forceps. The tissues between these two ligatures having been divided, the upper part of the tumour became free. The next step was to tie the uterine artery on each side. He felt for the pulsating vessel where it approached the side of the uterus, as near as possible to the level of the *os internum*, and secured it. He held, with Mr. Greig Smith, that it was preferable to include the surrounding tissues in the ligature to prevent slipping. With regard to the origin of the sepsis in the author's cases, he thought it was hardly justifiable to say absolutely that it was from the vagina, for this was, he urged, a less frequent cause of infection than was generally supposed. The conclusions he had arrived at from his experience of oöphorectomy were: (1) that it afforded an almost certain means of relieving all the more dangerous symptoms in cases in which active treatment was necessary, and in which removal of the tumour or tumours was either impracticable or likely to be attended with special difficulty or grave risk; (2) that it was unsuitable in cases where the tumours had attained a very large size, or had become œdematous, or had undergone cystic or other degenerative change; (3) that it was peculiarly applicable to cases in which the tumours were, for the most part, intra-pelvic, and in which operative interference was required for the relief or prevention of dangerous pressure symptoms; (4) that its field of usefulness was likely to become curtailed in proportion as the technique of abdominal hysterectomy improved, and the mortality of the latter operation diminished; (5) that, although in experienced hands its mortality was not high,

it should never be regarded or spoken of as a slight or minor operation; (6) that it was impossible to know beforehand whether it would be an easy or a difficult, or even a practicable, operation; (7) that the relief was not generally so prompt or convalescence so free from interruption as in an ordinary case of ovariectomy, or even of abdominal hysterectomy; (8) that before being submitted to the operation, a patient should be made fully aware of the uncertainties that specially attended it.

Dr. P. HORROCKS considered the extra-peritoneal method to be barbarous, and preferred the intra-peritoneal method on every ground. He had performed Baer's operation four times, with one death. He pointed out that all operations had been placed on a different footing now that they could almost guarantee asepsis by means of sterilisation of instruments. He questioned the correctness of the opinion that the cervical and vaginal secretions were the cause of fatal sepsis in the case mentioned, and he could see no advantage in putting a drainage-tube into the pelvis to draw off the small quantity of serum which might exude from the seat of the operation.

Mr. MERRIDITH said he was still in favour of the extra-peritoneal method of dealing with the stump which had given him very satisfactory results in the 100 cases in which he had used it. He usually removed the serrenceud and pin at the end of a week after paring away all the tissue external thereto, allowing it to drop back into the abdomen. He did not think there was any necessity to allow the external portion of the pedicle to become septic and in his own cases this certainly did not take place. It was extremely rare for its return to be followed by any rise of temperature. One objection to this plan was said to be the risk of causing abdominal obstruction, but he had never seen such a case nor had he ever tied the ureter by mistake, though he knew of a case in which this had happened. He admitted that there might be a small protrusion at the site of the stump but this could easily be controlled by an appropriate pad and need give rise to no inconvenience. He had only operated on one case by the intra-peritoneal method, but though it turned out all right he was not converted to the advantages claimed for this procedure. He said his mind was open to conviction but so far nothing had been advanced to lead him to consider the propriety of abandoning the extra-peritoneal method of dealing with the pedicle.

The PRESIDENT did not think they were yet within measurable distance of the time when the removal of a fibroid which was not giving rise to painful symptoms, nor was menacing life, could be considered a justifiable proceeding. The mortality of the operation would have to be infinitely smaller than it was at present to justify their advising removal, except in presence of urgent symptoms. No one was more strongly in favour of operative interference when necessary than he was, but in any case, he considered oophorectomy to be a very unsatisfactory operation. When an operation of some kind was necessary, he thought it was better for the patient to incur the slight additional risk and submit to total extirpation of the uterus. They did not know enough of intra-peritoneal methods at present to form a definite opinion. It certainly seemed that however careful, and however aseptic a surgeon might be, as evidenced by the absence of septic complications in other abdominal operations, there was always a possibility in these intra-peritoneal cases of septic mischief supervening. He did not believe that infection always took place from the vagina, the want of drainage having probably much more to do with it. One reason why vaginal hysterectomies did so well was because fluid could drain away. He suggested that the intra-peritoneal method would have to be greatly improved before it could be safely recommended for general adoption. It had been said that the extra-peritoneal operation was "barbarous," but most of them, he imagined, would prefer to preserve life by a barbarous operation than to lose it by a triumph of surgery. When the two operations were placed on an equal footing as regards mortality, then doubtless the extra-peritoneal method would die out.

Mr. HARRISON CRIPPS, in reply, agreed that they were still a long way from the time when they would be justified in recommending patients to submit to the removal of a fibroid which was giving rise to no pressure symptoms, or hæmorrhage. With fourteen or fifteen cases of his own, treated by the extra-peritoneal method, he had had one example of intestinal obstruction, and one of his

colleagues had met with a similar accident. In ordinary ovarian operations it was extremely rare. He believed that sepsis was very rare with the extra-peritoneal treatment of the stump, but he had had one such case among those dealt with by the internal method, and he had since seen another very unfortunate case of the kind. The question of where the sepsis originated was of great interest. He had not stated absolutely that it arose from the vagina, but he said he could not help regarding that canal with suspicion. When one had to do with a small tumour, say one weighing seven or eight pounds, it might be possible to pass a needle through the broad ligaments and apply a ligature before cutting through them, but with a large tumour, one weighing twenty-five pounds for example, the layers of the broad ligaments were much too widely separated for this to be practicable. The tension, indeed, was such that if one passed a ligature over the large veins it would probably cut through. He maintained, in conclusion, that the intra-peritoneal method had not yet been shown to be superior to the older method, and, under any circumstance, in future he proposed to leave in a drainage-tube for the first forty-eight hours.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF OBSTETRICS.

MEETING HELD FRIDAY, JANUARY 31ST, 1896.

The President, DR. LOMBE ATTHILL, in the Chair.

OVARIAN TUMOUR.

DR. ALFRED SMITH showed a unilocular ovarian tumour, the size of an adult head, which he removed from a child aged thirteen years. Recovery rapid.

DR. LANE wished to know if the patient had menstruated?

DR. SMITH replied that she had not.

EXHIBIT.

Sir THORNLEY STOKER exhibited the uterus with a number of attached tumours which he had removed from a patient, thirty-five years of age. The growths were fibromyomata, all apparently of interstitial origin, although five or six of them in the process of development had become sub-peritoneal and pedunculated. The substance of the uterine wall was the seat of a number of tumours, varying in size from a pea to an orange, and the pedunculated growths were from the size of a goose egg to one so large that it weighed 15 lbs. The entire weight of the parts removed, when drained of blood, was 19 lbs. 10 oz., and must, when full of blood, have been about 24 lbs. The circumference of the large pedunculated fibro-myoma was 34 in. in one direction, and 31½ the other. The growth had existed for six years, and had become so bulky as to render life intolerable. The operation performed was a supra-vaginal, intra-peritoneal, hysterectomy. The sutures securing the intra-ligamentous structures were, like the cervix, rendered sub-peritoneal by careful suturing of the peritoneum from the brim of the pelvis on one side to the other. The operation was an exceedingly protracted one, owing to the difficulty of securing the stump of the right broad ligament, which was invaded by a cyst in such a way as to necessitate its division close to the pelvic wall. The operation lasted 2½ hours, and the most remarkable fact elicited by it was that in spite of the age and enormous size of the tumours there were absolutely no adhesions. The condition of the patient from the time of operation to the date of meeting, ten days, was perfectly satisfactory. She had not even suffered inconvenience, and was practically out of danger.

The PRESIDENT said that the rapid growth in this case would be likely to lead him to think that the tumour was of a sarcomatous nature. While connected with the Rotunda, a case presenting some points in common with Sir T. Stoker's case had come under his notice. Sir Knowley Thornton at the time was over in Dublin, and, having seen the case, expressed the opinion that he would not care to touch it. He congratulated Sir T. Stoker on an operation calculated to uphold the reputation of Dublin as a school of surgery.

Dr. F. W. KIDD read notes of a case of so-called Elephantiasis, which will be found on page 255.

ECLAMPSIA.

Dr. HASTINGS TWEEDY read a paper on eclampsia, and contended that it, like uræmic convulsions, arose from retention products in the system, the normal resultants of tissue waste. This retention can be brought about in one of two ways, but both are concerned, as a rule, in its accomplishment. There may be either a diseased condition of the kidneys present, or else an increased formation of toxins. This latter factor is, during pregnancy, always present, and is in large part to be attributed to the growth of the fœtus. He stated that the proofs are convincing that convulsions do not owe their causation to the presence of toxins in the blood, but rather to the deposit of the poisonous substance in the nervous centres, and believed that it was quite possible to quickly remove this substance from the centres of danger by depleting the blood of its water, and so causing a current to flow in its direction from the nervous centres. Purging, sweating, or blood-letting would effect this; but the kidneys alone were to be relied on to directly get rid of the harmful substance. Of course the administration of fluids in any form would completely counteract any good effects which might follow the above line of treatment. Throughout the eclamptic seizure the patient on no account is to be allowed to lie on her back, for the so-called œdema of the lungs, constantly seen in cases which end fatally, has its origin in most instances in the drowning of these organs by fluids arriving to them from the mouth. The power to swallow is nearly always absent in eclampsia, and the process becomes absolutely impossible when a mouth gag is used. He contended that of all drugs, morphia given hypodermically in large doses (up to 2½ grs. in 24 hours), presented the greatest number of advantages with the fewest disadvantages in the treatment of eclampsia. All now knew that morphia had but slight if any effect on either the heart or kidneys. On the other hand, it limited the formation of toxins, controlled convulsions, dried up bronchial and salivary secretion, was a diaphoretic, and above all prevented the onset of labour. No greater danger could happen an eclamptic patient than that labour set in, and this is more particularly the case if it be induced artificially. Chloroform, chloral, and pilocarpine, all tended to kill in a manner similar to the eclamptic poison, and, therefore, ought not to be employed. Neither should any fluid, or even croton oil, be placed in the mouth, the patient being unconscious. In conclusion, he believed that it was attention to small details of treatment—perhaps on the lines indicated in the paper—that enabled some authorities to show results immeasurably superior to those of other, though both might be pursuing apparently a similar line of treatment.

Dr. HORNE said, notwithstanding Dr. Tweedy's contribution, he was still of the opinion that as regards the pathology of the disease they were as much in the dark as hitherto. In attributing the disease to toxins, they were, he believed, begging the question, for the presence of those toxins had not been demonstrated. As regards blood-letting, he could not understand how it was a treatment applicable to all cases—for instance, to one patient who was plethoric, and to another who was anæmic. He spoke favourably of the treatment of eclampsia by ½ gr. doses of morphia, or corresponding doses of opium. He also expressed himself in favour of croton oil—a drop being placed on the back of the tongue. He had experience of pilocarpine in one case, and, although, in that case he himself did not administer the drug, under its influence the woman rapidly developed œdema of the larynx. He did not assent to Dr. Tweedy's theory as to the elimination of ptomaines by blood-letting.

The PRESIDENT said that the danger of the convulsions is infinitely greater when they occur in the early stages than when they occur in the latter stages of labour. He had induced premature labour successfully in two or three cases. Under certain conditions he would be prepared to adopt the same line of treatment again. However, he regarded such a procedure as a very serious one.

Dr. ALFRED SMITH pointed out the fact that some German investigators were inclined to believe that acetones in the blood was the cause of eclampsia. The recognised treatment of eclampsia was by large doses of morphia.

Dr. SMYLY was of opinion that the difference of opinion on the question of the treatment of eclampsia arose chiefly from the habit of forming conclusions on the experience

gained of one or two or a dozen cases. No matter what the treatment they had recourse to, sometimes they would get a run of successful cases, and sometimes the reverse. To his mind the question of inducing premature labour or not, was, by no means, a practical one; for the induction of labour occupies considerable time, and causes great reflex action. He believed chloroform increased the tendency to death. If the patient's death was inevitable, he did not think it was a matter of great consequence whether she died in convulsions or not.

Dr. McWENEY did not think there was anything special about the eclamptic kidney or anything special about the toxæmic condition of the urine. He held with Bouchard that eclampsia was an auto-intoxication. He had not, when examining for Dr. Horne a specimen of eclamptic urine, the means of demonstrating toxins, otherwise than by experiments on animals. He said that in eclamptic urine albumen in a greater or lesser degree was always present. A microscopic examination of that fluid invariably revealed hyaline tube-casts. Bouchard proved that toxins could be eliminated by acting on the bowels; but the question of the administration of purgatives should be determined by the condition of the patient; and mentioned that small vessels had been found plugged with a tissue, structurally identical with the chorion.

Dr. LANE dwelt on the necessity for prophylactic treatment—dietetic treatment. He thought morphia inferior to pure opium. Dr. Lane made a passing reference to serum treatment.

Dr. PARSONS could not consider the treatment by chloroform a rational method, since it was well known that the drug depresses the higher cortical centres. By giving opium they were likewise introducing into the system a substance which exercises a depressing effect on the heart. Opium, however, was a less dangerous drug than chloroform. He failed to understand the advantage to be derived from sweating the patient, in face of the fact that Dr. Purser had assured him that there was more urea in one drop of urine than in as much sweat as would cover the body from head to foot. He regarded pilocarpine as simply a poison in this disease, since it paralyses the sensorium, already too depressed.

Dr. MACAN ridiculed the theory that attributed eclampsia to plugging of small cerebral vessels.

Dr. TWEEDY said that success in the treatment of eclampsia largely depended on attention to details. He mentioned many of those details—as, for instance, turning the patient on her side during administration of chloroform.

The Section then adjourned.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD WEDNESDAY, MARCH 4TH.

The President, Dr. ARGYLL ROBERTSON, in the Chair.

PATIENTS.

Dr. MICHAEL DEWAR showed a child who had been practically moribund from diphtheria, but who, after injection of antitoxin serum, had made a good recovery.

Dr. JAMES CARMICHAEL showed a boy, æt. 9, suffering from chronic peritonitis, who was recovering under treatment. On admission into the Sick Children's Hospital he had an extremely tubercular look, the abdomen was markedly distended, and he only weighed 43 lbs. In a short time his weight rose to 49½ lbs. The abdominal exudation was almost entirely solid. The question of surgical interference was discussed, but he was of opinion that it was unnecessary as the patient was progressing so favourably without it. Dr. Carmichael thought that surgical aid was only necessary if there was much tension in the abdomen or the patient was much debilitated.

Mr. JOSEPH BELL showed a boy, æt. 8, with double dislocation of the hip-joints of congenital origin.

Dr. CARMICHAEL showed for Dr. Burn Mu doch a child with patent ductus arteriosus, she had also acquired heart disease. There was no cyanosis.

SPECIMENS.

Mr. STILES exhibited specimens of Prof. Tavel's anti-diphtheritic serum, with Beck's syringe for injecting it.

The serum, it was alleged, kept sterile for any length of time.

Mr. CAIRD showed a specimen of perforation of the stomach. The patient had been suffering from symptoms which pointed to cancer of the pylorus, and one night perforation occurred. Although the patient seemed to be moribund with a temperature of 95°5', transfusion was tried. In three hours the pulse had become good and the temperature normal. Laparotomy was then performed, and a perforation of the stomach walls was found, close to the pylorus and in connection with a cancerous tumour. A tube was passed into the stomach and the contents removed. The peritoneal cavity was washed out. As the rent in the wall of the stomach could not be sewn up a Wertzels gastrostomy was performed, the stomach being also connected with the ilium by means of a Murphy's button. For twelve hours the patient did well, but was again seized with symptoms of perforation and died. After death it was found that a fresh extravasation of the stomach contents had occurred along the gastrostomy tube.

Dr. GIBSON showed three photographs of patients with ocular paralysis.

Dr. JAMES read a paper on

THE BLOOD IN DIABETES MELLITUS.

He said that the majority of observers had found that, although diabetes mellitus was a wasting disease, the blood of those suffering from it was richer both in corpuscles and hæmoglobin than normally was the case. For some years back he had made a series of observations on this point. Thus, out of thirteen cases, five presented over 6,000,000 red corpuscles, five over 5,000,000 two over 4,000,000, and in one case over 3,000,000. The hæmoglobin was 100 per cent. in three, 60 per cent. in eight, and over 50 per cent. in eight. If this increase in the corpuscular elements of the blood were due to diminution of its volume from the great loss of water the specific gravity to the blood would be altered. By Roy's method, however, no increase in the density of the blood could be determined. He thought that the increase must be attributed to the *vis medicatrix naturee*. As the organism lost so much of its oxidising material efforts were made by it to supply part of this loss by increasing the oxidising power of the blood. A parallel might be adduced from the effects of starvation. The increased appetite was also corroborative evidence, and especially the greater powers of digestion. He thought that the more vigorous the case the richer was the blood.

Dr. GIBSON pointed out what appeared to him to be a similar compensatory effort in cases of congenital heart disease.

Dr. PATON thought that Dr. James' methods were not satisfactory. The facts, however, were so marked that they must be regarded as accurate. The specific gravity of the blood generally varied with the number of corpuscles contained in it. If the corpuscles were formed in larger numbers in diabetes he failed to see where the proteid necessary for their fashioning came from, as an extra drain of proteid material was one of the chief results of the disease.

Dr. LEITH also spoke, and Dr. JAMES replied.

Dr. W. G. SYM read a paper on

OPHTHALMIA NEONATORUM.

He paid especial attention to its prevention. After reviewing the treatment by astringents, he stated that the secret of success lay in leaving no pus in the conjunctival sac. An ordinary hairpin was a better instrument than many that had been specially devised. A large number of individuals were rendered blind by this disease, a form of blindness which was easily prevented by proper attention to cleansing the eyes of the newly-born. In England it seemed to be more common than in Scotland, probably because there more labours were conducted by midwives alone than in Scotland. In certain States in America it was a criminal offence if the midwife did not call in a doctor if the child's eyes became affected. In Glasgow a pamphlet was handed to each couple registering a birth, in which instructions were given as to what should be done if the eyes of the child should become inflamed. A similar measure might with advantage be adopted in Edinburgh.

Dr. ARGYLL ROBERTSON and Mr. BELL spoke, and Dr. SYM replied.

LIVERPOOL MEDICAL SOCIETY.

MEETING HELD THURSDAY, FEBRUARY 27TH, 1896.

The President, DR. CATON, in the Chair.

CASES.

DR. RAWDON read notes of a "Case of Stricture of the Oesophagus" in a woman, *æt.* 48. The peculiarity of the symptoms consisted in the recurrent character of her attacks of difficulty in swallowing, which, at times, from being comparatively slight, became almost complete. The first stage in the operation of gastrostomy was performed, but the patient only survived 35 hours. At the post-mortem examination a piece of orange pulp, shaped like a cigar, was found to be impacted in the oesophagus immediately above the stricture. This was the more remarkable, as its presence was not suspected, an oesophageal tube having been repeatedly passed beyond the stricture. The stricture was due to infiltration of "new growth" in the submucous and muscular tissue. The viscera did not contain any "new growth," but the peritoneum, the pleura, and the pericardium were studded with numbers of malignant new growths, averaging the size of a pea.

REMOVAL OF THE LAMINÆ AND SPINOUS PROCESS.

DR. CARTER showed a patient, *æt.* 59, a sailor, who nearly six years ago had had the laminæ and spinous process of the fifth cervical vertebra removed by Dr. McCosh at the Presbyterian Hospital, New York. About nine months previously, on Oct. 24th, 1889, he had been knocked senseless by a tremendous blow on the right side of his head from a heavy iron shackle at the end of a pennant 5 ft. long, which was driven violently round in a gale of wind. He has no clear recollection of anything till the following Christmas Day, when he found himself in a hospital at Boston, U.S.A. He says that then his arms were tightly flexed across his chest, requiring some force to draw them away, that his legs and thighs also were flexed with the heels pressing against the buttocks, and that the head was bent, the chin touching the sternum, much pain being caused when the nurses raised it in order to wash him. These facts seem to be fairly reliable. Those as to anaesthesia are more general. He says he felt nothing in left arm or leg, but could feel on the right side as low as the groin. He had no control over the bladder or rectum. The right underwent a certain measure of improvement, but he could not stand on the day of the operation, and had to be held up to enable him to be photographed. In a short memorandum from Dr. McCosh as to his condition immediately preceding the operation it is stated that he could not stand alone, that the lower extremities were considerably atrophied, that they could not bear the weight of the body, and that he possessed but little power in legs or thighs, that the left forearm was flexed upon the arm and in a state of spastic rigidity and utterly useless, that the right upper extremity was also useless; that he could not use hand or forearm, and could not feed himself; that the head had dropped forward, the chin resting on sternum, and that there was no power to raise it, that there was severe pain in the arms, legs, and chest." That is the only statement referring to sensation. The statement continues: "Operation nine months after injury. Fifth cervical vertebra found displaced to right side; its spine being one inch to right of median line. Posterior arch of this vertebra removed. Dura mater found in a condition of hemorrhagic pachymeningitis much thickened; had been adherent to bone, on removal of which the dura bled freely. Dura also adherent to spinal cord which itself did not appear diseased. Cause of paralysis was probably products of inflammation pressing on spinal nerve roots." If the patient's account of the position of his arms on Christmas day, which was two months after the accident, can be relied on, as I think it can, it proves that a dislocation of the fifth cervical vertebra can occur without paralyzing the adductors of the humerus. It also proves that a patient can live for nine months with such a dislocation unrelieved. The condition of general atrophy which now affects all the muscles of the left shoulder, arm, and forearm is probably simply the result of disease. At present anaesthesia is limited to a small narrow strip on the ulnar side of the left hand. During his short residence in hospital the skin of the atrophied limb became the subject of purpura which affected no other part of the body. The

chin still drops on the sternum necessitating the use of a cage with sling to support the head in the upright position. The patient came to hospital for bronchitis and remained but a short time under treatment.

Mr. R. W. MURRAY related a case of "Abscess of the Temporo-Sphenoidal Lobe," following left middle-ear disease. The patient was a girl, *æt.* 7, and the symptoms were typical of this particular intra-cranial complication. The abscess, which contained 1 oz. of pus, was opened and drained. A month later, when the child had apparently completely recovered, she had a sudden convulsive seizure affecting the right leg, right arm, and the right side of the face, with loss of consciousness. The left temporo-sphenoidal lobe was again explored, and deep in its substance pus was reached, about a drachm escaping. Next day she was conscious, and there were no convulsions, but the day following there were occasional convulsive movements of the right side of the body, including this side of the face, together with some retraction of the head. The head became more retracted, and the child died two days later. At the autopsy the left temporo-sphenoidal lobe was found to be intensely inflamed and softened; both lateral ventricles and the fourth ventricle contained pus.

EPILEPSY RESULTING FROM LEAD-POISONING.

Dr. ALEXANDER DAVIDSON read a paper entitled "Epilepsy and other Cerebral Symptoms resulting from Lead-poisoning; also a Reference to the New Act enjoining Notification to the Home Office of Lead-poisoning." After drawing attention to the Act of Parliament, he narrated in detail a very severe case of lead-poisoning occurring in a painter who had been painting the interior of a ship. The large amount of white lead used and the confined atmosphere of the cabin and passages of the ship being extremely conducive to severe poisoning. The man was admitted to hospital on a Monday; at that time he complained of headache and behaved in an imbecile manner. He shortly became worse, had delirium and epileptic fits, the convulsions extending over the whole body; he became unconscious, the fits increasing in frequency, and he died on the Friday, that is, four days after admission. There was no kidney disorder, so that the fits could be fairly considered to be due to the lead. A chemical examination of the brain showed the presence of lead; it was estimated that half a grain was the amount present in the entire brain. Lead was also present in the liver and intestines. Dr. Davidson made some general remarks on the frequency of the various symptoms and on the prognosis and treatment of the condition.

Dr. BRADSHAW suggested that seeing there was such a small amount of lead present in the brain might not the convulsions be due to *anæmia*?

Drs. Dickinson, Barr, Rawdon, Carter, Manby, Professor Bryce, and the President took part in the discussion.

Dr. DAVIDSON replied.

France.

[FROM OUR OWN CORRESPONDENT]

PARIS, March 7th, 1896.

TUBERCULIN.

At the Académie de Médecine M. Grasset read a paper on the early diagnosis of phthisis in man by means of injections of tuberculin. Everyone understood the utility of detecting the nature of this malady in its incipient stage, but all practitioners are well aware that the diagnosis is far from being easy and conclusive, for the bacilli do not appear in the expectoration until a relatively late period. The difficulties are still further increased where the tuberculosis is seated in the bones, the brain coverings, &c. Consequently, a new sign, if it be sure and without danger, is not to be despised. Tuberculin seems to furnish these two conditions, as testified by that great authority, M. Straus, who declared that "this substance constitutes an excellent diagnostic means in incipient phthisis."

The tuberculin was furnished M. Grasset for his experiments by the Pasteur Institute, and the dose employed was infinitesimal but sufficient, 150th of a grain. The mode of using is simple. The patient is kept in bed two or three days and his temperature taken morning and evening and marked. The hypodermic injection is then made once a day for two or three days more in the thigh, and the temperature carefully registered three times a day. No abscess follows or any local irritation. M. Grasset cited a series of cases in which he was able to arrive at an exact opinion on the nature of the affection. A man, *æt.* 43, entered the hospital presenting symptoms of rachidian meningitis, without any external sign of lesion of the vertebræ. For four months he had been suffering from inter-costal pains, coming on in paroxysms, the spine was painful to pressure, especially over the dorsal vertebræ. The left eye showed symptoms of exophthalmia, while the upper lid dropped. The body had evidently been wasting for some time. The temperature was normal, but after the injection of the tuberculin, it rose to 100°. M. Grasset pronounced the case to be one of tuberculous meningitis.

A patient, *æt.* 23, presented the symptoms of Addison's disease. He had had a costo-vertebral cold abscess, which got well after operation. The bronzed colouring had commenced five months before he entered the hospital, and for the previous month he had a slight cough. At the apex of the lung in front, expiration was found to be slightly prolonged, and behind, vesicular expansion was diminished; there were no bacilli in the sputa. The temperature, which had been oscillating between 97° and 98°, rose to 100° six hours after the injection of tuberculin, justifying the tuberculous nature of the disease of the renal capsules.

After giving the details of several other cases (14 in all), the report concluded by stating that the results obtained warranted the prosecution of further clinical experiments which would permit the Academy one day to draw up instructions for diagnosis of tuberculosis in man by tuberculin as it has been called upon to do in the case of the bovine species.

M. Weber read, in answer to a letter from the Minister of Agriculture, consulting the Academy on the value of tuberculin as a means of diagnosing tuberculous disease in the bovine species, a report, of which the following is an abstract.

Tuberculin at the dose of from six to ten grains provokes in tuberculous animals a rise of temperature attaining from two to five degrees, a reaction sufficient to affirm the existence of tuberculous lesions, in no matter how slight a degree, whereas the same dose has no appreciable effect on non-tuberculous animals, although they may be attacked by grave lesions of the lungs or of the other viscera. The febrile reaction appears between the twelfth and fifteenth hour after the injection, and lasts several hours. It was said that tuberculin produced no reaction in certain animals recognised tuberculous at the autopsy. The fact is true, but these animals are always in such an advanced stage of the malady that the diagnosis is easily made by the ordinary methods of examination without having recourse to tuberculin. The reproach was also made that tuberculin hastened the evolution of the disease. This objection has no foundation, for tuberculin presents no danger to the animal.

Nothing is so easy to day than the removal of tuberculous disease from a stable; it is sufficient to submit all the

animals to the tuberculin test, separate the healthy animals from all those which show a reaction after the injection, disinfect the stable, and allow no animal to enter it without careful examination.

In concluding, the speaker proposed the following resolution:—"Tuberculin is an excellent means of establishing the diagnostic of bovine tuberculosis, and its employment should be recommended." (Adopted).

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, March 6th.

MEDICAL EDUCATION—LUNACY REQUIREMENTS.

THE Minister of Education has lately surprised the medical world by an order bearing on the education and examination of *public medical officers*. The order is supposed to be an outcome of the unfortunate Alexianer lunacy scandal. For the future candidates for these offices will be required to attend a course of lectures on psychiatry at a German University and to attend the practice of a lunatic hospital for six months, or to hold office as interne of such a hospital for three months. A hospital in which such lunacy practice is taken out must not have fewer than 150 mental cases yearly. The order comes into force in October of the present year, and it will apply to all candidates who are not already in their last year of study. It is not understood to be the intention of the Minister to raise the salaries of its medical officers as a compensation for the increased cost of education in this way imposed upon them.

RESORPTION OF THE SALTS OF IRON.

In the *Zeitsch. f. Physiolog. Chemie*, Hr. Woltering has a paper giving the results of an inquiry into the resorbability of iron salts into the system. He first repeated Kunkel's experiments, and found that when iron was given to mice, rabbits, or dogs, by the mouth, it accumulated in the liver; that in fact the liver was possessed of the faculty of storing up iron. The question then arose as to the form in which it was thus stored up. The author found that one of the combinations was a nucleoprotein. In this form it was firmly associated and could not be discovered without destroying the substance. He found also by later experiment that the accumulation of iron resulted directly from resorption and not from any property of preventing waste.

A further question was whether the organism could make use of the accumulated iron in case it required it for the production of hæmoglobin, and the author's opinion is that it can. On withdrawing blood from animals fed with iron, and others as check animals, he found that the blood corpuscles did not fall so low in the former class as in the control animals. The blood returned to its normal state much more quickly and completely in the animals possessed of accumulated iron than in the others. It was very noticeable also that in the livers of the animals not fed with iron there was much less of it than in the others, and that in the iron animals the quantity was equal to, if not above, the normal amount. The author does not state how long a time is required for the organism to use up its surplus iron stored in this way.

FORMALINE GELATINE—A NEW MODE OF ANTISEPTIC TREATMENT.

In the *Therapeut. Monatsch.* (2-96), Dr. Schleich relates his experiences in the use of formaline gelatine in the

treatment of wounds. The formaline gelatine is prepared by drying gelatine dissolved in water over formaline vapour. A firm resistant stony hard transparent body is thus formed. The question first to be decided was whether the gelatine would gradually dissolve and give off its formaline, and in this way set up a continued state of asepsis in its neighbourhood. In the first experiment resection of intestine was performed on a rabbit, and before closing the abdominal wound a piece of formaline gelatine the size of an apple was introduced into the abdominal cavity. The animal was killed six and a half weeks later and only a minute remnant of the gelatine was found in the midst of newly-formed connective tissue. Further experiments were modified by the author to the extent that a quantity of virulent bacteria cultures was mixed with finely powdered formaline gelatine and introduced into the system, all of which were absorbed without any reaction. These results led the author to use the gelatine in the treatment of wounds in the human subject. It was used in the form of powder, and Hr. Schleich became satisfied that it was gradually decomposed with continuous freeing of formaline, and consequent steady asepticism of the wound. Up to the time of writing he had used it in 120 cases of acute suppuration, 93 aseptic healings of wounds, 4 compound fractures, and 2 deep scalp wounds, and he was in a position to state that by its means, all acute suppurations were cut short, and that in every wound an aseptic course could be guaranteed without the adoption of any further measures. Where necrotic tissue was present, however, it was powerless, as contact with sound tissue alone was able to set free the formaline. In order to render it serviceable in such cases a means must be discovered of setting the formaline free outside the body, and such a means has already been found by the author in a peptic acid solution (pepsin 5 parts, acid hydrochl. 0.3 parts, water to 100, distill). The powder with which the wound is powdered requires moistening with the above pepsin solution. The mode of preparation of the formaline gelatine is given by the author.

The fact that when the gelatine was enclosed within the system it became eventually completely replaced by connective tissue led the author to still further experiments. These led to the conclusion that formaline gelatine, being procurable in any shape, and on being heated capable of being moulded to any form, it might be employed for the plastic connective tissue closure of defects of all kinds. Impregnated with lime salts, it proved itself capable of replacing pieces of bone removed in the course of resection.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Mar. 6th, 1896

OPERATIVE TREATMENT OF LUPUS VULGARIS.

RILLE showed at the Gesellschaft two cases from Neumann's clinic which had been treated for lupus vulgaris by total extirpation of the morbid surface and showing plastic repair induced by transplantation after Thiersch's method of grafting. The first patient was 48 years of age, and had been troubled with the disease for the last 15 years. The infiltrated lupous surface extended on the right side of the face from the ear to the nose and from the lower angle of the jaw to the lower margin of the eyelid. The case was a favourable one for operation, owing to the disease

not having involved the mucous membrane of the nose, mouth, or eye. There was no ectropium present as the result of a contracting cicatrix.

Under chloroform an incision was made around the circumference of the morbid area about three-quarters of a centimetre beyond the morbid structure into the healthy tissue. The whole lupous tissue was carefully dissected off with very little loss of blood, only three or four ligatures being applied, torsion having sufficed to check hæmorrhage throughout the operation. The whole surface denuded in this way was 11 centimetres by 6 centimetres which was immediately after strewn over with lamellæ of graftings taken from the upper part of the leg as directed by Thiersch, each lamella measuring 2 centimetres broad. Before the dressing [were, for the first time, removed the wound was almost closed, and by the end of the first month was completely healed leaving a dark pigmented surface which Rille accounted for by the deep removal of the tissue.

The second case was that of a young woman, æt. 18, affected in the same way as the preceding, and treated in the same manner with favourable results. This patient had several other patches of lupus on the extremities which had been treated by excision. Since Thiersch introduced this method of treatment in 1836 many remarkable cases of healing have been recorded by his admirers, among whom are Urban, Bergmann, Socin, and more recently, Steida. In Vienna, Prof. Lang has recorded many severe cases complicated with lupus, which have been completely restored. Grafting in this disease seems to proceed more speedily in the repair of ulcerated tissues than in other defects of the cuticular surface.

CONGENITAL HYDROPHTHALMUS AND IRIDECTOMY.

Bergmeister exhibited a patient on whom he had performed iridectomy thirteen years ago, on account of infantile glaucoma. The patient was born in 1882, and in March 1883, the mother observed that the cornea of the left eye was gradually becoming dull and white. On admission into hospital, the whole cornea was cloudy, the globe hard and resisting and greatly enlarged, particularly in the anterior section, while the cornea appeared to be bent, indicating the beginning of keratoglobus, was diagnosed as infantile glaucoma, and forthwith iridectomy was performed. This operation, when high tension is present in the bulbus, has often been commended and condemned in infantile glaucoma. The advocates of the latter maintain that serious consequences will ensue when iridectomy is performed by the extension of the vitreous humour which will in all probability occur owing to the great distension of the iris and zonule of Zinn which would easily allow the lens and contents of the globe to bulge forward under pressure with the eventual changes of panophthalmitis. It must be borne in mind, however, that these consequences only occur in cases where the degeneration of the eye has already far advanced. In this young patient the operation was undertaken at an early stage of the disease. After chloroform was administered the cornea was quite opaque, but on the following day after the operation it became quite clear and the wound healed speedily. The patient was lost sight of for eight years and when seen in 1890 the eye appeared quite normal, and now, thirteen years after the operation we may confidently declare it successfully cured.

Telaky thought that Bergmeister's operation was an encouragement; to perform [the operation. He related a

similar case which he had treated with eserine and apparently checked the progress of the disease, but subsequently left a buphthalmus eye which had finally to be enucleated.

The Operating Theatres.

ST. THOMAS'S HOSPITAL.

CÆSARIAN SECTION.—Dr. CULLINGWORTH performed this operation on a woman, æt. 36, who, he said, might be described as a rickety dwarf. As a child she had been put out to nurse, and only walked when 7 or 8 years old. She married when 26; her first pregnancy terminated at seven months in a miscarriage; at the second, in 1887, craniotomy was performed at the full term; for the third, in 1888, craniotomy was also done, as the patient failed to come up at the end of the seventh month as advised for the induction of premature labour; at the fourth, in 1889, premature labour was induced at the end of the seventh month; induction of premature labour at the seventh month and craniotomy was resorted to for the fifth in 1892. The present operation was performed at the end of the thirty-ninth week from the date of the cessation of the last menstruation. The estimated true conjugate diameter was 3 inches $\frac{3}{4}$, the diagonal conjugate being 3 inches $\frac{1}{2}$. The operation was performed without waiting for labour to begin. The ordinary incision about five inches long was made. The uterus was found tilted over, so as to be with its anterior surface to the right, whilst the left uterine appendages were in the middle line in front; the position of the organ was first of all rectified, and then an assistant held it in position whilst the uterine incision was made, the abdominal wall being thus held closely in contact with the uterus, prevented any fluid from obtaining access to the peritoneal cavity. The uterus was laid open *in situ* by an incision of about four inches, the attitude of the child and the position of the placenta having been previously diagnosed; the bulging membranes were ruptured, the hand passed rapidly into the organ, and the child's head grasped and brought to the opening, which was just large enough to allow the head to pass; the remainder of the child was easily extracted. The cord was clamped in two places and divided between them. The child was handed to an assistant and cried almost immediately; it was a female, 5 lbs. 14 oz. in weight, and 20 inches in length. The placenta and membranes were now removed by grasping them in the hand and allowing the uterus to contract upon the hand. The finger was then passed into the cervical canal to make sure it was sufficiently patulous to give exit to the lochia. No douching or swabbing of the uterus was employed. The uterus was next brought out of the abdominal cavity and protected with hot sponges while the sutures were being introduced. The sutures used were of silk, and the plan of introduction the one advocated by Dr. Howard Kelly, of Baltimore, namely, by a row of deep sutures passing through the whole of the uterine wall excepting the decidua, and then, instead of the usual row of superficial sutures, a series of half-deep sutures one between each two of the deep ones. The uterus was now well contracted and was returned within the abdomen. There was very little bleeding during the operation; once it was necessary for the assistant to compress the cervix between his two hands for a minute or two, which had the effect of controlling the hæmorrhage at once. No toilet of the peritoneum was necessary. The abdominal wound was

closed with silkworm gut sutures in the usual way, the omentum having been drawn down so as to be between the uterus and the abdominal wound. The operation, including the suturing, occupied fifty minutes, and the patient bore it exceedingly well. Dr. Cullingworth remarked on the obliquity of the uterus and the necessity of holding it so that the incision was made in the middle line of the anterior wall, as the side walls were very much thicker and contained many large vessels.

ST. GEORGE'S HOSPITAL.

OVARIOTOMY.—EXTENSIVE ADHESIONS.—Mr. HERBERT ALLINGHAM operated on a woman, *æt.* about 35, whose previous history was that about ten years ago she had been tapped several times for supposed ascites. Since then the abdomen had gradually enlarged, until at the time of the present operation, when it was enormous; it was dull on percussion right up to the ensiform cartilage, but slightly resonant in both loins. The belly was opened in the middle line below the umbilicus, and it was found impossible to differentiate the parietal peritoneum from the cyst, which was found adherent to it. The cyst was therefore opened and the incision carried up to the ensiform cartilage, in the hope that by so doing the surgeon would be able to find the upper limit of the cyst, and thus it would be possible to separate it from the abdominal parietes. It was found, however, that the cyst was firmly adherent to the under-surface of the liver and to the intestines, so that it was impossible to separate the adhesions without tearing into these parts. In a like manner the cyst was adherent to all the structures at the back part of the abdomen. Mr. Allingham therefore considered it would not only be very dangerous, but also absolutely impossible to remove the cyst. Accordingly the upper and lower parts of the abdominal incision were closed, the centre part of about three inches being left open so as to ensure sufficient drainage. Mr. Allingham hoped that by keeping the interior of the cyst aseptic, in time the walls might adhere together, and so the enormous cavity become obliterated. He considered that the repeated tapping which had been done many years ago had been the cause of extensive peritonitis, which had glued the cyst everywhere to the interior of the abdomen, and so rendered simply impossible the removal, which ought to have been an ordinary procedure, as the cyst was unilocular. He commented on the necessity of very free drainage in such a case as the only chance for the patient.

GREAT NORTHERN HOSPITAL.

OPERATION FOR EPITHELIOMA INVOLVING THE FLOOR OF THE MOUTH.—Mr. HERBERT ALLINGHAM operated on a man, *æt.* 53, who suffered from a growth situated about the sublingual gland and encroached slightly on to the tongue. In the submaxillary region there was a mass of enlarged glands. He commenced by making a long incision from the angle of the jaw to the apex of the chin, and then thoroughly cleared out the enlarged glands in the submaxillary triangle. After this another incision was carried up to the angle of the mouth and the cheek reflected; the jaw was then sawn through about the position of the first bicuspid tooth, which proceeding gave free access to the floor of the mouth; the growth was freely excised, and a considerable amount of the base of the tongue also removed. The jaw was drilled and wired together, and the soft parts replaced and kept in *situ* by stitches. Mr. Allingham remarked on the importance of first removing all the diseased glands in the neck, and also pointed out the great advantage of dividing the jaw so that the growth about the floor of the mouth was freely exposed to view and could easily and freely be dealt with.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 11, 1896.

THE ETIQUETTE OF PROFESSIONAL ADVERTISING.

THE case to which we briefly alluded last week, in which a medical man sued the Editor of the *British Medical Journal* for libel and obtained damages for £180, was the means of bringing under the notice of the public several important matters, with which it is now our intention to deal. In the first place, it may be observed that, so far as the "libel" itself is concerned, we have nothing special to say. It was decided against our contemporary, but our conviction is that the Editor was deceived as to the extent of local feeling which existed against the plaintiff, and thus, perhaps, was led into expressing himself in somewhat stronger terms than he otherwise would have done. It must, also, be admitted that the case for the defence was scarcely as well managed as it might have been. The defence was decidedly weak in the witnesses, and the mention of this matter brings us to the consideration of one of the most important features, the exposure of which has excited so much comment in the public press. The feature to which we allude is the evidence of no less a personage than the Treasurer of the Royal College of Physicians of London, Sir Dyce Duckworth. From the pedestal of his exalted position he came to bless the defendant, but in the end it was a curse

which fell upon the luckless head of the latter. The jury could not be hoodwinked in a matter of common-sense, even by so mighty an official as the Treasurer of the Royal College of Physicians. The opinion of Sir Dyce Duckworth on the case, as given in his evidence, was that "it was objectionable to advertise a medical man's name in connection with an hotel, and it was undesirable, even in the case of a hydropathic establishment." So far, so good. But what did his cross-examination elicit? It was pointed out to him that his own name, together with the hospital with which he is connected, and his private address appeared in an insurance prospectus, which was widely circulated, and placed in large numbers on office counters, and even hung in picture frames upon the walls of hotels and other public places. In reply, however, Sir Dyce Duckworth denied that such a practice amounted to advertising. "His private address," he added, "was given for the convenience of those who had to see him." Here is a case of Tweedledum and Tweedledee. How was it to be supposed that the jury could have heard this evidence without smiling. Could anything have displayed more clearly the readiness with which medical men in high places elaborate an excuse when a charge of advertising is brought against themselves, and how keen they are to condemn an unfortunate general practitioner who has overstepped the line of ethical conduct in, perhaps, a less offensive kind of way. Truly, it would seem that there is one law for the rich and another for the poor, so far as the question of advertising by members of the medical profession is concerned. In view, however, of the deliberate pronouncement of its Treasurer, in this matter, we should like to know what the Royal College of Physicians considers is, and what is not, advertising. The profession is always led by the officials of the Institution to believe that its Fellows are an immaculate community of commercially pure-minded persons, whose last thought in the world would be that of parading themselves before the public. We sadly fear, however, that whatever the ideal may be in this respect, few attain to it. Indeed, the Fellows of the College must admit that many of their best known colleagues are, in this respect, Pharisees. The case of "Kingsbury v. Hart" has done good in one sense, it has shown the public that whenever a practitioner holding the position of Sir Dyce Duckworth allows himself to be advertised in a shameless manner, nothing is said of it by his compeers, but when a hapless medical man in a small country town adopts any species of self-advertisement, the hands of the powers that be are held up in horror at the iniquity of the offence, and he is condemned accordingly. The truth of these facts became so apparent at the trial during the cross-examination of Sir Dyce Duckworth that a lay contemporary waxed merry over the inconsistency which was displayed. But the trial has virtually decided another point. Practitioners who were fearful of incurring the wrath of the Royal Colleges may now, on the authority of Sir Dyce Duckworth, indulge in a good deal of advertising. They have his authority for it that if they can secure the good offices of a friend to send their names,

addresses, and qualifications broadcast over the land, they cannot be held guilty of offence, for has not the Treasurer of the Royal College of Physicians, London, denied on oath that this practice amounted to advertising? He did not add in his evidence, "Go, and do thou likewise," to the members of his profession, but that was to have been expected. That is precisely where the Royal College of Physicians, London, draws the line in this matter.

THE ARMY MEDICAL COMPETITIVES.

WE understand that the Royal College of Surgeons of Ireland and the University of Dublin, possibly with the co-operation of the Royal University, have taken steps to open up the whole subject of these examinations by a discussion upon the Army Estimates, which appear on the Notice Paper of the House of Commons for to-morrow (Thursday). The salient fact is that these examinations are no longer competitive, inasmuch as the demand for admission to the Army Medical Service has come to be so small that there are more vacancies than candidates, and, in fact, the breaches in the ranks of the Service cannot be filled. This, in a general way, is the natural outcome of the policy of the depreciation of the Medical Department of the Service which the Duke of Cambridge pursued, and which, we regret to observe, his successor, Lord Wolseley, and his assistant, Sir Redvers Buller, have perpetuated. It has been, for years, the policy of the heads of the combatant Departments to snub and depreciate "those d—d doctors," and, naturally, the combatant officers, who are dependent on the goodwill of these chiefs, have willingly followed the cue and done likewise. It is as recently as the last distribution of prizes at Netley that Sir Redvers Buller, quite gratuitously, took occasion to remind the assembled probationers that an Army Medical Officer is only a doctor after all, and that he had better stick to his duty, like an Army cook, and not seek to raise himself to the social or service level of the combatant, whose rank he is supposed to hold.

This policy of depreciation, however, strikes all Army doctors of all nationalities equally, and it is not the special reason for the intervention of the Irish Licensing Bodies. They complain, though they will not put the complaint upon the face of their official communications, that Irish candidates are subjected to an organised "boycott." What they cannot say diplomatically, we take liberty to say for them. It will be recollected that, in the year 1893, a scandalous job was perpetrated by the War Department, for the purpose of giving the London teachers predominance, at this examination, over all others. It was then decreed that the competitive examiners should be selected, exclusively, from the London Conjoint Board, the obvious effect of which arrangement was to ensure that the candidate, if he desired to find favour, must frequent the London hospitals, especially those to which the Army examiners happened to be attached. So unfair an arrangement called at that time into action the College of Surgeons of Ireland, which presented strong remonstrances to the War Office but these representa-

tions produced no effect save a promise which never was fulfilled, because neither the Irish Universities nor the Scotch Colleges lent any useful aid. The grievance has still existed, and has increased. The Army Service papers have avowed that the competitive examiners are bound to weed out, and do weed out, Irish candidates, for the simple reason that they present Irish qualifications, and the facts and figures support the assertion. The examiners are supplied upon the marking papers with the names and qualifications of the candidates, and they know that if they give a "sticking" mark upon the answering, the objectionable candidate will be excluded. That they have been in the habit of giving such "sticking" marks to the Irish candidates is shown by the returns made to the General Medical Council by the Army Medical Department. For the two examinations of 1895, forty candidates presented themselves who held thirty-seven English qualifications, and only twelve Irish and fifteen Scotch. It will thus be observed how the boycott has operated to secure a monopoly of these examinations for the London School. It is, however, more manifest upon scrutiny of the relative numbers of each nationality who passed for commissions. It appears that twenty-four out of the thirty-one London qualifications secured 77 per cent. of the prizes, while only four out of eleven Irish qualifications (*i.e.*, 36 per cent.) were equally successful, and twelve out of eighteen (66 per cent.) for Scotch qualifications. Taking the two examinations together it is observable that the rejection percentage was for Irish-English candidates 25 per cent., for Irish 58 per cent. We cannot, of course, be certain that the Irishmen were as well educated as the Englishmen at these examinations, but suspicion of the *bona fides* of the examination is aroused by the observation that the candidates holding qualifications from the highest Irish qualifying bodies, the University of Dublin, for instance, have habitually suffered rejection at the same examinations at which those from the London Apothecaries' Company passed and obtained commissions. We trust that the communications which the Irish colleges now make to the War Office on the subject will be something more than the interchange of diplomatic courtesies which in the past have failed to produce any satisfactory result. Either the Irish candidates are fit for Army service or they are not. If they are, the Irish Colleges should ensure that their men have every chance of obtaining admission to the Service which is enjoyed by those of English and Scotch Colleges; if they are not, it certainly behoves the Colleges to free themselves and their schools from the stigma attaching to the frequent rejection of their diplomates.

 We learn that, for the purpose of making representations on this subject, deputations have proceeded from Dublin to London. For the Irish College of Surgeons, Sir Thornley Stoker, President, Mr. Thomson, Vice-President, and Mr. William Stoker, Councillor and for the University of Dublin, Mr. Ball, Regius Professor of Surgery, and Dr. Cunningham, Professor of Anatomy.

POOR-LAW MEDICAL SUPERANNUATION.

THE Bill introduced by the English Union Medical Officers' Association stands for second reading on the 18th of March, and it is hoped that it will pass this stage without serious opposition. A request will be then made for the extension of the Bill to Ireland, and it is expected that the promoters of the Bill, who long since expressed their willingness that it should be so extended, will accede to the proposition, unless they see that it is threatened with serious opposition. It is also anticipated that both the English and Irish Local Government Boards and the Chief Secretary will also approve of the Bill, subject, of course, to slight amendments when it gets into Committee. To promote these arrangements the Irish Medical Association has been taking active steps in order to obtain the concurrence of the Boards of Guardians, and the Irish Union Officers' Association is co-operating with it. An epitome of the Bill has been sent to every Board of Guardians in Ireland with a letter to the Clerk of Union asking him to submit it to his Board and to secure, if possible, the passing of a resolution in favour of the Bill. At the same time a copy of these communications has been sent to every Poor-law Medical Officer with the request that he will bring pressure to bear upon his guardians for the same purpose. The effect of these efforts by the Irish Medical Association has been, so far, quite encouraging. The time has been too short to allow of answers being received in most cases, but up to last Saturday about twenty Boards had signified their approval, and only one (Trim) refused it, on what grounds no one knows. The next step in the movement is to bring the influence of the guardians and others to bear on the Irish Members, and this will be done the moment the answers of a sufficient number of Boards have been received. If the second reading of the Bill should pass for England, as is confidently expected, it will become necessary to move, when it is passing through Committee, the insertion of a clause to extend it to Ireland, and to make it suitable to the special conditions of Irish Poor-law, and such clause is now in preparation by Parliamentary counsel on behalf of the Irish Association, and if the Bill passes with the addition of this clause, the weary superannuation question will have been settled on a somewhat satisfactory basis.

If the Poor-law Medical Officers of Ireland have sufficient regard for their own interests, not to speak of the public service, to make an effort to pass a workable Superannuation Bill, now is their time. Here is a measure, not as perfect as we all could wish, but, at least, as consistent with medical interests as is ever likely to pass. It offers itself to the Irish Poor-law service matured by the thought and experience of the English officers and with the financial details worked out by capable statisticians, and with a force of English Parliamentary and departmental influence behind it, which no purely Irish Bill could ever hope to secure. It is likely to be acceptable to the Irish guardian, ratepayer, and Member of Parliament, and will, without doubt, be approved of by Government if serious opposition (should any arise) can

be got rid of. The opportunity is a golden one, and it is surely worth the while of the Poor-law officers to expend half an hour and a few pence on paper and postage to help the measure forward by writing to their local members—*whether personally acquainted with them or not*—and by influencing the local guardians. It is very certain that if they abstain from assisting the Irish Medical Association in this way, they will not, for many years, have a similar chance, and it is also certain that they will have no one to blame but themselves if left to starve in their old age for want of a pension.

Notes on Current Topics.

City Men and Railway Companies.

THE disregard which most of the monopolist railway companies show for the comfort of their passengers has long since passed into a proverb. Their neglect, however, under the conditions of modern city life, is likely to develop into something far more serious than a mere inconvenience. As the centres of commerce and industry become more crowded there is a corresponding increase in the number of those who dwell in distant suburbs or in neighbouring country towns or villages, whence the aid of a railway train is an absolute necessity in order that they may reach the scene of their daily labours. As a rule after a hurried breakfast the city man has a wild rush for the morning train, in which he is boxed up for the next half hour or hour. The railway carriage is of the old stage coach pattern, as the companies do not think it worth their while to provide modern corridor coaches with lavatory accommodation. The practical outcome of this early morning environment is that the average city man dare not take aperient medicine. Let the physician recommend an overnight compound colocyath pill or a morning draught to a patient of the class in question, and he will find in nine cases out of ten that the remedy is shirked. In this way there can be no doubt that many citizens are virtually deprived of one of the most valuable means of treatment known to the whole art of medicine. Some day, perchance, the railway companies will wake up to the wants of the public, and will furnish modern cars for the use of travellers, above all for that important section which oscillates daily betwixt busy town and breezy suburb or outlying district.

Traumatic Hysteria from Use of the Telephone.

At the last meeting of the Berlin Medical Society, Hr. Lehfeldt showed a servant girl who, four weeks previously, had received a shock while employed at the telephone, and who had since suffered from hysteria. The shock sustained was similar to those known to telephone workers from electrical discharge during storms. In the house in which the maid was serving was a switch from the instrument to the kitchen, and while using this switch-apparatus she received a sudden shock and fell to the ground unconscious. It was to be noted that the girl grasped the

handle, the isolated part of which was only small, with a hand still wet from scouring, and in the ringing off the current passed through the hand. When the small size of the isolated part is considered, the wonder is that such accidents do not happen more frequently, especially when contact with the instrument is made with a moist hand. On recovery, complete right hemiplegia was found to be present in this case, but in a short time most of the symptoms improved considerably as regards power of movement, but otherwise the condition was much the same as after the injury. Hearing power on the right greatly diminished, sense of smell quite gone, and that of taste also on the right side. Cutaneous sensibility also gone on the right with the exception of a few spots. The sensation as regarded heat, on the other hand, was decidedly exaggerated. She had also lost the sense of the position of the limbs, and also the perception of objects held in the hand when the eyes were closed.

The Hydrophobia Scare.

THE Dublin Veterinary Department is just now particularly active in promoting a hydrophobia scare, for which, as far as we can judge, there is no shadow of reason. The Department points to a large increase in the number of rabid animals reported throughout Ireland, but it confesses on the face of its own official report that such increase followed suspiciously close upon the passing of the law which provided compensation for the animals destroyed, and it broadly insinuates that the compensation and the increase bore the relation of cause and effect. It states candidly that "there is strong reason to believe that in a large proportion of the cases reported the animals were not affected with rabies." We are very much of that opinion, so much so that we fully believe that of the 779 cases of rabies in animals reported at least 750 were bogus. A glance at the returns of the number of cases sent forward from the various Irish Unions will prove this. It is quite incredible that, if rabies were as frequent as the official records represent, it would be confined to a dozen or twenty Unions. Yet the returns tell us that. For instance, Athlone reports 26 cases, and the neighbouring Union of Mullingar only one case. Cavan reports 37 cases, and the neighbouring Union of Bailieborough only one. A writer in one of the Dublin newspapers says last week:—

Do your readers know the sort of evidence upon which these entries find their way into the returns? A miserable sick cur is seen running about, wild with pain, fever, and thirst, and, at once, a hue-and-cry is raised that it is mad, and the poor animal is hunted until some one shoots it, or a policeman batons it to death. So far there is not a scintilla of evidence that it was mad. Then the policeman reports the case to the Department, and it goes into the official returns. He also reports it to the Veterinary Inspector of the Union, who, with or without a proper examination of the carcase, pronounces the dog to have been rabid, and when a sufficient number of such records have accumulated, a circular is sent round by the Veterinary Department to the sanitary authorities, who, thereupon, fall into an anti-hydrophobic panic, and order indiscriminate muzzling. If Union Veterinary Inspectors are induced to certify rabies from the simple report of a bcolic policeman, the whole thing is a farce, and if they can

diagnose hydrophobia from the external inspection of a dog's carcass, they must be remarkably clever fellows.

The most important aspect of this subject for the medical profession is the estimation of the amount of danger to the public which may arise from an alleged prevalence of rabies. If we are to believe what the newspapers tell us an average mad dog bites three or four persons before it is killed. Suppose we limit his inoculation of virus to one human being, we should have had in Ireland 526 deaths of human beings from hydrophobia within the year 1894. As a matter of fact, Ireland has had, on an average of the past five years, 420 deaths nominally from hydrophobia per annum as appears from the Registrar General's returns. Assuming that these were genuine cases (which is a very large assumption indeed), it may be concluded that each item of the population of Ireland has just the millionth of a chance of dying of hydrophobia from the bite of one or other of the 526 mad dogs. So homœopathic a risk as this can scarcely be regarded as justification for incurring the much greater risk of making a multitude of dogs snappish and savage by muzzling them. So far as our sources of information go, we are strongly impressed with the belief that the wholesystem for the detection and notification of hydrophobia is utterly wrong and the official records perfectly untrustworthy—that rabies in the dog is a rare disease, and in the human subject is almost non-existent.

The Gloucester Board of Guardians and Vaccination.

THE remarks of Mr. Justice Grantham with respect to the neglectful way in which the Gloucester Board of Guardians had enforced the Vaccination Acts in their district were officially reported to the Local Government Board, and the latter authority last week sent a peremptory letter to the Guardians asking for an explanation, and inquiring what had been done with reference to vaccination and re-vaccination since the outbreak of small-pox in the city. This communication was duly considered at the last meeting of the Guardians, and a lengthy reply to the same was drafted by the clerk. The facts with which it deals are curious. It appears that in 1876 the Guardians passed a resolution to the effect that proceedings should be taken against all persons failing to comply with the Vaccination Acts. In 1887, however, the following resolution was adopted: "That the vaccination officers take no further steps in vaccination prosecutions until authorised by this Board." The result of this resolution has been that since the date when it was adopted vaccination in Gloucester has practically fallen into desuetude, thus proving to the hilt the justification of Mr. Justice Grantham's severe strictures upon the policy of the Board. However, the Guardians are now making some effort to atone for the past. Since the outbreak of small-pox they have issued a notice in the city, urging upon the parents of all unvaccinated children to have vaccination immediately performed, and special arrangements

have been made for the attendance of the public vaccinator. In consequence of this order some 2,000 cases of primary and re-vaccination have been registered by the Poor-law Medical Officers, and this number is quite apart from the private cases. A writer in the *Gloucestershire Chronicle* of last week well observes: "The people," in refusing vaccination, "have been misguided—they now feel that they have trusted too long to the rotten reed of anti-vaccination bigotry, as unneedful as it is unjustifiable." Probably all the anti-vaccinationist agitators of the district are now beginning to feel the urgent necessity of taking a rearward seat.

The Responsibilities of Quack Practice.

It is scarcely necessary for us to state that a quack may practise as extensively as he pleases without infringing any law as long as he abstains from using a designation purporting that he is a duly registrable practitioner. He does so, however, subject to two forms of legal prosecution. He may be sued by a patient for damages sustained by reason of his treatment. So may a legitimate practitioner, but the latter has the advantage, in such case, in that he is not liable for any error of judgment so long as he gives sufficient care and reasonable skill to the case, while the quack is liable, under all circumstances. The quack is also liable to the police for killing or causing grievous bodily harm to a patient by reason of his ignorance or negligence, and he cannot plead as excuse that what he did he did *bonâ fide*, and to the best of his ability or rather inability. Our object in referring to this subject is to point out that the latter method of controlling quack practice is seldom or never resorted to. Scores of patients are killed or maimed every month by the ignorance of quacks, and yet the police take no notice. It is, in fact, much more dangerous to ride a bicycle on the footpath than to kill a patient. For instance, we note that a Welsh farmer recently killed a child by prescribing for it certain wares of which he is the proprietor, for a certain disease which did not exist, when, in fact, the child was dying of pyæmia from a suppurating joint. He apparently did not diagnose the pyæmia or recognise the diseased joint, and the patient died in consequence. Surely this is a case which the police ought to have taken up. In Ireland many cancer curers have been prosecuted and sent to penal servitude for killing patients by their nostrums, and it appears to us that, if such agitation were raised as would compel the police to deal with such cases more frequently a good deal would be done to make the quack practice dangerous and difficult.

THE Spanish Government at Havana has appointed a commission to investigate the yellow fever of that island. The Commission is composed of medical officers of the army and navy, and of prominent medical men of Havana.

The Medical Society of London.

THE Annual Dinner of the Medical Society of London took place at the Whitehall Rooms, Hotel Metropole, on Saturday last, the President, Sir James Crichton Browne, in the chair. As might have been anticipated with so accomplished and genial an orator presiding, the post-prandial discourses were characterised by unusual interest and zest. The event of the evening was the presentation to Prof. Victor Horsley of the Fothergillian medal and premium, for his work in connection with the thyroid gland and the artificial production of myxoedema. In making the presentation, the President alluded in eloquent and even enthusiastic terms to the future opened up by the introduction of, or rather the revival of the method of treatment of which the thyroid treatment is the type and starting point. Prof. Horsley, in his reply, pointed out that his only claim to the distinction conferred upon him was the fact of his having completed the physiological, pathological, and therapeutical investigations of Scheff, Ord, Gull and Murray, by affording experimental evidence of the truth of their deductions based on clinical observation. The music was furnished by the Bijou Orchestre, and among the subsequent proceedings various songs, delivered in his happiest style by Dr. Frederick Roberts, met with a very appreciative reception.

The Treatment of Bee Stings.

AN unfortunate accident recently befell Dr. George King, of the Calcutta Botanical Gardens. While engaged in Baroda, says the *Indian Medical Gazette*, he was attacked by a swarm of bees. He was severely stung on the hands, head, face, and neck, and no fewer than 150 stings were afterwards extracted from his neck alone. Relief, however, was at once obtained by taking some ipecacuanha powder, making it into a paste, and smearing it all over the affected parts. Both the swelling as well as the pain were immediately reduced. The use of ipecacuanha in this connection is worthy of being remembered.

The Medical Ward Question at Chesterfield.

It is reported from Yorkshire that the agitation for wards for the treatment of medical cases at the Chesterfield and North Derbyshire Hospital is growing. At this time of day one would have expected the movement to have blossomed and borne substantial fruit, for the matter has been before the public in its present form for several years past. The Friendly Societies have been considering the matter, but so far do not seem to have been able to furnish the substantial help that is a necessary preliminary in the foundation of new wards. Their attention has been lately drawn afresh to the needs of the situation by the case of a man whose wife was ill of rheumatic fever for fifteen weeks. The nearest place where hospital accommodation can be obtained for medical cases is at Sheffield, but the journey is far too arduous for patients who are in a state of critical illness. In any event, however, it is sufficiently clear that a town and district like that of Chesterfield requires ample medical accommodation of

its own. The statement that there is now room for sixty in-patients at the hospital, but that the average number is under forty, if true, does not redound to the credit of North Derbyshire folks.

Medical Defence.

THE annual report of the Medical Defence Union for 1895 just issued must be considered highly satisfactory. If the development of the Union proceeds at the present rate there can be no doubt we shall in time see the establishment of an institution of immense importance—one capable of influencing for good the position of the whole body and of every individual member. The Union has existed only eight years, its members have grown from 442, in the first year, to 3,537, in 1895, and its guarantee fund from £538 to £5,212. A careful survey of the document before us shows that the prime objects of the Union have never been lost sight of; action has been continually taken in every direction within the scope of its powers, and a long list of cases is reported in which members of the Union have been assisted or defended where proceedings involving questions of professional principle or otherwise have been brought against them. This department appeals most strongly to the average practitioner, and the advantages which it offers when more widely known ought to attract a vast increase of members. The Council reports that the work of the Union has exceeded that of any previous year, but although a large amount of legal work has been successfully carried through, it has been at the cost of persons outside the Union. Libel actions have been brought against members, and the Union, on behalf of members, has brought similar actions against those outside the profession, and in each case the action has ended by the costs being paid by the "other side" without trial, and suitable and satisfactory public apologies and retractions have been obtained. There can hardly be a doubt that the Council is right when it suggests that such a satisfactory result would not have been achieved if the member aggrieved or attacked had brought or defended the action in his individual capacity, and the mere fact that the Union was acting for the injured person certainly influenced the result. We commend to our readers the study of the report. It may be had from the Secretary, Dr. Bateman, at the office of the Union, 20 and 21 King William Street, Strand, and it may be added that the Secretary can be seen at the office every afternoon, or by special appointment at other times.

Re Barrack Accommodation of Dublin.

HOWEVER the blame may be apportioned for the condition of the Dublin barracks, there can be no doubt that some one is grievously in default. Some years ago the Royal barracks came to be notorious as a typhoid habitat, and—although for a long time—the military authorities refused to acknowledge that there was cause of serious complaints, they were eventually compelled to undertake extensive works to improve the sanitation of the place. We believe that—on this occasion—the improvements recommended by sanitarians

were pared down to the (possible) minimum for the sake of economy, and the result was that, when the barracks were again opened, typhoid made its appearance. Eventually the entire barrack, a valuable and extensive range of buildings, had to be abandoned for the accommodation of troops. Similarly the Island Bridge Cavalry Barracks have for the past year become a typhoid centre, and it has become necessary to draft off the 1st Royal Dragoons to the Curragh to save their lives. We apprehend that nothing but a reconstruction of the entire sanitary system of these barracks will make them safe, and it is even questionable whether the sub-soil is not—as in the case of the Royal barracks—so saturated with sewage as to make effectual reconstruction impossible.

Meat Extracts.

IN considering the question of prescribing meat preparations for their patients, medical men have two main points to recollect, namely, the price of the preparations, and their nutrient value. Both obviously call for deliberate reflection before a conclusion is arrived at. So far as the nutrient value, however, is concerned an instructive article appears in *Food and Sanitation* for Feb. 29th, 1896, in which this matter is discussed in relation to two well-known extracts, Valentine's Meat Juice, and "Bovril." The editor describes Valentine's as "merely an ordinary meat extract diluted with water, but as far as the nutrient value goes the water in which dinner plates are washed would be about as valuable." To prove this he publishes the report of two analysts on the preparation in question, from which we gather that the amount of albumen was only a tenth of one per cent. (0.10) in one case, and 0.55 in another. The latter result was obtained by a Professor of Physiological Chemistry in Yale University. Those practitioners, therefore, whose custom has been to prescribe Valentine's Meat Juice would do well to prove the correctness of these figures, for its high price, three shillings for about two fluid ounces, must be far in excess of its value. Meanwhile, as *Food and Sanitation*, in the article referred to, has disputed the *Lancet's* analysis, the latter journal has taken up the cudgels on behalf of this American preparation and a strongly worded paper battle is now raging.

The Rights of Unregistered Dentists.

THE unregistered dentists have formed a limited company, the object of which is to "obtain Parliamentary or other legal acknowledgment of the rights of members." Considering that, upon the passing of the Dentists Act in 1878, the class to which these persons belong was granted privileges in the way of registration and monopoly, which never were accorded to any other class, they do not seem to us to have any grievance. At that time Sir John Tomes, Sir John Lubbock, and the British Dental Association insisted on flooding the dental profession with tobacconists, hairdressers and dentists' boys, and, in fact, with any one who was willing to testify of himself that he was in the practice of dentistry, and "had drawn

teeth." Four thousand unqualified persons were thus admitted to the practice of this speciality by the stroke of the Association's pen, and it is too much to expect that the culpable laxity shown at that time will be repeated by Parliament.

Rural Sanitation in Devonshire.

THE village of Lustleigh, which is in the Newton Abbot Rural District, has lately been the scene of much disturbance anent its general sanitary condition. A severe epidemic of diphtheria appears to have drawn the attention of residents to the state of the drains. If the statement of an old inhabitant at a public meeting be true, the experience of Lustleigh in modern sanitation has been far from encouraging. He said that the sewers were forced on the parish against the expressed wish of the villagers, and that at the time they were laid only twenty-one houses needed connection, and they were scattered over a distance of a quarter of a mile. If these things be as reported, this Devonshire village has been more or less sacrificed to the demon of over-sanitation, so far as its sewage disposal system is concerned. However, the sewers appear to want flushing, the water supply to be contaminated, and the school drains to be untrapped, so that there is every justification for the parishioners of Lustleigh in holding public meetings to consider sanitary matters from their own point of view. It is to be hoped that their action points to an awakening sense of Devonshire folk to the backwardness of their picturesque county in health matters.

Experts' Fees at Royal Commissions.

IT is worthy of notice that Dr. Frankland has raised a question, the solution of which will be interesting to medical witnesses. He was called to give evidence before a Board of Trade Commission on a question respecting the standard of lighting. He gave the testimony, and wanted to be paid, but the Board of Trade refused to give him anything on the ground that services rendered to such Committees have always been regarded as honorary. Dr. Frankland appealed to the County Council, and got his money from it. We hope to see the ground occupied by him taken up by future scientific witnesses. If it be the custom for the Government departments to take the skill, experience, and labour of experts without payment, it is a very bad custom. We do not think that it is supported by law, and we do not see why the public should not pay for professional services as well as the individual.

Irish Medical Schools' and Graduates' Association.

THE annual general meeting of the Association will be held at 11 Chandos Street, Cavendish Square, on St. Patrick's Day, Tuesday, March 17th, at 6 p.m. On the same evening the Association will dine at the Café Monico, Piccadilly Circus, at 7.30 p.m., the President, Sir Richard Quain, Bart., M.D., F.R.S., in the chair.

The Ringing of Church Bells.

THE ringing of church bells in towns and thickly populated neighbourhoods is apt to seriously affect the health of invalids and others who are ill. At present there does not exist any law or any authority by which such ringing can be curtailed. The right of having the church bells rung belongs to the vicar of the parish, and if friendly intercessions on the part of those who complain of the ringing has no impression upon the clergyman, nothing more can be done. The Health Commissioner, however, of Brooklyn, U.S.A., seems to have the power to intervene under these circumstances. He has just sent a communication to the ministers of churches having bells, warning them that there is a sanitary ordinance which expressly prohibits the ringing of large bells in such a manner as to become a prejudice or evil to the life or health of any human being. All church authorities and others having control over the ringing of large bells in thickly populated neighbourhoods are called upon to prevent bell ringing before 7 a.m., and in localities where complaints of invalids are brought to their notice to restrict the bell ringing in the daytime to as few strokes as possible.

A Death from Chloroform.

A DEATH from chloroform occurred recently at Dudley, the patient being a robust young man who required to have eleven teeth extracted. Every usual precaution was taken, a qualified surgeon was retained to administer the anæsthetic, and the heart was duly examined. Notwithstanding that the anæsthetic was taken well and the operation performed satisfactorily, the patient died a few minutes afterwards. Though the chloroform was analysed and a post-mortem made no cause whatever could be discovered. The case seems to have been one of those which cause chloroform to be feared, and in which no human precaution can afford protection against a fatality.

The Therapeutic Value of the Localised Hot-Air Bath.

THERE can be little doubt that in this local application of heated air at a temperature of from 240° to 260° F. we have a most valuable therapeutic agent. The baths known by the name of Tallerman, Sheffield, accomplish this application of super-heated dry air perfectly. The reports already before the profession of the results of the use of these baths in such affections as rheumatoid arthritis, chronic and gonorrhœal rheumatism, various forms of synovitis, acute gout, sprains, and in some orthopædic affections, have been, in a fair proportion of cases, most satisfactory. These baths have been used for some time at St. Bartholomew's, at the North-West London, and at Charing-Cross Hospitals, while Dr. Ward Cousins has given them a trial, with considerable success, at the Royal Portsmouth Hospital. Also, demonstrations have been given in different places throughout the United Kingdom, and most favourable effects have been recorded in private practice. We have recently had an opportunity of seeing some cases that were submitted to this treatment, and we were much struck

with the very great improvement in the reduction of deformity, and in the mobility of joints which followed the application of the heat. The bath has not been tried as extensively as it might have been in some types of skin disease. The softening effect it has on the skin in chronic cases of eczema and psoriasis would certainly indicate it as a valuable adjunct to other treatment, both through its action on the blood vessels and lymphatics locally, and in assisting in the absorption of other remedies. The action of the bath on the general circulation, and the elevation of the body temperature resulting as well as the profuse diaphoresis which attends on its application, render the caution necessary that its use has to be carefully prescribed in those cases complicated with organic cardiac changes. Indeed, this powerful therapeutic agent should only be entrusted to skilled hands in the watching of its action and its administration generally, and we should say always under some medical supervision from time to time. The price charged for the hire of the baths and their administration has been at such a figure as to practically prove prohibitive to the great bulk of sufferers. We hope that as their use becomes more general the inventors of the baths will see their way to placing them within the reach of those who cannot afford exorbitant charges and fees for treatment. Also, it is to be hoped, that those who employ the baths will keep accurate records of the effects, so as that a true judgment may be arrived at as to the real value of the treatment.

The New Director-General of the Army Medical Department.

SURG.-MAJOR-GENERAL J. JAMESON, M.D., who is to be appointed Director-General of the Army Medical Department in the place of Surg.-Major-General Sir W. Mackinnon, K.C.B., is at present employed at the War Office, and is second senior in the department. He entered the Army in 1857, and attained his present rank three years ago. He has seen no active service with the British Army, but during the Franco-German war of 1870-71 did good service with the English ambulance. He is in his fifty-ninth year, and would therefore have been retired under the age clause next year. Consequent on his appointment to the head of the Army Medical Staff he will now be able to remain another seven years.

Dr. W. J. Collins.

A DISTINGUISHED honour was conferred yesterday (Tuesday) upon Dr. W. J. Collins, Chairman of the Public Health Committee of the London County Council. At a full meeting of the Council he was unanimously elected the Vice-Chairman of that body. Dr. Collins, who is also Surgeon to the Royal Eye Hospital, Southwark, and the London Temperance Hospital, is thus able to combine important professional work with duties which have already proved to be of great service to the County of London, of which his election to the post here recorded is in part some recognition.

WE understand that Sir Walter Foster, M.P., intends to call the attention of the House of Commons to the case of Surgeon-Captain Fowler, whom he believes to have been unjustly "retired" from the Army Medical Service.

At the Annual Meeting of the Royal Medical and Chirurgical Society last week Dr. Dickinson was elected president for the ensuing year.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

TYPHUS FEVER AND OVERCROWDING.—A short time ago we called attention to the crowded rookeries of many of the Scottish cities, and to the difficulty of suppressing them, without serious injustice to their inhabitants. A report by the Medical Officer of Health for Glasgow, presented last week to the Town Council, illustrates the dangers attendant on the present state of affairs. He reports that typhus fever has been continually present in the city since November, 1895. At present there are 21 cases under treatment in the fever hospital, while 45 persons are isolated because of their known association with those cases. In all, 41 cases have been treated during the past winter, only one of which came from the south side of the river. Nineteen cases occurred in the Kingston district, and 12 of these in a street, which as far back as 1870, had acquired a reputation for the association of overcrowding and typhus. At a meeting of the Town Council it was stated that one tenement had furnished a great number of cases, while another adjoining it had not been attacked. In the first, there was overcrowding and dirt, in the second, clean rooms and industrious tenants. A side light is thrown on the question by some proceedings which took place in two of the police courts later in the week. The tenants of several single roomed houses were summoned for overcrowding them by sub-letting. For instance, six adults and three children were huddled in one room; seven adults and two children in another room. There is no doubt that the corporation of Glasgow will have to bestir itself and provide accommodation for some of these people, who at present have no place to go to at the rents which they can afford to pay.

ROYAL EDINBURGH ASYLUM.—At the annual meeting of the Corporation of the Royal Edinburgh Asylum, held a few days since, the report was of a very favourable character; the new buildings at Craig House had already justified their erection, the number of paying patients having risen from 156 to 186. Dr. Clouston, the Medical Superintendent, as is well known, is an ardent apostle of the "cheerful" in the treatment of the insane, and in his report notes with pardonable pride the great benefit already apparent in the treatment of his patients in New Craig House, where the conditions are almost his ideal. Bright rooms, plenty of space, fine views from all parts of the building and the grounds, and the bracing effect of hill air had all contributed to make the patients more contented with their lot, and, therefore, had increased the chances of their recovery. As to the general statistics, 884 patients were in residence on Dec. 31st, 1895; 102 private and 308 rate paid patients were admitted during the year, while 12 voluntary patients were also admitted—the largest number hitherto. Dr. Clouston, as usual, classifies the causes which led to the mental upset of those admitted. Out of 89 cases in which the mind had been disturbed by mental causes only 17 were directly due to overwork, the remaining 80 per cent. were from "mental worry," "domestic troubles," and the like. Of the physical causes intemperance headed the list with 87 cases, influenza claimed 15, while 45 came in with paralysis or softening of the brain. The percentage of recoveries to the admissions was 41.5, this being above the average. Altogether Dr. Clouston's report is of an extremely hopeful character, and speaks well for the enthusiasm with which he and his assistants enter into their work for the good of their mentally afflicted brothers.

THE SANITARY CONDITION OF PAISLEY.—The annual report of the chief sanitary inspector of Paisley, which has just been issued, is really a review of the last quinquennial period and, as a panegyric on the benign influence of the Notification Act, merits a notice in our columns. The Act was adopted in 1891, and is described as one of the best pieces of sanitary administrative policy a local authority can adopt. The evidence chiefly relied on to prove this thesis is the diminished mortality from infectious diseases during the period under review as compared with the preceding five years. The rates were 2.98 per 1,000 compared with 4.55. We might remark *en passant* that such variations are very common, as those liable to take the different diseases take them perhaps during one epidemic, leaving a small number of unprotected individuals until the natural increase of the population a few years afterwards affords more possible victims. As the inspector truly says, he must wait for another five years before he can be sure of the truth of his facts. The annual cost of the notification fees was £222. A note which is made in the report corroborates much that has been lately said as to the agency of schools in disseminating zymotic disease. Thus the epidemic of measles which had been prevalent from November, 1894, only ceased at the end of July shortly after the close of the schools for the summer holidays. Apart from these facts the health of the town appears to be on the up-grade, the death-rate having fallen from 25.6 for 1876-1885 to 22.4 for 1886-1895.

THE SCHOOL-BOARD'S IDEA OF HEALTH CONDITIONS.—A glaring instance of School-Board economy and extravagance has come to light in Edinburgh. The Board has built two large and palatial schools replete with all the most modern conveniences, including baths for the scholars, in the more modern parts of the town. At the same time, the schools in the central parts are being stinted in a very marked manner. There is no doubt that if the new schools had been built more economically the Board would have been able for the same money to improve the older buildings. It is actually a fact that several of the classes in one of the schools are held in underground cellars, which are so badly lighted that gas has to be burned all day. Naturally, both the teachers and taught suffer much from this. The eyesight of each class being especially affected. One teacher who never had any trouble with her eyes before had to wear spectacles after a short time in this den, and in a year had to get much stronger ones. The percentage of the children taught in these cellars who have to use spectacles is much above that of those taught in the better parts of the same building. To throw away money in providing baths in one building—there are already corporation baths in the town which are little used—while children in another are taught in noisome cellars, is extremely characteristic of public bodies dealing with public funds, and whose proceedings are more governed by the persistent faddist than by the common-sense of the majority.

THE VACANT DEPUTY COMMISSIONERSHIP IN LUNACY FOR SCOTLAND.—We understand that the following are candidates for the vacancy caused by the death of Dr. Lawson:—Dr. J. Batty Tuke (jun.), Middlemass, Hotchkis, Macpherson, and Rutherford.

THE NEW PUBLIC HEALTH BILL FOR SCOTLAND.—The state of the law on public health matters in Scotland is at present in a very tangled condition. The original Bill for the regulation of public health was passed in 1867, and has been amended on no fewer than five different occasions. The Government propose in their new Bill to tinker it up a sixth time. The existing legislation is already in a sufficiently chaotic state, and the passing of this Bill would render it still more unintelligible, if no consolidation of the various enactments were to be made. The Government, however, propose to bring in an Act later in the session to piece the different fragments together and to crystallise all the law on public health in Scotland in one measure. It is hardly our province to express surprise at the duplication of the Bills, surely it would have been easier and better to amend and consolidate at the same time. When this consolidated Bill becomes law, if the provisions of the present Bill are passed as proposed a great benefit will be conferred on all those connected with sanitary affairs in Scotland. Some sort of order will be evolved out of chaos. The framers of the Bill have taken the Bill of 1867 as their ground work. Many of the amend-

ments have been adopted from the Public Health Acts of London and England. One of the chief reasons which necessitated the introduction of an amending Bill was the replacement of the Board of Supervision by the Local Government Board, and the new order of things thus brought about. Most of the new provisions have already received Parliamentary sanction and are in operation. We notice that the term "occupier" has at last been fully defined in such an Act, and that lawyers will no longer be able to argue from the exclusive use of the authorised definition of nuisances as "injurious" to health, that ill-health must be proved, and not only expected, as the word "dangerous" to health has been added. This addition is made throughout the Bill. The removal of nuisances is facilitated by empowering the local authorities to serve notices requiring the necessary work to be done, procedure by summary warrant following in case of default. Among the provisions taken from the London Act are those dealing with offensive trades, unsound food, the licensing of slaughter-houses and knackers' yards, and the sections dealing with infectious diseases. The provisions of the Infectious Diseases Notification Act are, by a new clause, to be extended to every district in Scotland, and the powers of the local authorities increased by the insertion of the word "shall" into the clause concerning the providing of isolation hospitals. That is to say, if the Local Government Board require it, the authorities must provide these hospitals, in contradistinction to the old "may." Power is also given to the Board to compel the local authorities to combine for hospital purposes, when individually they have not the resources. It is a pity that a clause has been inserted allowing the authorities to make a charge for patients received into hospital, as this is quite opposed to all practice in Scotland hitherto. A clause providing for building regulations, especially with regard to the sanitary arrangements, in houses built in rural districts will be hailed with satisfaction by all county sanitary authorities. In all the Bill should meet with the approval of those in charge of the administration of public health in Scotland, and if incorporated with the previous Acts in the promised Consolidation Bill, should aid them in a very marked manner in the prosecution of their work. It is to be hoped that when the codification of all these Bills is attempted it will not be found necessary to modify the present proposals in many ways.

THE GLASGOW POLICE SURGEONSHIP.—Glasgow is much concerned over the appointment of a police surgeon to succeed Dr. McGill who has just resigned his post. The question at issue is whether one surgeon should be appointed for the whole city, or several district officers in different parts of the town. In favour of the latter arrangement it is pointed out that policemen when ill have often a long way to go to see the doctor in the central offices. On the other hand, members of the force have a right to attendance by the ordinary district medical officers if the services of the regular police surgeon cannot be had. The Committee of the Town Council appointed to deal with the question have resolved to recommend that whoever is appointed will receive a salary of £350, with £50 for travelling expenses, and be required to devote all his time to the duties of his office. The appointment of several district officials would doubtless lead to some confusion with regard to the areas served by each, while such an arrangement would necessitate a much increased expenditure.

A DRASTIC REMEDY FOR INSANITARY COTTAGES.—We have in these columns before now alluded to the extremely insanitary conditions under which so many of the West Coast Highlanders live. In a report from the Harris District Committee of the Public Health Committee of Inverness it is proposed to burn several hundred of the "black houses" in that island, on account of their extremely insanitary condition. Dr. Ogilvie Grant, in his report to the Committee, ascribes the prevalence of relapsing, typhus and typhoid fevers, of consumption and the high infantile mortality, to these black houses being unfit for human habitation. It is also a striking fact, that where town's people go for health the average longevity of the inhabitants should be as low as 39. The great difficulty in the way, of course, is the want of money to rebuild the houses compulsorily destroyed. The rates last year were 2s. 8d., and most of the inhabitants are exempt. There is no doubt that sooner or later these houses must go, pro-

ably with the help of the long-suffering National Exchequer.

MEDICAL SOCIETY OF LONDON.

THE meeting on Monday evening last (March 9) was devoted to a paper, illustrated by photographs on the screen, by Professor Victor Horsley on "The Physiology and Pathology of the Thyroid Gland."

The lecturer briefly reviewed the evolution of our knowledge of the subject since 1859, when Schiff first directed attention to the importance of the function discharged by the thyroid gland, views which were promptly forgotten until they were revived in a more convincing form in 1884, when Schiff showed that the removal of the gland in carnivorous animals was followed by a striking train of symptoms. As the gland is, in carnivorous animals, essential to life, its removal being speedily followed by death, Schiff never had an opportunity of observing the effects produced in animals in whom the evolution was more gradual. It was then that the lecturer had carried out his experiments on monkeys in which he had succeeded in determining artificial myxœdema by the removal of the gland, taking special care to avoid injuring the nerves in the neighbourhood, because his results had been challenged on the ground that the symptoms were determined, not by the removal of the gland, but by the injury to the sympathetic nerves. This was a perfectly untenable hypothesis, the vogue of which he confessed he was quite unable to explain. Dr. Murray's discovery that the effects of destruction or removal of the gland could be compensated by the administration of the gland juice came very opportunely to confirm the results of his experiments. He then proceeded to describe by the aid of photographs on the screen the changes observed in the thyroid gland when undergoing compensatory hypertrophy, pointing out at the same time the relationship of the para-thyroid bodies to the main gland. He then went somewhat minutely into the histology of these bodies and the changes they underwent in hypertrophy and also in exophthalmic goitre. He mentioned that the so-called vacuolation of the fat cells possessed no special pathological significance, inasmuch as it had been observed in association with various other conditions.

Sir William Roberts moved a vote of thanks to the lecturer, and suggested that the active properties of the cells and their secretions might explain the influence of certain uncooked foods as compared with foods in which the cells had been killed by previous cooking.

The motion was seconded by Dr. Mitchell Bruce who expressed the pleasure he had felt as a member of the Fothergillian Committee in selecting Mr. Horsley as the recipient of the medal and premium. Needless to say the motion was carried by acclamation.

D.P.H. EXAMINATION QUESTIONS.

(Continued from page 224.)

VICTORIA UNIVERSITY, JULY 1895.—PART I. (Three Hours.)
Chemistry, &c.

1. Describe the graduation of a mercury thermometer. Convert—10° F. + 10° F., + 50° F. into degrees Centigrade. If a Centigrade thermometer in melting ice registers + 1° C. and in steam from boiling water 100° C., what is the true temperature when this thermometer registers 30°?
2. Two-hundred-and-ninety cubic inches of air were measured over water at 17° C. and under a pressure of 734.4 mm. of mercury. What would be the volume of the dry gas at 0° C and 760 mm.?
- Aqueous pressure at 17° C = 14.4 mm.
3. Explain the following terms:—(1) relative humidity, (2) diathermancy, (3) isobar, (4) albumenoid ammonia, (5) temporary hardness.
4. Describe the "oxygen" or "moist combustion" pro-

cess of Forchammer for determining organic impurity in water. What are its advantages and defects? How do the results compare with the "organic carbon" of Frankland's combustion process?

5. Discuss the importance of the estimation of nitrates and of nitrites in potable water. What are the best methods in use?

6. What judgment could be formed as to the sources of the waters analysed with the following results and as to their fitness for domestic supply?

Parts in 100,000.							
	Total Solids.	Organic Carbon.	Organic Nitrogen.	Ammonia.	Nitrogen as Nitrates and Nitrites.	Chlorine.	Hardness.
A	2.36	.172	.017	.008	0	.75	.9
B	58.1	.05	.014	.009	1.33	4.8	43.5
C	130.4	.11	.053	.002	3.9	8.4	75.0
D	28.0	.20	.033	.0006	.21	1.7	20.4

7. Describe exactly how you would measure the amount of carbonic acid in a room.

Practical Chemistry.

1. Determine the amount of Ammonia present in the solution marked A. A standard solution of Ammonium Chloride is provided.

2. Determine either *a.* the amount of Chlorine in the solution A; or *b.* the hardness of the solution B.

You are required to make your own standard solution.

3. Identify the simple salt C.

4. *Either* determine the dew-point in the Chemistry Theatre, or read the position of the vernier on the scale provided.

USE OF MICROSCOPE.—*Practical and Oral. Three hours, I. Practical Work and Reporting.*

1. Spleen and lung of diseased cow, and a microscopical unstained section of the spleen are given. Prepare the microscopical section so as to show the nature of the lesions, and give a short report on the state of the organs.

2. Given a section of tongue muscle. Examine that section microscopically and state the disease with which the animal was affected at the time of its death.

II. Oral Part.

3. Examinations on specimens of animal and vegetable parasites. Diseased foods—Impurities found in air, water and food articles.

Correspondence.

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

PHARMACOLOGY AT THE LONDON JOINT BOARD.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I quite agree with the views expressed in the leading article on Pharmacology of the London Conjoint Board which appeared in your issue of Feb. 19th. To exclude Pharmacology as a separate subject at the examination for the Conjoint Diploma will be an unfortunate and retrograde step. In recent years the dependence of the curative effects of drugs and other agencies on their influence on the tissues and organs, and the desirability of a due knowledge of physiological action has been generally recognised. It is true that in practical therapeutics we are often chiefly guided by our own experience, or that of others, as to the remedies we should employ, but even when we use drugs on the ground of experience, ideas concerning their pharmacological action are constantly before us, and when experience is wanting

we rely almost wholly on the knowledge we possess of this action. Especially do practitioners depend on this knowledge in the earlier part of their career. A ripe experience may indeed enable those possessing it to use remedial agents successfully without much thought of the method in which they act, but ripe experience is not communicable, and other things being equal, he makes the best practitioner who knows most fully the exact nature of the influence exerted by the means he uses.

In accordance with the growing value attached to Pharmacology its importance as a subject of study and examination has been increasingly recognised by examining Boards, in several of which a special examination in Pharmacology has been instituted. But the recent decision of the College of Physicians will tend to limit the acquisition of Pharmacology by the student, and thus aggravate the evil so much complained of that men pass through the examination portals unfit for the work of life. For comprehending the due use of therapeutic agents a student ought to be taught (1) The nature of drugs (*Materia Medica*); (2) The methods of combining and prescribing them (*Pharmacy*); (3) Their action (*Pharmacology*). I am by no means inclined to depreciate a knowledge of the nature of drugs, nevertheless as far as actual practice is concerned the second and third subjects are decidedly of more value than the first, and the third (*Pharmacology*) is by far the most important of all. But as matters at present stand students may only be examined thoroughly in the first of these subjects (*Materia Medica*), for though the one examination which a student must now pass is called *Practical Pharmacy*, the syllabus shows that this is an error in nomenclature, the subjects being (*a*) The general nature and composition and the most important physical and chemical characters of the Pharmacopœial drugs named in the Schedule. (*b*) The composition of the Pharmacopœial preparation of these drugs and the processes employed in making them. (*c*) Doses.

To turn men into practice whose knowledge with regard to the nature and action of drugs has only been tested by such an examination, will be unfair to the public and injurious to the progress of medicine. As the alterations necessary to bring the regulations into accord with the omission of Pharmacology as a separate subject from the final examination has been referred to by the Committee of Management, it is possible that it may be decided to include pharmacological questions in the paper on medicine. To such an arrangement there are grave objections. Already the questions in the medicine paper are too few for testing properly whether a man's knowledge of medicine is sufficient to fit him for practice. To introduce questions on Pharmacology is therefore undesirable. Moreover, it will add greatly to the difficulties of the student if he knows that he may be examined, not only in all those subjects met with in text-books on medicine, but in those which are dealt with in text-books on pharmacology. It will probably, indeed, come to pass that pharmacological questions will only occasionally appear in the medicine papers or form an unimportant part of them and students—certainly the less industrious—will be tempted to omit gaining any knowledge as to the action of medicines, on the chance that either no question will be put on Pharmacology, or the question put will not carry sufficient weight to prevent them passing, even if unable to answer it.

If there be a perfunctory examination on the subject, men will be passed into the profession unfitted for their work. If the examination be a real one the burden laid on the student will be unduly great.

I am, Sir, yours, &c.,

D. J. LEECH.

94 Mosley Street, Manchester,
March 3rd, 1896.

PUBLIC HEALTH DIPLOMAS IN IRELAND.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I observe that you have recently devoted a good deal of space to the questions of public health in England and to the qualifications for English public health diplomas, wherefore it strikes me that your English readers may be interested to know how their sister country stands in this respect. In 1878 Sir Michael Hicks-Beach, then Chief Secretary, passed a very complete Bill for

Ireland by which all the permissive powers previously confided to Irish Guardians (who never used them) were codified, added to, and made compulsory. That Bill was in a great degree a simple adaptation of the English Acts to the special case of Ireland, and if carried into effect it would have placed the public health system of Ireland on almost identical ground with that of England. It was not really carried into effect. Why? Because the Guardians, who were the sanitary authority on whom its enforcement devolved, were, speaking generally, absolutely hostile to sanitation in any shape or form. The typical Guardian of that date regarded a permanent family manure heap and general cesspool within five yards of the parlour window, a house without fire-grate or chimney, sleeping accommodation for five, promiscuously, in a bed, and a water supply from the nearest ditch as the normal condition of things, and as to the isolation of or removal to hospital of infectious cases he thought it a much better plan to "let them get it over on their feet" in their own cabins, and perhaps as one of the five occupants of the family couch. The Local Government Board of that day, terror-stricken as it was and still is, with the apprehension of offending the Guardians (who have Parliamentary influence) or of asking the rate-payers for money, set itself deliberately to thwart the intention of Parliament, and to make the new Act a nullity. To understand how the Board effected this purpose, it is necessary to explain that the unit of the sanitary organisation in Ireland is the Dispensary Medical Officer, of whom there are about 900, servants (and it is important to note this), in the strictest sense, of the Guardians, and paid by them. Each such Officer is called, for the nonce, Medical Officer of Health, and has a sort of nuisance inspector, called "Sanitary sub-Officer," under him. As his superior, the Act provided a Superintendent Medical Officer of Health, who, it was contemplated, would preside over the sanitation of a large area, devote his whole time to his duties, keep the Medical Officers up to their work, and receive some such salary as the £500 a year which is usual in England. Here was a most excellent scheme of organisation, complete, and comparatively inexpensive. How did the Local Government Board for Ireland utilise it? It was unfriendly to the Act *ab initio* because it had been passed in its teeth; then again, it anticipated that the Guardians would object to the money cost, but that difficulty might be got over. The cardinal objection, however, was that the Guardian shated sanitation in any shape or form, and would certainly turn rusty at any attempt to enforce it, even if they were not asked for a penny for the cost. Having these considerations in view, the Local Government Board, as I have said, determined as far as they could, to reduce the Act to a nullity. Its first official act was to issue a circular to Boards of Guardians directing them not to pay a Medical Officer of Health any larger emolument as such than one-fourth of his dispensary salary which meant about £15 a year, which hint the Guardians promptly availed themselves of, and fixed the emoluments as low, in many cases, as £3 or £5 a year, which assessment of professional services the Local Government Board gratefully accepted but proceeded forthwith to pile up additional unremunerated duties upon the Dispensary Doctor. It would not have mattered much to the efficiency of the sanitary organisation if these officers were badly paid if they had over them a strong superintendent, well salaried and independent of the Guardians, whose duty it would be to make the Medical Officer work whether the Guardians liked it or not. Wherefore to avoid the calamity of such a supervisor the Local Government Board proceeded to draw his teeth, so to speak. To begin with they reduced his status by changing his title to that of "Consulting Sanitary Officer," the object of this move being to let the Guardians know that his services as supervisor were never required unless he was "consulted": then they passed the word that such officer might be paid anything or nothing, and, under this guidance, many Boards of Guardians got rid of the supervision altogether by resolving that the Medical Superintendent should be paid a guinea for every consultation, and, thereafter never consulting him.

The result of all this manoeuvring by the Irish Local Board and the Guardians has been that at this moment the Dispensary Medical Officers receive, on an average, a five pound note per annum each on the understanding

that they will not bother their Guardians or anyone else with exuberant sanitary zeal. If any of them feel moved by a sense of duty to do so they probably find themselves in collision with some guardian who, or whose friend, is the proprietor of the nuisance in question, and he may expect not only to be handsomely snubbed for his pains, but to have the said guardian's hand against him for months and years afterwards and to find that on such occasions he will receive no support from the Irish Local Government Board. For all these reasons the Irish public health service is, measured by the English standard, a disreputable farce.

The purpose of this long explanatory prologue is to point out that the high class special education and examination requisite for England is entirely out of place for Ireland. No one can be more anxious than I am that Irish Medical Officers of Health should have some little knowledge of their business before they take it up, and that the supervising officer should be thoroughly educated in the speciality, but the Local Government Board says that the Irish public will not pay for such sanitary luxuries, and, if so, it cannot have them. The General Medical Council, however, has insisted that an identical educational standard shall be maintained by the Irish and English Colleges, a standard totally unsuited to the existing conditions of Irish sanitary organisation, and the result has been to completely extinguish the Irish Public Health Diploma, as far as an Irish demand for it goes. For this reason scarcely half-a-dozen such diplomas are now given annually in Ireland.

I am, Sir, yours, &c.,

A FOLLOWER OF THE PLOUGH.

SOFT SORE ON THE TONGUE—A RARE CASE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you allow me to draw attention in the MEDICAL PRESS AND CIRCULAR to a very interesting case of simple (so-called soft) sore of the tongue, under the care of Dr. A. Fournier, which was brought forward by Drs. Emery and Sabournaud at the "Société Française de Dermatologie et de Syphiligraphie," of which Society I have the honour to be a foreign corresponding member. These gentlemen give an accurate description of the lingual lesion, which appeared at the same time and was derived from the same source of infection as three typical soft sores that developed on the patient's prepuce. From the sore on the tongue two inoculations were made, one on each arm, and these each produced on the following day an ulceration which, in Dr. Fournier's opinion, was that of the inoculation of a typical soft chancre. He furthermore stated that it was the first case he had ever seen of absolutely definite soft sore of the tongue, and added that the correct diagnosis was only made by exclusion, as the three fundamental characteristics of the affection were absent; he thought that probably the rarity of facial chancres being recorded might be due to the fact that they do not present all the characteristics of genital sores, many for this reason being unrecognised. Personally, I have never seen a soft sore of the facial region, which, as pointed out some time ago by Drs. Nanaud, de Liesrège, and Janselme, must be a bad soil for the development of this species of chancre, or I am sure, considering the far from cleanly habits of hospital patients, we should very often see them in this situation, the infection being carried through inoculation by the fingers of the patient after dressing the genital lesions. It would be most instructive to learn the experience of medical men in this country with regard to soft chancres of the tongue.

I am, Sir, yours, &c.,

H. DE MERIC.

Duke Street, Portland Place.

SPECIAL HOSPITALS—ST. JOHN'S HOSPITAL.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your correspondent, "A Hospital Reformer," has quite justly called attention to the opening in London of a new Hospital for Diseases of the Skin, which is an arm of the notorious St. John's (Leicester Square), and he states "there is no real reason for the existence of any hospital for diseases of the skin." Admitting that

there is truth in this statement, I believe the antagonism which exists in the medical profession against all special hospitals to be due to the fact that so many of them are neither more nor less than proprietary dispensaries in which patients pay fees often exceeding those received by general practitioners. Those members of the medical profession who are on the staff of such institutions are quite prepared to sacrifice their time so that they may attain the title of a *hospital physician or surgeon*.

The evil is that such institutions go cap in hand to the public and ask for alms. They, at the same time, are taking payment from so many patients. What the public and the profession have a right to ask from every hospital is a frank statement as to the maximum sum taken from patients for treatment; if this is given depend upon it the generosity of those who allow their purses to be unlocked by the constant applications of an energetic secretary will receive a rude shock.

There is also another aspect of the question, which may be stated as follows: If a special hospital exist it must justify its existence by answering the following tests:—

- A. Treatment of the sick poor gratuitously.
- B. Teaching the profession.

There is a small sum of money which may be quite honestly received by a hospital from the patients; but I believe there are few who know how large that sum is in many instances.

I am, Sir, yours, &c.,

ANOTHER HOSPITAL REFORMER.

THE ETIQUETTE OF PROFESSIONAL ADVERTISING AND THE KINGSBURY CASE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I think Dr. Kingsbury is heartily to be congratulated on the issue of his case before the Manchester Assizes. This so-called medico-ethical department of the *British Medical Journal* has been too long used as a pillory into which the weak members of the profession are ruthlessly committed, while the richer ones often ten times more guilty of unprofessional or rather ungentlemanly conduct are allowed to pass scatheless. I have been over thirty years a member of the medical profession, and I confess that I am ignorant of any unwritten law binding upon me as a medical man apart from the conduct which regulates gentlemen in their relations with one another (which, in the medical profession, is more honoured in the breach than in the observance); and, personally, I distinctly refuse to acknowledge any other code. That what is in the General praiseworthy is in the subaltern rank blasphemy, among medical men has been glaringly demonstrated in Dr. Kingsbury's case, and he has laid us all under obligations for the conclusion arrived at, that individual caprice is not to determine what conduct is gentlemanly or professional, and what is not. Sir Dyce Duckworth was compelled to confess to advertising not one whit less heinous than that with which Dr. Kingsbury was charged, and if Dr. Ward Cousins does not advertise in the manner which was to him so offensive in Dr. Kingsbury, for what purpose, might I ask, does the "Royal Portsmouth Hospital and the Portsmouth and South Hants Eye and Ear Infirmary" exist? And for what purpose do all special hospitals exist except for the purpose, primarily, of medical advertising? How did this special hospital come into existence? Is Dr. Ward Cousins's name not extensively advertised in connection with it? Before lampooning and insulting the presumably weak members of the profession, "medical advertising" should be defined, the acquiescence of the profession to it as a code of professional conduct should be obtained, and the breaches of it could be easily demonstrated and punished.

I am, Sir, yours, &c.,

D. CAMPBELL BLACK, M.D., F.R.S.Ed.,
Professor of Physiology in Anderson's College
Med. School, &c.

Glasgow, March 7th, 1896.

Literature.

BROADBENT'S ADHERENT PERICARDIUM. (a)

This small book is the work of a careful and accurate observer, and the writer at once makes his claim to be heard a good one when he states that, "The number of cases of adherent pericardium seen in the post-mortem room, and the comparatively few cases in which a diagnosis of this condition is made before death, make this subject worthy of special study and investigation."

Among eighty-six cases of death from heart disease in St. Mary's Hospital there were found thirty-one examples of adherent pericardium. This may date from some acute cardiac affection in early childhood. In 100 fatal cases of heart disease, occurring in the Children's Hospital, Great Ormond Street, in six only was there no evidence of pericarditis. Important as it is to recognise this condition as explaining many somewhat anomalous heart symptoms, there is no doubt but that the author is right when he says, "the diagnosis is frequently a matter of considerable difficulty."

Passing over the history and literature of the subject, we observe under the heads of etiology and effects of adherent pericardium, that the heart may be enlarged and hypertrophical, or atrophical, or normal in size. Hope used to say that adherent pericardium always led to hypertrophy of the heart, but further observation by Kennedy, Gairdner, and others proves that this is not the case. Dr. Broadbent points out how dense pericardial adhesions strangle and compress the heart and so cause that atrophy which he has found in numerous cases. Cardiac dilatation is due to myocarditis, impairing the contractile power of the organ.

A very important practical outcome of this statement is to show the necessity of absolute rest for some time during convalescence from pericarditis. The special chest hospitals of London afford too frequent illustration of the way in which permanent heart disease is established in consequence of the patient having to be up and about and earning his living before this state of myocarditis has fully subsided, the weak inflamed cardiac muscle readily giving way and dilating under even very moderate strain. The physical signs of adherent pericardium are ably discussed. Systolic depression of one or more intercostal spaces to the left of the sternum does not prove that the pericardium is adherent. When the heart is much enlarged, so that the lung tissue which normally overlaps a portion of its surface is pushed aside, systolic depression may occur as a result of atmospheric pressure; for a negative pressure is produced in the thoracic cavity by the diminution in size of the heart during systole, and as the lung is not present to expand and occupy the place left by the receding walls of the heart, the intercostal spaces are forced down by the greater pressure of the atmosphere without.

Impeded descent of the diaphragm in inspiration is worth noting as indicative of pericardial adhesion and a definite systolic recession of the actual apex is another sign to be fairly depended upon.

With regard to the sounds of the heart it is well worth noting that a weak pulmonary, second sound where there is evidence of hypertrophy of the right ventricle is very important as it indicates that the cause of the hypertrophy of the right ventricle was probably not back pressure through the lungs due to left ventricle trouble, but some intrinsic cause, perhaps adherent pericardium.

A few words are said at page 41 on the general symptoms of adherent pericardium. These are generally those usually found in cases of heart failure. The reasons why pericardial adhesions affect the right more than the left ventricle will be perused with interest. After a few words on diagnosis and prognosis we come to a carefully reported list of cases which well illustrate the remarks previously made by the author. Case C, page 92, is a good example of the obliterating effect of firm pericardial adhesions on the right auricle. The ventricle here was dilated and hypertrophied.

Such a work as this is a good beginning for a physician as an author, and will form a very useful contribution to our knowledge of cardiac pathology.

(a) "Adherent Pericardium." By John F. H. Broadbent, M.D., M.R.C.P. London: Baillière, Tindall, and Cox. Pp. 136. 1896. Price 3s. 6d.

DISEASES OF THE SPINAL CORD. (a)

THE present volume is a judicious addition to the many excellent publications of The New Sydenham Society. Within the past ten years nervous diseases have had much light thrown on their etiology and pathology and the clinical symptoms are better interpreted.

No writer is more suited for making the subject of diseases of the spinal cord interesting than Dr. Marie, and with perhaps the exception of his master, Charcot, no person can speak with more fulness of information and practical intimacy with them.

As stated by the author the lectures published in the book were taken from those delivered at the Faculty of Medicine in the summer of 1891. From their nature they are didactic—a fact with which we find no fault, for the general reader benefits more by having ascertained facts and an accepted theory placed clearly before him than by getting two or more theories from which to make a selection.

A very considerable portion of the book is occupied with "Tabes"; the symptoms alone occupy 120 pages, but unfortunately the etiology of the disease is dismissed in a few pages, Erb's theory being practically accepted. The question is too big a one for discussion in a review, but we cannot forego saying that it is not proven.

The therapeutics have made little progress; nitrate of silver still holds the place of honour; chloride of gold, arsenic and salts of zinc are mentioned. Of the alkaloids, "strychnine, aconitine, and atropine must be specially mentioned." The urinary disorders are, he believes, very successfully opposed by ergot of rye. Counter-irritation, electricity, massage, nerve-stretching and suspension are all considered.

Of the other diseases treated of by the author, space does not allow us to deal with them. We can only find space to congratulate the Society on the translation which leaves nothing to be desired, the English reader being provided with a clear, terse, idiomatic English translation of a treatise on a subject which is daily becoming of more importance to the general practitioner.

THE OXFORD ENGLISH DICTIONARY. (b)

WE have received the quarterly number of the Oxford English Dictionary, which includes all the words from "Development" to "Diffluency."

The section includes 1,145 main words, 146 combinations explained under these, and 138 subordinate entries, 1,429 in all. The obvious combinations, recorded, and illustrated by quotations, without individual definition, number 143 more.

Compared with Johnson's and other dictionaries, we find that the total words recorded, "Development" to "Diffluency," were in Johnson 170, Cassell's Encyclopaedia 845, Century Dictionary 1,016, Funk's "Standard" 1,100, the Oxford 1,572.

Under the prefixes, *Di* and *Dia*, the number includes a long series of scientific and technical terms of ancient, mediæval, or modern formation. There are also the obsolete medical terms in *Dia*, so strangely formed from *o* or *e* typhoses.

Among the articles of special historical interest are "Devil" (occupying 17½ columns), and "Dioker" (a word of the skin-trade, from the days of Tacitus to those of modern traders); "De-Witt" (an earlier parallel to "burke," "lynch," and "boycott"), which latter now only recalls the patriot statesmen, John and Cornelius De Witt, who were murdered by a mob in 1672.

Dr. Murray, it may just be mentioned, gives his approval to the use of the word "Diagnose," which he compares with the words "Anastomose" and "Metamorphose," coming to us immediately from the French verbs in *oser*, from a substantive in *ose*.

With the section is published the fifteenth list of special quotations wanted for some 200 words, beginning with the letter "D."

It is requested that every quotation should be furnished

with an exact reference to date, author, work, edition, volume, chapter, &c., and sent to the Editor, addressed, "Dr. Murray, Oxford."

Laboratory Notes.

CHINOSOL: A NEW DISINFECTANT AND ANTI-SEPTIC.

MR. KUHN, 36 St. Mary-at-Hill, London, has submitted to us a sample of a new disinfectant and antiseptic which he has just introduced named Chinosol. The advantages claimed for it are, (1) that it is non-poisonous, (2) is non-corrosive, (3) is readily soluble in cold water in any proportion, (4) acts as a deodoriser, (5) does not coagulate albumen, (6) has scarcely any odour. From a trial which we have made of this new antiseptic agent, we can fully bear out all that has been said in its favour. One of its great features is certainly its ready solubility in water, which will add considerably to its usefulness. Chinosol belongs to the Chinoline series. It occurs in the form of a crystalline powder of a yellow colour, and although an aqueous solution, is of a bright yellow hue, it does not cause any staining of the hands. We have, therefore, no hesitation in saying that the valuable properties of Chinosol should ensure for it a wide sphere of usefulness, and that it constitutes an important addition to our list of antiseptics and disinfectants.

Medical News.

The Sanitas Company.

THIS Company still goes on the even tenour of its way of progress, and last week declared a dividend of 13½ per cent. From the published statement to hand, and from accounts through other sources, we learn that the popularity of these disinfectants has been unprecedented the last few years, and that the medical profession has shown a marked preference for "Sanitas" in various ways, notably by an increasing number of its members becoming shareholders.

Old-Age Pensions.

THE Directors of the Prudential Assurance Company have endeavoured to grasp, and to all appearances successfully, the question of provision for old age in the shape of pensions. From the Annual Report to hand, an abstract of which will be found in our advertisement columns, we find that the special tables, which combine life assurance with old age pensions and which were only issued in September last, have produced the remarkable result after three months' working of 187,791 policies, producing an annual premium income to the society of £82,974. We cannot help thinking that if this class of insurance were generally taken up by members of the medical profession there would be less necessity for those appeals for help which so frequently appear in the columns of our medical journals.

Medico-Psychological Association.

NOTICE is given that the next examination for the certificates in nursing and attending upon the insane, of this association, will be held on Monday, May 4th. Candidates should obtain from the Registrar, Dr. Spence, Burntwood Asylum (near Lichfield), a schedule to be filled up, signed, and returned to him at least four weeks before the date of the examination.

Medicine from an Oil-Shop.

At a coroner's inquest last week at Hammersmith on the body of Henry James Merry, aged 10 weeks, the son of a laundryman, the mother said she gave the child a dose of cough mixture which she obtained from an oil-shop. The Coroner: What! go to an oil-shop for cough mixture? "The man said it had done his children good." "What was it called?" "The bottle is labelled 'Cough Syrup.'" The Coroner: You trust the life of your child in the hands of an oilman! Witness said the medicine did the child good. She gave it several doses, but it did not sleep afterwards. The life was insured only five weeks. Dr. Waddle said death was due to convulsions from improper feeding. The cough mixture was not injurious, containing only aniseed and syrup. The Coroner: Is it your experience that people go to oil-shops for medicine? Witness: Yes. The jury returned a verdict in accordance with the medical evidence.

(a) "Lectures on Diseases of the Spinal Cord." By Dr. Pierre Marie, Deputy Professor of the Faculty of Medicine of Paris, Physician of the Hospitals. Containing 244 woodcuts. Translated by Montague Lubbock, M.D., F.R.C.P.Lond. London: The New Sydenham Society, 1896.

(b) "The Oxford English Dictionary." Edited by Dr. James A. H. Murray Oxford; At the Clarendon Press. 1896.

Notices to Correspondents, Short Letters, &c.

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

ACCEPTED PAPERS AND LECTURES.

THE following are hereby acknowledged with thanks:—

Abdominal Surgery with Notes of Cases, by Rutherford Morison, M.B., F.R.C.S.
 The Objects and Limits of Operations for Cancer. Abstract of Second Lettsomian Lecture, by Watson Cheyne, F.R.C.S., F.R.S.
 The Diagnosis of Tuberculosis by Small Doses of Tuberculin, by Professors Grasset and Vedel (from our Paris correspondent).
 Post-Graduate Clinical Demonstrations on Diseases of the Skin, by Jonathan Hutchinson, F.R.C.S., F.R.S.
 The Treatment of Prostatic Hypertrophy by Castration. (Vienna Clinical Lecture). By Prof. J. English.
 Tubercular Diseases of the Hip-joint, by R. L. Swan, F.R.C.S.I.
 Iritis: Its Pathology and Treatment, by Henry Juler, F.R.C.S.
 Epidermitis Periodica Fugax, by Sydney Stephenson, M.B., F.R.C.S.
 A New Anastomotic Button for Intestinal Operations (Illustrated), by Dr. Chaput (from our French correspondent).

MR. A. NEALBY.—If the facts are as you state the appointment would appear to be "a job" put up at the expense of another who has a right to some consideration. As, however, we have no knowledge of the circumstances, and the case is hardly one that comes within our province, we must decline to express a definite opinion.

RE NAUHEIM TREATMENT.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR.—With reference to the note in the MEDICAL PRESS AND CIRCULAR, of the 4th March, regarding the Naheim Treatment at Bath, permit me just to mention that the Naheim (or carbonated brine) baths have been in use at this establishment for the past twelve months.

I am, Sir, yours truly,

M. ALTDORFER, M.D.,
 Resident Physician at St. Anne's Hill Hydropathic.

MED. B.—There is a popular superstition that one nostril is mainly used for day (solar) breathing, and the other for night (lunar) respiration, but data are wanting bearing thereon. Rhinologists of eminence are unanimously silent on this point, and it is nowhere mentioned in Text-books of Physiology.

DEATH OF A CENTENARIAN PILL DOCTOR.—A death of interest to the profession took place on the 2nd inst. in the Bridport Workhouse. A man who went by the name of "Doctor" Gilbert, and who was well-known in that district in the time of our progenitors, as a travelling "pill doctor" and herbalist, was seized with apoplexy at the ripe age of 104. When engaged in his practice, which was large and lucrative, he travelled altogether on foot, and performed prodigies of pedestrianism.

DR. SUTTON (Leeds).—The principle of the treatment of the medical attendant of Prince Bismarck (Dr. Zwingen) in cases of obesity, is simply to insist upon all kinds of liquid being excluded from patients' meals.

Meetings of the Societies

WEDNESDAY, MARCH 11TH.

HUNTERIAN SOCIETY.—8 p.m. Pathological Evening. Dr. Glover Lyon: 1. Aneurysm of Aorta. 2. Fetus one inch long. Dr. A. Chapman: A Heart with Congenital Disease of its Valves. Mr. H. H. Tubby: Specimens of Soury Rickets. Dr. J. H. Sequeira: Intra-abdominal Band of Unusual Length, and Normal Organs Hardened in situ by Injections of Formalin. Dr. F. J. Smith: Epithelioma of Epiglottis. Specimens: Mr. Targett.

SOUTH-WEST LONDON MEDICAL SOCIETY (Stanley's, 235, Lavender Hill).—8.30 p.m. Mr. Biggs: Puerperal fever (so-called) with Cases.

THURSDAY, MARCH 12TH.

BRITISH GYNÆCOLOGICAL SOCIETY (20 Hanover Square, W.).—Specimens:—Dr. Purcell: Three Uteri removed per vaginam for Malignant Disease. Fr. Schacht: Unsuccessful Tubal Gestation containing Fetus. A Discussion on "Vento-fixation, ventro-suspension, and Allied Operations with their Results" will be introduced by Mr. Mayo Robson.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11, Chandos Street, Cavendish Square, W.).—8 p.m. Card Specimens: Mr. S. Stephenson: Unusual Arrangement of Retinal Vessels. Mr. W. G. Laws: Case of Retinitis Circinata. Mr. E. Clarke: Specimens of Detachment of the Retina, and Sarcoma of the Choroid. Mr. Doyne: 1. Peculiar Condition of Retina. 2. Ossification of Choroid, &c. 8.30 p.m. Papers, Mr. K. Scott: Keratitis occurring in Leprosy. Dr. Ormerod and Mr. H. Spicer: Recurrent Paralysis of Third Nerve in Migraine. Mr. Rockliffe: 1. Case of Leuco-sarcoma of Choroid. 2. Cataract Extraction and Gout. Mr. E. L. Knaggs: Recurrent Reflex Amblyopia due to Pregnancy.

NORTH-LONDON MEDICAL AND CHIRURGICAL SOCIETY (Great Northern Central Hospital, Holloway).—9 p.m. Papers, Dr. E. W. Burnet: Acute Rheumatism, followed by Delirium. Mr. C. B. Lockwood: The Diagnosis and Treatment of Septic Peritonitis (Illustrated by the Lantern).

FRIDAY, MARCH 13TH.

CLINICAL SOCIETY OF LONDON.—Mr. G. Bird: A Case of Lymph Peritonitis and Lymph Varix. Dr. Coleman and Mr. Ballance: A Case of Subcortical Tumour of the Brain treated by Operation. Dr. F. L. Benham: A Case of Hemorrhage into the Pons Varolii; Venesection;

Recovery. Dr. F. J. Smith and Mr. Bidwell: A Case of Tubercular Kidney.

THURSDAY, MARCH 19TH.

HARVIAN SOCIETY (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Paper by Dr. Bowles, "Nauheim and the Schott Treatment of Diseases of the Heart."

Vacancies.

Bristol General Hospital.—House Surgeon.—Salary £120 per annum, with board, residence, &c. Applications to the Secretary on or before March 18th.
 Chelsea Hospital for Women, Fulham Road, S.W.—Resident Medical Officer. Salary £200 per annum, with board, lodging, and washing. Applications and testimonials to the Secretary on or before March 14th.
 Cornwall County Lunatic Asylum, Bodmin.—Junior Assistant Medical Officer. Salary £100 a year, increasing £10 yearly to £120, with board, lodging, &c. Applications to the Medical Superintendent at the Asylum, on or before March 19th.
 North Shields and Tynemouth Dispensary.—Non-Resident House Surgeon and Dispenser. Salary £140 per annum. Full information from the Hon. Sec. 99, Howard Street, North Shields, to whom applications and testimonials must be forwarded by the 18th March.
 The General Infirmary at Leeds.—Resident Surgical Officer. Salary £100 per annum, with board, residence, and washing. Applications, with testimonials, to be sent in not later than the 20th inst., addressed to the Secretary of the Faculty.
 West Sussex Asylum.—Medical Superintendent. Salary £450 a year, with unfurnished house, light, washing, coals, &c. Applications and testimonials to the Clerk to the Committee on or before March 25th.

Appointments

BLAKE, W. H., L.R.C.P. Lond., M.R.C.S., Medical Officer for the Eighth Sanitary District of the Bromley Union.
 CLARKE, J. M., M.D. Camb., M.R.C.P., Professor of Pathology and Morbid Anatomy at the University College, Bristol.
 COOK, J. W., M.D. Aberd., M.R.C.S., Medical Officer of Health by the Walton-on-the-Naze Urban District Council.
 DAVIES, LEWIS, G., B.A., M.B., B.C. Cantab., Resident Medical Officer at the Carolf Union.
 EASTES, G. LESLIE, M.B., B.Sc. Lond., M.R.C.S., L.R.C.P. Lond., House Surgeon to the Royal Hospital, Sheffield.
 EDGEWORTH, F. H., M.B., B.S. Camb., Lecturer on Practical Physiology and Histology at the University College, Bristol.
 FIRTH, J. L., M.D., Lond., F.R.C.S., L.R.C.P., M.S., B.S., Assistant Surgeon to the Bristol General Hospital.
 FISHER, T., M.D. Lond., M.R.C.S., Out-patient Physician to the Bristol Hospital for Women and Children.
 HENRY, GORDON, G. W., L.R.C.P. Lond., M.R.C.S., Medical Officer of Health for the Williton Rural Sanitary District.
 HITCHISS, T. H., M.R.C.S., Medical Officer of Health for Brilles, Chipping Camden, and Shipston-on-Stour, by the Rural District Councils.
 JONES, EDWARD, M.R.C.S., L.R.C.P., House Surgeon to the Chichester Infirmary.
 JONES, H. T., L.R.C.P. Lond., M.R.C.S., Medical Officer for the Workhouse of the Pembroke Union.
 KENDALL, GEO., L.R.C.P. Lond., M.R.C.S., Out-patient Surgeon to the Bristol Hospital for Women and Children.
 LANSDOWN, ROBERT G. PAUL, M.D., M.R.C.S., L.R.C.P. Surgeon to the Bristol General Hospital.
 MORTON, C. A., F.R.C.S., L.R.C.P. Lond., Out-patient Surgeon to the Bristol Hospital for Women and Children.
 PENNY, W. J., F.R.C.S., L.R.C.P. Lond., Consulting Surgeon to the Bristol General Hospital.
 SWAYNE, WALTER C., M.B. Lond., L.R.C.P., M.R.C.S., Lecturer on Practical Midwifery at the University College, Bristol.
 TOWNSEND, J. R., L.R.C.P. Edin., Medical Officer to the Strathmore Hospital, Christchurch, New Zealand.
 TREHARNE, J. LLEWELLYN, M.R.C.S., L.S.A., Medical Officer at the Cardiff Prison.

Births.

DOBIE.—March 1st, at St. John Street, Chester, the wife of Herbert Dobie, M.D. Edin., of a son.
 DOVE.—March 3rd, at Stanwix, Carlisle, the wife of E. Atkinson Dove, M.B., L.R.C.S. Edin., Brigg, Lincolnshire, of a daughter.
 EGGLESE.—Feb. 29th, at Harley Street, London, W., the wife of W. McAdam Egglese, M.S., F.R.C.S., of a son.
 WATKINS.—March 6th, at Boscombe, Bourneveth, the wife of Walter Watkins, M.R.C.S., of a son.

Deaths.

ADAMS.—March 4th, at Eastbourne. Lewis Samuel Adams, aged 25, fourthson of Dr. James Adams, Springwell, Barnes.
 ANDERSON.—Feb. 24th, at 63, Talbot Road, Bayswater, W., of acute pleuro-pneumonia, A. F. Anderson, M.D., formerly Colonial Surgeon, Straits Settlements.
 ANDERSON.—Feb. 29th, at South Tay Street, Dundee, Alex. M. Anderson, M.D. Glasg., late Medical Officer of Health for the City of Dundee, aged 62.
 BARKER.—March 6, at 20, Beaulieu Villas, Finsbury Park, N., Lydia, wife of Alfred Jas. Barker, M.D., aged 66.
 ROBERTS.—Feb. 29th, at Redcliffe Square, London, S.W., Hubert William Roberts, M.R.C.S.

NOTICE.—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXII.

WEDNESDAY, MARCH 18, 1896.

No. 12.

Original Communications.

EPISCLERITIS PERIODICA FUGAX.

By SYDNEY STEPHENSON, M.B., F.R.C.S.E.,

Surgeon to the Ophthalmic School, Hanwell, W.; Ophthalmic Surgeon to the North-Eastern Hospital for Children, Shoreditch, N.E.

PROFESSOR FUCHS has recently described under this title (*British Medical Journal*, October 19th, 1895) a malady that must be familiar to most ophthalmic surgeons. It is characterised by inflammation affecting chiefly the conjunctiva of the eyeball and the underlying episcleral tissue. As implied by the name, it is of a fleeting nature, and individual attacks last from twenty-four hours to eight days. It may affect one or both eyes, is exceedingly prone to recur, and may persist for years. In some of Fuchs' cases severe photophobia and lacrymation were present, but in others those symptoms were almost or altogether absent. A degree of pain was commonly complained of, more especially when the eye was moved or the patient attempted to accommodate. Spasm of the ciliary muscle and contraction of the pupil were noted more than once. As to etiology, Fuchs believes that in consequence of some abnormality of nutrition, the system becomes loaded with noxious substances, capable of setting up inflammation. According to his views, the exciting cause of an attack frequently lies in some external condition, such as change of temperature. He has met with the ailment "most frequently in men of middle age, less often in women."

The object of the present clinical communication is to point out that episcleritis periodica fugax is by no means unknown in children, amongst whom I have seen not a few examples. Details may be given of some of the more characteristic cases that have fallen under my notice. The record is particularly instructive, since most of my patients remained under observation for a considerable length of time.

CASE 1.—Matilda B., a well-grown child, *æt.* 11. June 25th, 1889—a red patch made its appearance in the inferior nasal quadrant of the left eye, involving both the conjunctival and the episcleral vessels. Four days later every trace of it had vanished. October 11th—a similar condition was observed. The redness subsided in four days. April 23rd, 1890—another patch noticed in the left eye. This lasted for seven days. The next attack of episcleritis came on about a month later, and passed away in about seven days. June 6th—the malady recurred, and did not completely subside until the 16th of the same month. November 13th—inferior nasal quadrant of the left eye again red and tender. Next day one drachm of the liquor hydr. perchloridi ordered to be taken twice a day. Notwithstanding this the inflammation recurred on December 2nd, and lasted until the 16th of that month. To sum up the facts: this girl was under observation for about eighteen months, during which time she had upon seven separate occasions episcleritis of the inferior nasal quadrant of the left eye. The attacks lasted from four to ten days.

CASE 2.—Florence H., *æt.* 9. When she came under notice on June 26th, 1889, the whole of the conjunctiva of the right eye was found to be inflamed. A borac

acid lotion was prescribed, and two days later not a trace of redness remained. A similar state of things was observed upon December 9th, the inflammation subsiding in two days. Upon the 16th of the same month the right eye was again inflamed, but the whole of the redness had disappeared by the following day. From June 2nd to June 4th, 1890, the upper and lower cul-de-sac of the left eye were congested and slightly thickened. No further attacks occurred until October 18th, 1892, when episcleritis was found to be present about each external canthus. The affected parts were somewhat tender. Three days later the eyes were well. On November 8th a patch of episcleritis was found on the outer hemisphere of the right eye. The inflamed area was tender. Some trifling photophobia was observed. A solution of atropine sulphate (one per cent.) was applied to the eye thrice a day, and all redness had subsided by the eleventh of the month. But on the 22nd the trouble had recurred upon the outer side of the right eye. Accordingly, five minims of a 1 to 5,000 solution of corrosive sublimate were injected into the patch, and the atropine was continued. The episcleritis had disappeared by the 29th instant, but a small ecchymosis was still to be seen at the site of the needle puncture. There was no attack for nearly two years. Upon November 13, 1894, however, the upper temporal quadrant of the right eye became inflamed, and next day the left eye was similarly involved. The duration of this bilateral attack, unfortunately, was not recorded. The patient was lost sight of about two months later. Florence H.—, then, had eight bouts of episcleritis during the five and a half years she remained under observation. Their duration ranged from twenty-four hours to seven days.

CASE 3.—Mary C.—, was 12, years of age when she first came under notice, on August 28th, 1889. The lower half of her left eye was then of a dark red colour, due to distension of the conjunctival and episcleral vessels; the conjunctiva of her lower lid was also congested, and a flake of mucus was present upon its surface. The pupil was somewhat contracted, the eye watered freely, and was painful. Although these symptoms had vanished by September 2nd, they recurred two days later, and did not entirely disappear until the end of that month. From May 18th to May 22nd, 1890, the left eye was again affected in a similar way. Four days later the condition recurred, so a strip of conjunctiva and subconjunctival tissue was removed from around the lower half of the cornea. Despite this operation the parts about the cicatrix became inflamed upon June 9th. On September 9th another attack of episcleritis was observed in the lower part of the left eye; the pupil was small, lacrymation and photophobia were present, and the tissues were tender. These symptoms lasted for about three days. Upon October 4th a drachm of liquor hydr. perchlor. was ordered twice a day. On November 8th the affection recurred, and so the dose of mercury was doubled. This attack persisted for nine days. On November 21st, episcleritis was found to be present about the inner canthus of the right eye, and for the next month the eyes were alternately involved by that affection. During the whole of this time the internal administration of mercury was continued, and calomel was flicked into the eyes daily. On March 1st

1891, episcleritis was noticed in the lower hemisphere of the left eye. A 1 per cent. solution of atropine was dropped into the eye twice a day, hot fomentations were used, and a shade was given. The left eye had become pale and quiescent by March 6th. On the 17th of the same month, however, the condition was again present. It was noted that the bowels had been confined lately, and that the tongue was coated with a yellow fur. The atropine was continued, the mercury stopped, and a mixture containing aconite, colchicum, and quinine administered. Five days later the right eye became affected, redness being most marked about the inner canthus and the superior hemisphere. On the 27th instant both eyes were well. A leaden-coloured patch, presumably of thinning, was then noticed for the first time in the lower hemisphere of the left eye. Upon April 3rd, a small, peculiar-looking elevation, somewhat like a phlyctenule, was seen upon the lower margin of the left cornea. After becoming larger and losing its epithelial coating, it began to eat, as it were, into the sclero-corneal margin. It was deemed advisable, therefore, to scrape it with a small sharp spoon, and then to dust it with iodoform. It had healed by the 28th of April. On the 23rd of that month both the colchicum mixture and the atropine drops were discontinued; yellow ointment was directed to be used to the eyes twice a day. On April 28th the disease recurred in the inferior hemisphere of the left eye. Atropine was again ordered. From May 28th to May 29th, and from July 20th to July 23rd, the left eye was inflamed. Another attack came on upon November 18th, when salicylate of sodium, in ten grain doses, was given twice a day. The eye was free from redness by the 21st instant. The salicylate was discontinued on December 9th. Another attack was observed in the left eye upon March 22nd, 1892, and this lasted for nine days. The patient was lost sight of shortly after this note was made.

CASE 4.—Beatrice W., *æt.* 9. The superior nasal quadrant of the right eye became inflamed upon January 14th, 1890, and the redness persisted for five days. Another attack came on about a year later (January 13th, 1891), when there was congestion of the upper half of each globe. Upon this occasion the condition lasted for three days. From April 2nd to April 6th the upper part of the right globe was red, and the patient complained of local smarting. From June 10th to June 13th the superior nasal quadrant of the right eye was similarly affected. On October 30th, the conjunctiva, both of the lids and globe, was injected, so that the case was at first taken for one of catarrhal ophthalmia. Secretion, however, was almost absent, and no organisms could be found in cover-glass preparations made from what little discharge there was. Upon the next day the second eye was affected. Both had recovered by November 2nd. She passed from under notice on February 6th, 1892. To recapitulate: this child remained under observation for upwards of two years, and during that time she had five attacks of episcleritis, which affected the right eye on three occasions and both eyes twice.

CASE 5.—Eliza W., *æt.* 14, was first seen on July 9th, 1891, when the inferior temporal quadrant of the left eye was inflamed, and four white and well-formed phlyctenulae were scattered over the congested area. The eye was well by July 17th. There was no recurrence until October 3rd, when the left eye again became inflamed. There was marked redness in its inferior temporal quadrant and around the cornea; three typical phlyctenulae were noted; the congested patch was tender; the eye was painful on movement. Ten days later all the foregoing signs had vanished. On the 31st of the same month another tender patch had appeared in the same place. The eye was well on November 9th, but meanwhile the right eye had become red in a corresponding position. Flying blisters were ordered to be applied to the right temple, and on the

17th inst., the left eye having relapsed, they were used to both temples. Two days' later both eyes were improving; the blisters were discontinued, and ten grains of salicylate of soda given thrice daily. Despite this treatment, another inflamed area was found about the inner canthus of the right eye on December 16th. On the following day the affected parts were lightly pencilled with a crayon of mitigated lunar caustic, and the congestion had disappeared by December 21st. The salicylate was continued, and half-a-drachm of mercurial ointment directed to be rubbed into the skin night and morning. On the last day of December, however, the outer hemisphere of the left eye was found to be affected with episcleritis. Pain was present, and so atropine and hot fomentations were prescribed. The redness had gone by January 23rd, 1892. The salicylate was continued until March 28th, when it was stopped, but the mercurial inunctions were persevered with. From May 14th to May 16th, the left eye had an episcleritic patch upon its outer side. The patient passed from under observation on May 23rd, 1892.

CASE 6.—Emily U., *æt.* 10, was brought to me on June 5th, 1895, with her left eye inflamed. The lower half of the eyeball, including the caruncle, was of a violet hue, the tissues being slightly swollen. Trifling photophobia and lachrymation were present. The eye was well in four days. From December 7th to December 10th, the caruncle of the same eye was inflamed. On the following day, that eye relapsed; the outer half of the globe was slightly oedematous, and veined by enlarged conjunctival vessels. The parts were tender, and the child complained of pain on moving the eye. There was no discharge. The pupil was not contracted, but slight spasm of the ciliary muscle was found. These appearances lasted for three days. The patient who is still under observation, has had no further attack.

Remarks.—Although episcleritis periodica fugax is not usually a serious ailment, yet its tendency to recur gives it an importance which it would otherwise scarcely merit. It is somewhat singular that (with one doubtful exception) I have not so far met with it in a male child. This fact is more suggestive seeing that more boys than girls, come under my notice. Special inquiry was made in every case as to the dependence of the affection upon disorders of menstruation, but without any very definite result. I have never seen this form of episcleritis occur in association with rheumatism or gout, nor have I been able to obtain any family history of those diseases. Two-thirds of my patients were strumous, as shown by the existence of markedly enlarged glands or by a liability to relapsing pustular affections of the skin. There seemed in these cases to be some connection between the episcleritis and ordinary phlyctenular inflammation of the conjunctiva, inasmuch as the two conditions were not infrequently observed to alternate in the same patient. A notable number of the children, too, showed marginal opacities of the cornea, which in young subjects are certainly most frequently due to phlyctenular deposits. In some cases the eyes were found to get inflamed whenever the bowels were costive or the tongue coated with a thick yellowish fur. This was especially noticeable in Mary C.—. The attacks appeared to me to be often excited by some slight injury—for example, a blow or a foreign body in the eye. I was unable, however, to trace any connection with atmospheric conditions.

Pain, redness, and other symptoms are, in my experience, speedily relieved by a brisk purge, followed by the instillation of a solution of the sulphate of atropine (2 grs. to the ounce). Hot fomentations, also, are useful in some cases. The effect of these remedies is enhanced if the eye be shaded, and the patient kept from work. With the idea of preventing recurrences, a large number of agents has been employed, although, it must be confessed, without any great measure of success. Thus, mercury, aconite, colchicum, quinine, salicylate of

sodium, yellow ointment, blisters, the local use of calomel and nitrate of silver, and the operation of peritomy have been tried, and, in my hands, have failed. I cannot help thinking from what I have seen of these cases that more is to be hoped from change of air than from any treatment either by drugs or by local applications to the eyes.

A word as to diagnosis. Episcleritis periodica fugax, as pointed out by Fuchs, may be confounded with two diseases, namely, ordinary episcleritis, and acute catarrhal ophthalmia. From the first it is distinguished by its rapid course, comparatively slight symptoms, and by the absence of any distinct inflammatory nodules in the sclera. From the last it may be differentiated by the scantiness or absence of secretion, as well as by the localised character of the inflammation. Acute catarrhal ophthalmia, moreover, is generally bilateral, whereas this form of episcleritis, as a rule, attacks one eye alone.

AGARICINE IN PHTHISIS.

By GEORGE FOY, F.R.C.S.,

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In the "Formulaire de Spécialités Pharmaceutiques," for 1895, the authors include a formula for agaricine pills; the drug having recently acquired reputation as an antihydrotic in phthisis. Agaricine principally consists of agaric acid, and is not an alkaloid, as its discoverer, Pribram, thought. The acid is obtained from the white agaric *Polyporus Officinalis*, Larch Agaricus, a well-known fungus, which has long enjoyed a reputation for checking the night sweats of pulmonary disease. The fungus is described by Dioscorides, who states that it was named from Agaria, in Sarmatia. To avoid the unpleasant taste of the powdered agaricus, Dr. Young (*Glasg. Med. Jour.*), in 1882, introduced agaricine.

Possessed of well-marked purgative properties, the fungus was a favourite with English physicians for centuries. Elyot ("Castle of Health," 1541) prescribes, "one dramme of Agaryke and half a dramme of Rheubarbe." Turner, in his "Herbal," 1551, enumerating the virtues of the Larch, mentions that it giveth us "Ye famous medicine called Agarik."

Gerard pictures the varieties of mushrooms, and distinguishes between the edible and poisonous fungi:—

"The meadow mushrooms are in kinde the best,
It is ill trusting any of the rest."

An anonymous writer, 1857, in the "Physician's Dictionary," states that it "purgeth the phlegm and opens obstructions in the liver."

During the eighteenth century the literature of the subject was largely added to, and from the general tenour of the writings it is plain that the unpleasant taste of the fungus interfered with its use. M. Bouldue in a paper read before the Royal Society of Paris, in 1714, declared that the tincture of the agaricus had such an abominable taste that one drop placed on the tongue produced vomiting. Bellonius declared that the smell given out by the fungus on being cut off the tree excited violent loathing in those present. Disused as an internal remedy it quickly recovered favour as a local styptic, even in major operations it came to be generally used in the eighteenth century, its popularity being due to the recommendation of M. Brossard in 1750. The *Gentleman's Magazine* in 1756 praises "the agaric from Paris applied as a styptic after operations"; in the same year, however, Dr. G. Nevee published his pamphlet, "Some Observations on the use of the Agaric, and its insufficiency in stopping hæmorrhage," which latter was intended as a reply to Sharp's paper in the "Philosophical Transactions" telling of

his experiments with agaric as a styptic in amputations in Guy's Hospital. The styptic continued to hold its own until quite recently, for we find favourable mention of "agaric and sponge which entangled the blood and retained a coagulum on the spot," in Todd's well-known *Cyclopædia*.

Agaric found a place in the London and Edinburgh Pharmacopœias and possibly may appear in the forthcoming British Pharmacopœia.

Towards the end of the eighteenth century, it had, however, fallen into such disfavour as an internal remedy, that Lewis (1781) writes:—

"The antients supposed it to be possessed of alexeterial powers, and in consequence of this imaginary virtue, made it an ingredient in the theriaca, which is the only official composition wherein it is now retained."

Dr. Morris and Kendrick ("Edin. Med. Dic.," 1807) write:—"Agaric is cathartic, but hardly ever used in our practice, as its operation is both slow and unpleasant, occasioning sickness, gripes, &c. The dose is from ʒi to ʒiii."

Gray, in 1847, suggested the addition of ginger to agaric to prevent griping.

Drs. Pereira, in 1840, learned from Mr. Butler, of Covent Garden Market, that even amongst herbalists its use had been discontinued; nevertheless, in Dr. Brunton's "Pharmacology" (1887), it found a place amongst antihydrotics.

Agaric would probably have dropped out of use had it not been for Dr. Young's introduction of agaricine, which attracted the attention of Miller, of St. Petersburg, who found that in one grain doses it diminished the night-sweats in twelve phthisical patients out of seventeen on whom he tested it.

M. Hofmeister (*Gaz. Méd. de Paris*, 1888) ascribes the therapeutic properties of the agaric acid. An acid discovered by M. G. Fleury Paris (1870). M. Hofmeister found the dose to vary from half to one and a half grains; in full doses it occasionally produces nausea. Toxic doses, 7 to 15 grains cause diarrhœa and vomiting. To correct the tendency to purging, Young (*Ther. Gaz.*, 1888,) adds Dover's powder to the agaricine. The same journal quotes the experience of Dr. Julius Lauschmann, who "found it of special value where the perspiration covers the body like a sort of sticky secretion. One pill (of Young's formula) given at evening usually acts with promptness. The next night also the perspiration will fail to make its appearance, or, if it does, it will be in such slight quantities that the sleep of the patient will not be disturbed. It will be observed that the effect of the one dose will sometimes last for two or three days. It will not act quite so well in some cases where it has already been used, but where after a time the perspiration has returned. It seems, therefore, that the first dose only is accompanied by such marked results, as the following doses seem weaker. In cases where one pill was not sufficient a second was given, and the desired result obtained. In cases of partial or only slight sweating the action of the drug was but slight, and in some cases seemed to exert no effect whatever. Neither a strong condition of the patient nor rapidly advancing consumption contraindicates the use of agaricin. Its use is never accompanied by unpleasant symptoms, only now and then diarrhœa was observed. In a few cases the diarrhœa was considerable and necessitated special treatment; in one case there were two or three loose movements, which, however, ceased as soon as the drug was discontinued. The diarrhœa is always due to agaricin, as it irritates the bowels and causes hyperæmia. This drug was not observed to affect the heart's action, respiration, or temperature in the least."

In a letter to the *Therapeutic Gazette* (1888), Dr. Pope, of Bellevue Hospital, New York, reports that

"In several instances agaricine succeeded when belladonna or atropia failed, and without giving rise to any unpleasant symptom whatever. . . . My conclusions and convictions were drawn from a series of cases, probably, over one hundred, of advanced disease."

All accounts of the therapeutic properties of agaricine were not, however, so favourable. Dr. G. R. Butler (*Brooklyn Med. Journ.*) was forced to the conclusion that the drug was of very little value as a remedy for pathological sweating. Dr. Murrel did not find it superior to other well-known anti-hydrotics, and Dr. Hare ("Practical Therapeutics") writes of the extract: "The writer has employed it frequently in varying dose, and has never seen any decrease in the sweats of phthisis produced by it whatever, although he has watched it most closely, expecting to see patients obtain great relief therefrom."

M. Combemale (*Bull. Gen. de Ther.*) considers agaric acid as the only anti-sudorific element of the drug. In doses of $\frac{1}{2}$ grain to $\frac{1}{4}$ grain he found it suppressed the distressing night sweats of advanced phthisis.

Agaric acid was obtained by Jahus from agaricine in 1883. It is not to be confounded with agaric acid or agaricine; the discoverer describes it as a bibasic, triatomic homologue of malic acid, to which he gave the formula $C_{16}H_{30}O_5, H_2O$.

Agaric acid is, according to Jahu, a homologue of muriatic acid, and he gives its formula as $C_{24}H_{27}(OH), (CO_2H_2)$.

It is probable that the samples of agaricine used by the different physicians who reported on the drug were not identical in the amount of agaric acid present, and in future better results might be obtained than some of those reported if prescribers ordered pure agaric acid instead of agaricine.

THE OBJECTS AND LIMITS OF OPERATIONS FOR CANCER. (a)

By W. WATSON CHEYNE, F.R.S.,

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CANCER OF THE MOUTH AND THROAT.

HERE, as in the case of the breast, there is no real alternative operative procedure to that of removal with the view of cure. (Esophagotomy, gastrostomy, or tracheotomy, although they may prolong the patient's life for a very short time, do not add materially to his comfort, and can in no way be looked on as alternatives to a radical operation, and in those cases, therefore, as in the breast, I do not think that we can do very much in the way of selection of cases for operation.

As compared with cancer of the breast, the disease in the throat is in some ways more favourable for cure, in other ways less so. As regards the primary disease the breast cancer is by far the most favourable of the two, for there it is fully exposed to view, and there is plenty of room for its free removal without endangering important structures. In the mouth and throat, on the other hand, the disease is close to, if not involving, many important parts; the space in which one has to work is very limited, one cannot get much margin of healthy tissue around, and the early spread of the cancer to muscle, especially in the case of the tongue, tends to distribute it over a considerable area. In the throat, also, the disease is much less favourable for operation, because the septic element comes into play, and thus, instead of having to do with an operation, as in the breast, where the mortality is practically nil, we have to face a very considerable risk of death from septic disease.

On the other hand, cancer in the mouth and throat is more favourable as regards the glandular deposits, for in the neck we have an extensive glandular area exposed to view which can be much more thoroughly dealt with than

in the case of the breast. It is true that many surgeons look on the glandular trouble as a most serious part of the disease, but, for reasons which will be afterwards stated, I do not agree with this view. In one other respect, also, cancer in the mouth and throat is more favourable than that in the breast—namely, that metastatic deposits, which so often disappoint us in the latter case, are quite infrequent in the former.

Cancer in the mouth and throat is most conveniently considered under three heads—namely: (1) cancer of the tongue; (2) cancer of the pharynx, tonsil, soft palate, epiglottis, &c.; (3) cancer of the larynx.

1.—CANCER OF THE TONGUE.

The lecturer pointed out that in the case of the tongue the same rules must guide the surgeon as in the case of the breast, namely, removal of the whole muscle if infected and removal of the whole glandular area.

2.—CANCER OF THE PHARYNX.

Cancer may begin anywhere in the pharynx, but most commonly (apparently in over 60 per cent. of the cases) it commences in the mucous membrane over the tonsils or pillars of the fauces, and spreads from thence over the neighbouring parts. From the tonsil the disease spreads most often and earliest on to the pillars of the fauces and upwards to the soft palate, next most frequently downwards on to the base of the tongue, and lastly backwards over the pharynx; indeed, in most cases which come under view, one usually finds most or all of these parts affected, even on the first occasion when one sees the patient. Epithelioma also, sometimes, though not nearly so commonly, begins about the epiglottis and orifice of the larynx, and the third point of selection is lower down, close to or at the commencement of the oesophagus.

It is remarkable how little trouble the disease causes at an early period; sometimes the patient does not observe anything wrong till the occurrence of bleeding attracts his attention. In other instances he first notices a frequent desire to clear his throat, or again, a feeling of uneasiness and dryness about the throat, and very commonly pain shooting up to the ear. Indeed, in not a few instances, the first thing which leads him to call in a surgeon is the enlargement of the cervical glands in the neighbourhood of the angle of the jaw. Consequently, as epitheliomata in this region apparently grow very readily and rapidly, it is but seldom that the patient seeks advice before the disease has spread to an alarming extent, and generally he is condemned to palliative treatment. Nevertheless, a considerable number of operations have been performed for cancer in this region, the success, however, naturally being limited owing to the desperate nature of the case and the peculiar position of the disease, and also to some extent to the removal having been imperfectly carried out.

Before going on with this matter further, I shall in to-day's lecture narrate the cases in which I have myself operated, and subsequently refer to the tables, giving the operative results which have been attained in this disease. In the first place, I shall describe three cases of disease of the naso-pharynx:—

CASE I.—*Lympho-sarcoma of the Left Side of the Naso-pharynx, involving the Eustachian Tube and Growing from the Base of the Skull.*

Male, *æt.* 46; first seen by me on March 9th, 1892. The patient consulted Dr. Urban Pritchard about a year previously, on account of buzzing in the left ear. At that time there was no suspicion of new growth. About six months afterwards he noticed that he was becoming deaf on the left side, and for the last three months he had observed that there was some obstruction of the left nostril. He therefore saw Dr. Pritchard for the second time at the end of February, 1892, and, on examination, a growth was found on the left side of the naso-pharynx, blocking and apparently involving the Eustachian tube. Dr. Pritchard had a consultation with Dr. Greville Macdonald, and, as the result, the situation and extent of the growth were described to me, and the problem was put whether any operative interference was possible in the case of a malignant tumour in this region. The patient was particularly desirous, in connection with his private affairs, that if possible some extension of life might be obtained for him.

(a) Abstract of the Second Lettsomian Lecture, delivered before the Medical Society of London, Feb., 1896.

On March 16th, 1892, I performed the following operation, assisted by Messrs. Stanley Boyd and Burghard. An hour before the operation a pint of water containing half an ounce of chloride of calcium was injected into the rectum, and during the operation pledgets of salicylic wool soaked in Wright's fibrin ferment solution were applied to the freshly-cut surfaces under the superintendence of Dr. Wright. Whether as the result of this treatment or not, the fact is that extremely little blood was lost—I do not think more than an ounce or an ounce and a half in all. The glands were first removed from the neck; they were deeply seated, being attached to the fascia over the atlas, the spinal accessory nerve running in front of them. In addition, the fat and tissues of the vicinity were of course also taken away. Tracheotomy and insertion of a Hahn's tube. I then proceeded to remove the upper jaw on the left side. The periosteum and mucous membrane of the hard palate were, however, detached from the bone and left behind, and the orbital plate of the superior maxilla was also left. After removal of the upper jaw the base of the pterygoid process was divided with bone forceps and removed; the front of the tumour could then be seen. The tumour was then detached from the external pterygoid muscle, the other tissues outside it, and the soft palate. It was then found to have originated from the periosteum of the base of the skull, and to have grown downwards along the side of the pharynx, involving the Eustachian tube in its course. A portion of the Eustachian tube was removed, and the mucous membrane all around the tumour was divided. The periosteum over the whole roof of the naso-pharynx was then carefully detached as far out as the foramina for the vessels, and as far forward as the disease seemed to extend. A layer of the surface of the bone was then chipped off, and the whole bare surface cauterised with Paquelin's cautery; the hard palate was then stitched to the cheek, and the wound closed with sutures.

The temperature only once reached 100° F., and that was on the morning after the operation, and the further progress towards recovery was uninterrupted. Tracheotomy tube was left out on the day after the operation; all the stitches were removed on the fifth day, the patient got up on the tenth day, and left town on the twenty-third day.

Very shortly afterwards he was able to resume business, and for about fifteen months there was no sign of recurrence in the nose, although in March, 1893, I removed some small glands from the left posterior triangle of the neck. In July, 1893, however, he began to have some bleeding from his nose, and accordingly I reopened the scar, and found that recurrence had taken place at the roof of the nasal cavity, in front of the former seat of the disease, the situation of the original tumour, however, remaining perfectly well. Disease cleared away as thoroughly as possible, and for a time he went on very well; but in the spring of 1894, about two years after the first operation, he began to go downhill, bleeding occurring again from the nose, and glands enlarging on the other side of the neck. He gradually became worse, and ultimately died on December 14th, 1894, two and three-quarter years after the first operation.

CASE II. Lympho-sarcoma Growing from the Base of the Skull, and Projecting into the Naso-pharyngeal Cavity.

Female, *st.* 24. Had noticed stuffiness in right nostril last August. It gradually became worse, and a few days ago she consulted Dr. W. H. Dobie, of Chester, who diagnosed the condition of matters, and sent her up to me. Patient is a young woman in good health, only complaining of stuffiness in the nostril. Nothing is seen from mouth. With rhinoscope rounded swelling found growing from roof of naso-pharynx and filling up most of the space; no ulceration, and it is not pedunculated. No enlarged glands in the neck.

On December 22nd, 1895, soft palate split in the middle line, the incision being carried through the mucous membrane and periosteum of the hard palate nearly to the front. The periosteum of the hard palate was then peeled off the posterior part, and a curved portion of the back part of the hard palate and the posterior part of the vomer chipped away, the head hanging down. Periosteum incised all round the growth, and as far from it as possible,

and tumour detached. Raw surface painted over repeatedly with nitric acid; action arrested by carbonate of soda. The soft and hard palate were then united with stitches. Recovery uninterrupted. Palate united perfectly, and patient sent home on January 10th.

In this case it will be seen that a totally different method of procedure was adopted from that employed in Case I. In the former case, however, the tumour was unilateral, and as far as one could judge, extended well into the side of the neck, and it did not seem at all possible to get satisfactory access to it from below; in the latter case it was centrally situated, and it seemed to me that the method employed would be sufficient. I must say, however, that of the two plans I believe the former, namely, the excision of the upper jaw, or at any rate a temporary resection of it, and removal of the pterygoid process, is much the more satisfactory. In the first case I could see exactly what I was doing, and had no difficulty in obtaining complete access to the whole affected area; in the latter case it was difficult to be quite certain whether I had got well beyond the growth at the anterior part, and though this last plan may be useful in cases where the tumour is quite small and centrally placed, I should be inclined in most cases to employ the former method. The remarkable absence of any septic phenomena in both these cases is very striking, and I attribute it mainly to the free escape of the discharge from the surface of the wound as the result of the position of the patient, and also to scrupulous care in cleansing the mouth and in avoiding the introduction of any septic infection from without. Both cases show that tracheotomy is quite unnecessary in these operations.

CASE III.—Spindle-celled Sarcoma growing from the Roof of the Nasal Cavity, involving the Sphenoidal, Ethmoidal, and Frontal Sinuses, and Destroying the Upper Part of the Nasal Septum.

Female, about 40, sent by Dr. Edward Law. Patient had suffered from growths in nose for ten years. She had been operated on many times and in many ways. Recently she had been under Professor Volkmann, who used the thermo-cautery, and as a result the orifice of the nostril had been much burned, and had become so contracted that it was impossible to see into it. Right nostril completely filled up with growth, which distended the nose and destroyed the nasal bones, and at the bridge of the nose a soft tumour was felt and seen projecting forwards; the frontal eminence was much more marked on the right side than on the left.

On March 7th, 1894, I performed the following operation:—Incision made along the right side of the nose, from the frontal bone to orifice of nostril, and ala and right side of the nose detached and turned over to the left side. The tumour was partly cystic, and was gradually separated from its attachments along with as much healthy tissue as possible. It filled and distended the right frontal sinus, and projected somewhat into the left, but it came completely away, along with the mucous membrane. It opened and projected into the right orbital cavity, and it grew from the whole of the roof of the nasal cavity, especially on the right side, and had destroyed the vomer at the upper part. After removal of growth surface of the bones was cauterised and sponged with undiluted carbolic acid; skin replaced in position and stitched, and a plug was introduced into the right nostril so as to keep it open during the healing process. The right antrum was full of pus, and was opened in the usual manner through the alveolus, and a drainage-tube inserted into it.

Here, again, the subsequent progress of the case was absolutely free from any fever or other cause of anxiety. The temperature did not rise above 100° F., and she left the home within three weeks apparently well. She remained well up to a year ago, since which time I have not seen or heard of her.

In the following cases we have to do with tumours lower down, in the pharynx proper or in the neighbouring parts; first a case affecting both pharynx and larynx, then three successful cases, then three fatal ones, and lastly one with local recurrence.

CASE IV.—Epithelioma of the Right Side of the Pharynx, the Epiglottis, Right Aryteno-Epiglottidean Fold, the Pharyngeal Mass being also adherent to the Thyroid Cartilage.

Male, *æt.* 42, under Dr. Roxburgh, of Weston-super-Mare. About the end of June, 1892, the patient noticed a feeling of stiffness about the right side of the throat when he yawned, but otherwise he had no trouble or pain. He saw Dr. Roxburgh about it for the first time on July 24th, and he diagnosed a malignant ulcer of the pharynx. He saw also Dr. Greville Macdonald, who sent him to me.

On examination, various organs healthy; nothing visible on inspection from the mouth, but with a laryngoscope a ragged ulcer, somewhat larger than a shilling, was seen on the right side of the pharynx, spreading on to the right aryteno-epiglottidean fold, and possibly as far as the right side of the epiglottis.

The following were the steps of the operation (August 1st, 1892): Preliminary tracheotomy, Hahn's tube: a long incision was then made parallel with the vessels, and a transverse one along the border of the great cornu of the hyoid bone. The vessels were pulled outwards, and the submaxillary gland was raised. Pharynx opened, and disease exposed. It was found to be much more extensive than had been supposed, because it spread superficially, and had not led to any marked thickening of the mucous membrane at the edge of the growth. It reached to the middle line behind on to the tongue in front, and was adherent to the wing of the thyroid cartilage, but it was very difficult to define its extent on account of its superficial spread. The whole mass was removed, namely, the affected portion of the pharynx, the right aryteno-epiglottidean fold, a small part of the tongue, the greater part of the epiglottis, and a piece of the wing of the thyroid cartilage. For three days the patient went on very well, but on August 4th signs of septic pneumonia appeared, and he went very rapidly downhill and died on the following day.

CASE V.—Round-celled Sarcoma of the Right Tonsil, Side of Pharynx, Soft Palate, and Lower Part of the Naso-Pharynx.

Male, *æt.* 45. Sent by Dr. Felix Semon, and seen by me on June 13th, 1894. Six months previously an enlarged gland was removed by another surgeon from the right anterior triangle of the neck, and on microscopical examination was said to be of a simple character. At that time nothing was noticed in the throat. About four months before I saw him he began to suffer from uneasiness and pain in the throat. Right tonsil much enlarged, ulcerated, hard, and fixed. The disease extended to the wall of the pharynx and on to the right side of the soft palate, and appeared to be adherent to the external pterygoid process.

I did not see the patient again till August 29th. I then found that the tumour had increased greatly in size, and was now filling up the pharynx to a considerable extent and reaching well beyond the middle line. It interfered greatly with swallowing and to some extent with breathing; he evidently had only a few weeks to live. As it had not infiltrated so much as I had expected, I reconsidered the question of operation, and came to the conclusion that it might after all be possible to remove the tumour.

On September 11th, 1894, an incision was made along the line of the vessels, some glands removed, and the external carotid artery tied, cheek split from the angle of the mouth to the masseter muscle. An incision was now made through the mucous membrane in front of the growth, the lower part of the pterygoid process was removed with bone forceps, and the affected portion of the soft palate was clipped away with scissors. At this stage it was found advisable to perform tracheotomy, and a Hahn's tube was inserted. Tumour then carefully removed, along with part of internal pterygoid muscle and Eustachian tube. The patient had practically no shock after the operation, and during the course of the case there was an entire absence of all septic complications, the temperature not once going above 100° F., and the patient went on well, except for a short attack of "Suakim liver." The tracheotomy tube was left out on the day after the operation. The patient left the home between three and four weeks after the operation, and is still alive and well, and is present here to-night.

CASE VI.—Epithelioma of the Left Tonsil and Soft Palate, with a large Mass of Glands in the Anterior Triangle of the Neck adherent to the Vessels, extend-

ing under the Sterno-mastoid Muscle, and up to the Base of the Skull.

Male, *æt.* 55, sent by Dr. Felix Semon on October 13th, 1894. Patient began to feel uneasiness about the throat during the previous June. In July he first noticed a swelling on the left side of the neck. In September he saw a well-known surgeon, who said that the disease was malignant, but that no operation was possible. Towards the upper part of left tonsil there was a patch of ulceration with very hard base and edge and warty surface, spreading on to the pillars of the fauces and the soft palate. A very large mass of glands in left anterior triangle, firmly adherent to the vessels.

On October 15th, 1894, a long incision was made along the anterior border of the sterno-mastoid, and the jugular vein tied in two parts below the mass and divided between the ligatures. The vein and glands were then raised in one piece, spinal accessory nerve disentangled from the mass, and the jugular vein again tied at its point of exit from the skull, and the mass of glands, with the vein and all the fat and glands under the sterno-mastoid and well into the posterior triangle taken away. External carotid artery tied, and posterior belly of the digastric and the stylo-hyoid muscles were divided, head thrown over the table, mouth held open with a gag, soft palate clipped through well beyond the disease, mucous membrane incised all round the area of the growth, and the whole diseased mass clipped out. A large drainage tube was inserted from the external wound, and the skin incision closed at the upper part by sutures.

The patient was a good deal collapsed after the operation, but recovered the same evening and went on remarkably well. As in the previous case, there was no rise of temperature or septic complication. He got out of bed for the first time on the sixth day, and the drainage tube was left out on the eleventh day. The external sinus remained open for a few weeks, but closed before the end of the year without anything further being done for it. When I saw the patient last, in the middle of January, 1896, that is to say, fifteen months after the operation, there was no evidence of recurrence, and he was in the enjoyment of perfect health.

CASE VII.—Epithelioma of the Base of the Tongue and the Epiglottis; a few small Glands in the Neck.

Male, *æt.* 60, brought to me by Dr. C. A. Parker. For about six months the patient had noticed pain in swallowing, and lately had had neuralgic pains extending up to the ear. A small mass of enlarged glands at the angle of the jaw on the left side and at the cornu of the hyoid bone. By the aid of a mirror a superficially ulcerated surface was seen at the base of the tongue, especially on the left side, and extending into the hollow between the tongue and the epiglottis, partially filling it up. The epiglottis was also thickened and ulcerated on its anterior surface but the larynx was free.

Operation, November 23rd, 1894.—Preliminary tracheotomy: long incision in the line of the vessels, and another along the upper border of the hyoid bone; glands removed; the external carotid artery tied, and the pharynx opened at the level of the cornu of the hyoid bone; cornu of hyoid bone clipped away. The superior laryngeal nerve was not divided; epiglottis detached from its attachment in the angle of the thyroid cartilage but left attached to the tongue. A transverse incision was then made completely across the tongue, well away from the disease, and the posterior part, together with the epiglottis was taken away. He was fed for four days by rectal enemata and nutrient suppositories and is now able to swallow without difficulty, and only extremely rarely does he have a fit of coughing while doing so, and he is in excellent health at the present time, fifteen months after the operation.

CASE VIII.—Epithelioma of the Right Tonsil, spreading on the Tongue, Floor of the Mouth, Soft Palate, and Side of Pharynx. A Mass of Glands at the Angle of the Jaw.

Male, *æt.* 44. Had noticed some hoarseness for a few weeks, and about a fortnight before admission he had found a swelling at the angle of the jaw. Large, ulcerated, warty growth on the right tonsil, extending on to the soft palate, pharynx, floor of mouth, and base of tongue.

Larynx and epiglottis were free. Mass of glands at the angle of the jaw. On June 12th, 1895, preliminary tracheotomy. Enlarged glands with the material under the sterno-mastoid and the jugular vein removed. A second cut parallel to the hyoid bone, and the submaxillary gland with the adherent lymphatic glands removed, external carotid artery tied, cheek split from angle to masseter. With scissors, the healthy tissue around the growth was divided. The posterior half of the tongue on the right side was taken away, along with the floor of the mouth at that part, tonsil, pillars of the fauces, part of soft palate, and portions of the pharynx, the whole being removed in one mass. There was a good deal of shock after the operation, but the patient had recovered from that by the next morning, and he went on well, the temperature only twice reaching 100°. He began to try to swallow on June 21st, but without very much success. However, this rapidly improved, and at the time of his death he was able to swallow practically all that was required in the way of nourishment. The patient was doing remarkably well, and it was a question whether he should not go home, when on July 7th, twenty-five days after the operation, while he was washing out his mouth previously to taking some food, it was noticed that the material was stained with red blood. This rapidly increased in amount, and in three minutes, before assistance could reach him, he was dead, the blood having apparently passed straight down his larynx and choked him, the blood having come from the external carotid artery.

CASE IX.—*Epithelioma of the Tonsil, Soft palate, Side of Pharynx and Right Side of the Tongue; large Mass of Glands on the Right Side of the Neck.*

Male, *æt.* 56, seen in consultation with Dr. Semon and Mr. Horsley on June 28th, 1895. Three weeks previously a quantity of blood suddenly came into his mouth along with some very foul-smelling discharge. For some time previously his throat had been uneasy, but he had not paid any attention to it. Considerable mass of glands at the upper part of the right anterior triangle, evidently adherent to the vessels, and extending under the sterno-mastoid muscle; projecting warty mass on the right side of the throat, and extending on to the tongue; it had apparently begun in the tonsil, which was deeply excavated, and from thence had spread on to the neighbouring parts. Only the back part of the tongue was affected, but there the disease went pretty deeply; above it had spread on to the palate, and behind to the side of the pharynx; the epiglottis and the pharynx were free. The ulcer was constantly bleeding, and there was much foul discharge from it. The patient appeared to be a robust man, but was not so in reality; his urine contained one-eighth of albumen, and his pulse was quick and readily compressible, frequently numbering 120.

On July 1st, assisted by Mr. Horsley and Dr. Semon, I performed tracheotomy, and put in a Hahn's tube. The mass of glands, which extended up to the mastoid process and under the muscle, removed along with the jugular vein, the external carotid artery, and the digastric and stylohyoid muscles which were involved; cheek was then split from the angle as far as the masseter, and the mass in the mouth was removed in one piece in the same manner as in the last case. It was then found that the internal carotid artery was involved in the growth, and lying almost bare on the surface of the ulcer of the tonsil. As the patient was by this time suffering a good deal from shock, more so than any of the other cases, and as his pulse was very small, I feared that the removal of the diseased portion of the artery would produce so much anæmia of the brain as to preclude the chance of his recovery from the shock, and therefore I thought it wiser to peel off the tumour as far as I could from the artery, and then remove it later, when he had somewhat recovered.

There was a good deal of shock, but he rapidly picked up, and on the morning of the fourth day seemed quite himself again. I therefore thought that the time had come when the piece of the diseased artery might be taken away with safety, and accordingly, dividing the stitches, I passed a ligature above and below the diseased area, tied the vessel, and removed the intervening portion. This was done quite easily, with almost no disturbance of the wound, and no bleeding. The patient passed an excellent

day, but towards night he began to cough, and had much difficulty in bringing up a quantity of tenacious mucus; his temperature began rapidly to go up, and signs of septic pneumonia set in, of which he died on the morning of the sixth day after the operation; it was noticed also on the fifth day that there was paresis of the leg and arm on the left side.

CASE X.—*Epithelioma of the Right Tonsil, Floor of the Mouth, Base of Tongue, Pillars of the Fauces, Soft Palate, Side of Pharynx, and Glands in the Neck.*

Male, *æt.* 55, sent by Dr. Harvey. Patient first noticed swelling of the glands in the neck about two months before admission, and about that time he also had shooting pain about the base of the tongue. About a month before admission he first observed a growth on his tongue. The patient was old for his age, was not a very strong man, but had no organic disease of any kind. Glands in the anterior triangle considerably enlarged, more especially towards the angle of the jaw, but also extending as low as the thyroid cartilage: large cauliflower growth at the back of the right side of the tongue, extending to floor of mouth, right tonsil, and adjacent part of the soft palate and side of the pharynx. The entrance to the larynx and the epiglottis was apparently free.

On July 24th, 1895, the glands and the neighbouring tissues were dissected out from the anterior triangle; internal jugular vein not removed; the posterior belly of the digastric, however, was found attached to the growth, and was taken away.

The wound healed by first intention, and on July 31st, 1895, the second part of the operation was proceeded with; trachea opened and a Hahn's tube inserted, the greater part of the former incision was re-opened, and the external carotid artery tied. The incision was then extended forwards under the angle of the jaw, and the submaxillary gland taken away, cheek split, and half of the tongue freed right down to the hyoid bone, and the rest of the growth removed in one piece.

The patient did not have any very marked collapse, and passed a very good night afterwards. The next morning, however, it was evident that his mind was deranged, and he was most difficult to manage, both as to feeding and in other ways; and I may here say that from this time till the end of the case he never recovered his reason. He went on very well for some days, but there was more septic decomposition about the wounds than had occurred after any of the other operations.

On August 14th there was a repetition of the bleeding, and when I opened up the wound I found that it simply came from the granulations, and it did not again recur. The patient gradually became worse and died on August 31st.

On post-mortem examination gangrene of the upper lobe of the right lung was found, with a considerable quantity of pus lying in it. There was softening of the anterior part of the right cerebral hemisphere as far back as the fissure of Rolando. There was no clot in the carotid artery.

CASE XI.—*Epithelioma of the Left Tonsil, Pillars of the Fauces and Soft Palate, spreading on to and involving the Lower Jaw at the Posterior Part; a Mass of Glands in the Anterior Triangle of the Neck.*

Male, *æt.* 55, sent by Dr. Harvey. Patient first noticed tenderness in his throat and gums about six weeks before admission, and very shortly afterwards a swelling appeared in the neck. There was a mass of considerable size at the posterior part of the left anterior triangle, and extending under the sterno-mastoid; this mass was very fixed. On looking into the mouth an ulcer with hard edges and warty surface was seen on the left tonsil, reaching and firmly adherent to the alveolar border of the lower jaw, spreading into the soft palate, and to a slight extent to the gum of the upper jaw; it also reached the floor of the mouth, but had not yet affected the tongue.

As the disease was extensive and the patient somewhat weak, and as I also had to leave town for a few days, I thought it would be better to divide the operation into two stages, removing the glandular mass in the first instance, and then subsequently the disease in the mouth.

Clinical Records.

JESSOP HOSPITAL, SHEFFIELD.

CASE I.—*Dermoid Cyst of the Ovary.—Operation—Recovery.* (a)

Under the care of JOHN W. MARTIN, M.D.,
Hon. Medical Officer.

Accordingly on July 16th, 1895, I removed the glands along with the internal jugular vein, the external carotid artery and its upper branches, the hypoglossal nerve, the digastric, and stylo-hyoid muscles (which were all involved), and all the fat and glands under the sterno-mastoid muscle. As the wound was an aseptic one, I had no anxiety about the matter, and the patient had no bad symptom.

On July 24th I proceeded to the second part of the operation, namely, the removal of the mass in the throat. After opening the trachea, the upper part of the first incision, which had healed, was opened up, and a fresh cut was carried forward from it in a curved manner over the submaxillary region, and the submaxillary gland with some enlarged lymphatic glands adhering to it was removed. This flap of skin, together with the masseter muscle, was then turned upwards, and the jaw sawn through in front of and behind the affected part. The interior of the throat could now be well seen, and an incision was made around the growth and it was removed, the pterygoid process being clipped off and taken along with the mass.

The patient went on very well without any febrile symptoms, and he was fed for about a fortnight with the stomach tube, passed when necessary. At the end of that time he began to swallow, and was soon able to take sufficient fluid nourishment. He was discharged towards the end of August in very good health. In the beginning of October, however, it was found that there was an excavated ulcer in the middle of the scar opposite the part where the angle of the jaw had previously been. Examination of scrapings from the interior of the ulcer showed numerous epithelial cells, and its margins were hard. It was therefore evidently a recurrence. The patient was accordingly readmitted to the hospital on October 7th.

CASE XII.—*Second Operation.*

His condition on admission was that he had this hard nodule in the mouth. The greater part of it was ulcerated and the other parts were apparently sound. On October 9th, 1895, the following operation was performed: A curved incision was made from just in front of the ear forwards for about 4 inches, following the anterior border of the lower jaw. A considerable portion of skin above this incision, which was somewhat adherent, was removed. The cheek was split from the angle of the mouth to meet the former incision, and the whole of the upper part was dissected up, the edges of the wound being well separated, when the recurrence was seen to be much more extensive than was supposed. It involved the masseter and internal pterygoid muscles, and also the ascending ramus of the lower jaw. This portion of the jaw was disarticulated and removed, and the whole of the masseter and internal pterygoid muscles, part of the pterygoid plates, and as much of the scar tissue as possible, was taken away. As I was not quite certain with regard to the scar tissue whether I had quite got all the disease, I applied nitric acid to the raw surface; the wound was stuffed, a large gap being left; no attempt at a plastic operation was at that time made. No tracheotomy.

The patient was a good deal collapsed after the operation, but recovered and went on very well till the ninth day, when bleeding occurred from the wound, and on investigation it was seen to come from the internal carotid artery, which was lying free on the surface of the wound. The artery was tied above and below, and divided. The greater part of the wound having healed, the hole in the cheek was filled up by a plastic operation on November 20th, 1895, the edges being pared and a large flap of skin being brought over from the back of the neck. In three or four days he was able to swallow very well, and he was discharged on December 11th. When last seen there was no recurrence.

An American contemporary says that the success of the Bavarian quack-priest, Father Kneip, has prevented many a French theologian from sleeping. The fashion is now for French clergymen to imitate this German priest. They all want to be doctors of medicine, miracle workers, not for charity, but for fees. Father Kneip is said to prescribe for 180 people an hour. The patients are not examined, only a question or two is put to them. Such is fame and quackery.

H. W., æt. 17, single, dressmaker. Admitted to the Jessop Hospital on January 20th, 1896. Menstruation commenced when about 14 years of age; periods most irregular, has scarcely been regular more than a dozen times up to last Whiteutide, dysmenorrhœa. Whenever the periods recurred the discharge, which was scanty, lasted from three to four days, and was of a pale colour. The last time she menstruated was about a week before Whiteutide in 1895, i.e., about May 26th. At the same time, she first noticed the swelling of her body, her attention being drawn to it by the fact that her dresses would not close as usual. Since then the enlargement has been gradual.

On admission, she measured:—Circumference at umbilicus, 34½ inches; circumference two inches below, 33½ inches; right ant. spine to umbilicus, 8½ inches; left ant. spine to umbilicus, 7½ inches; pubis to umbilicus, 7 inches; xiphoid cartilage to umbilicus, 7½ inches.

Pregnancy was excluded. P.V. examination showed the roof of the vagina to be occupied by a rounded swelling, and the uterus was pushed up in front, with the os on a level with the superior border of the symphysis pubis. The sound was passed for two and a half inches, and went in well forwards.

Operation: I did a section on January 26th, 1896, assisted by my colleagues. A point of interest in connection with the operation was the peculiar manner in which the fundus uteri and the superior border of the left broad ligament were lying stretched upwards in the median line, giving rise to some difficulty in forming an opinion as to the real nature of the tumour with which we had to deal, the uterus and muscular tissue of the broad ligament presenting themselves in the opening through the abdominal walls. The tumour proved to be a large dermoid. There were free omental adhesions to be dealt with, as well as some very firm adhesions between the bowel and cyst wall, deep down at the back, on the right side. The pedicle was very broad, but fortunately thin, and was fairly easily dealt with. The operation was finished in the usual way, and the abdominal wound closed with five sutures of silk-worm gut.

The patient made an excellent recovery.

CASE II.—*Ovarian Tumour — Papilloma — Operation — Recovery — Dementia.*

MRS. C—, æt. 32, married 13 years, has had 7 children, the last 4½ years ago, this was stillborn. Eight months after the birth of the last child she had a miscarriage. Nothing remarkable in her menstrual history; she commenced when about 12 years of age, and was regular from the first every three or four weeks both as to quantity and colour. The last period was on the 1st of January, 1896. She was admitted into the hospital on Dec. 5th, 1895. Never felt well since the last miscarriage. Fourteen months before admission she first noticed that her body was swollen. Previous to detecting the swelling, she suffered from symptoms which she set down to severe indigestion. The amount of abdominal swelling seemed to be very variable; as she described it, "It went and came." The swelling was most noticeable between the periods, and subsided when they appeared. Suffered a good deal from intermittent attacks of pain. Was under the idea that she had lost flesh pretty largely, did not, however, give one the idea very strikingly, that she was cachectic, as she seemed well nourished, and had a fair complexion. There has been swelling of the legs from the first of the attack down to her entering the hospital. Has had a constant sense of bearing down, and also experienced considerable difficulty in passing water. On examining the

(a) The notes of these cases were communicated to the Sheffield Medico-Chirurgical Society, at its meeting on Feb. 27th, 1896, and specimens shown.

abdomen one saw that it was swollen. When first seen, there was dulness in the left flank as far forward as the median line, and as high as a line drawn horizontally about two inches above the umbilicus; this dulness was, however, very shifting in its character, the parts that were dull at one time becoming tympanitic at the next. On making a *per vaginam* examination, I found the cervix lacerated; the sound passed in two and a half inches. I found Douglas's pouch occupied by a hard lump. I operated on the 31st of January, and got the lump away; the right was the ovary affected; tumour was about the size of two large oranges. Her convalescence has been complicated with an attack of diarrhoea set up by an ounce of white mixture, given to open the bowels about the fourth day. I regret to say that the patient became demented, and had to be removed to Wadesley Asylum.

Remarks.—The tumour in this case was very kindly examined for me by Dr. Wilkinson, Curator of the Pathological Museum at the Sheffield Medical School, &c., &c., and I am much indebted to him for the following report:—"Papillomatous Proliferating Cyst.—Papillomatous projections are everywhere being developed from the walls of the cyst. Some of the cysts have been filled with them; elsewhere the papillomatous projections have burst through the cyst wall, and have projected upon the surface of the tumour. There is no small-celled infiltration. Such tumours usually possess a power of infecting the peritoneum, but rarely generalise through the lymphatics or blood stream. They must be considered as possessing a modified malignancy."

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.
MEETING HELD FRIDAY, MARCH 13TH, 1896.

The President, Dr. BUZZARD, in the Chair.

MR. GOLDING BIRD read the notes of a case of
LYMPH SCROTUM AND LYMPH VARIX.

The first case occurred in an athletic young man seen in Sept. 1895, in consultation with Dr. Patrick Manson. There were cutaneous swellings on the left side of the scrotum; these swellings had frequently burst and had discharged a milky fluid. He was born in England and had never been out of London. On examination there were vesicles or saccules of the size of millet seeds, forming mobiliform lines converging towards the groin. There were no enlarged glands in the groin and no enlargement of the spleen. When pricked the swellings discharged a yellowish milky fluid, which microscopically had the appearance of chyle. Nothing abnormal could be found in the blood. The cause was regarded as pressure of enlarged tubercular mediastinal glands upon the thoracic duct. The right half of the scrotum was excised, the leaking points of divided lymph vessels being ligatured with silk. On examination of the removed skin numerous dilated lymph vessels were found in the dartos. The lad afterwards made a good recovery, the remainder of the scrotum was rather tightly stretched over the testes and only a few points of dilated lymph vessels were visible in the perineum. The patient was seen again three weeks ago and was quite well. In the forty-sixth volume of the *Medico-Chirurgical "Transactions,"* a paper was contributed by Dr. Buchanan, of Glasgow, relating a case of lymph varix in the thigh of a woman, it had developed 21 years previously, after her confinement, and there was nothing suggestive of filaria. The second case was one of lymph varix in a gentleman who had long returned from Ceylon. On the right side there was a bubonocoele and on the left a hydrocele of the tunica vaginalis testis. On the left side there also appeared to be a small inguinal hernia with contents feeling like omentum, but it was noticed that the internal abdominal ring was a mere slit. The hydrocele was tapped and a double inguinal truss ordered in July 1890. In April 1891, it was noticed that the swelling still came down under the truss on the left side, and it was not completely reducible. An operation for radical cure was performed in May, 1891, and a swelling found in the inguinal canal looking like a varicocele except

that the large vessels were distended with milky fluid. The vessels were isolated and ligatured above at the external abdominal ring and below at the testes. The fluid evacuated from the vessels had the microscopical appearances of chyle and no filaria was discovered. In the twelfth volume of the *Revue de Chirurgie* six cases of filaria were related which had a surgical aspect. In two of them the swellings resembled herniæ, in two, enlargements of the testes, and in two, enlargement of the lymphatic glands.

Dr. COLMAN and Mr. BALLANCE related a case of
NEOPLASM CYST IN THE REGION OF THE ANGULAR GYRUS
CAUSING APHASIA, ALEXIA, AND AGRAPHIA.

The case was that of a lady, æt. 32, who had previously had excellent health. The first symptom was an isolated fit, which occurred in December, 1894, ten months before death. She remained in her usual health till May, 1895, when she misspelled words, but was unable to recognise the error when it was pointed out. She had difficulty in comprehending the meaning of printed matter, and some hesitation in expressing herself. There was occasional vomiting associated with headache, and in June, weakness of the right hand developed. These symptoms were relieved for a time by iodide of potassium, but returned ultimately with greater intensity. At the end of July, the first indication of optic neuritis occurred. On August 9th, she had been in severe agonising pain for several days. There was no facial or lingual paralysis, but some aphasia with paralysis of the right hand, partial hemi-anæsthesia, with analgesia of the arm. The right knee-jerk could not be elicited, and there was definite, though slight, optic neuritis. During the previous nights, respiration had been irregular, and had stopped several times. The diagnosis was made that there was a tumour in the centrum ovale, beneath the angular gyrus and temporo-sphenoidal convolutions, interfering with the fibres passing from them to Broca's convolution, and to the region concerned in writing movements, and with those passing from the arm centre in the Rolandic region to the internal capsule, and pressing on the internal capsule to produce the partial hemianæsthesia. The absence of hemianopia appeared to indicate that this pressure was not very great. It was decided to relieve the pressure in two stages; first, by removing freely the bone over the region of the brain, and, at a later period, opening the dura. The parallelogram of bone was accordingly removed, roughly about three inches square, from the parietal bone. The dura at once bulged into the opening. This relief of pressure was followed at once by great improvement. The pain was entirely relieved, the sensory troubles cleared up, and the patient could read without difficulty. A week later, the pain and vomiting returned, the optic neuritis increased, and a flap of dura, the size of the opening in the bone, was thrown down. The brain bulged through the opening, and a large cyst was found pointing through the angular gyrus. The cyst contained clear fluid, which examination showed to be plasma simply. It coagulated when exposed to the air or in a drainage-tube, and this gave rise to much difficulty in evacuating the cyst, and in the subsequent drainage. After the emptying of the cyst there was temporary complete aphasia, which passed off after a few days. She was entirely relieved of the headache, read books eagerly, and could express herself accurately in writing. The optic neuritis completely subsided. In October, however, the drainage became unsatisfactory owing to the coagulation of the fluid, paralysis of the right hand became complete, and the patient became totally word-blind and word-deaf as well as aphasic. A few days before death the optic neuritis re-appeared. She died ultimately from pneumonia. Post-mortem examination showed that there was a large infiltrating glioma, containing a cyst, in centrum ovale. It infiltrated the supra-marginal, angular, and superior temporo-sphenoidal convolutions, without destroying the pyramidal cells. It reached nearly up to, but did not involve the internal capsule. Careful microscopic examination showed that the inferior frontal convolution and the internal capsule were entirely free from infiltration. Attention was drawn to the frequency of isolated convulsions in the early history of cases of cerebral tumour, and to the fallacious temporary improvement often seen in such cases under iodide of potassium. The character of the aphasia was

discussed, and cases quoted justifying the localization of the tumour in the angular rather than in the frontal region.

Dr. BEVOR, after congratulating the writers on the clearness with which the case had been brought forward, said that the absence of hemianopia was interesting. It had been rather a puzzle what the meaning of this symptom was, as this lesion was often far away from fibres, damage to which would produce this symptom. It probably resulted usually from affection of the optic radiations on their way from the optic thalamus to the occipital lobe. In the case related, it appeared that the optic radiations were not affected. He referred to a case which had been published by himself and Mr. Horsley, in which a boy, after receiving a kick from a horse, developed an abscess in his left angular gyrus. Word-blindness and hemianopia were present, but in that instance, the lesion extended and affected the optic radiations. In the case under discussion, the anaesthesia passed off, in spite of the fact that the parietal lobe was affected. Another important thing was the opening of the dura mater to relieve intra cranial pressure. It had been shown experimentally that when a portion of the cranial vault was removed, the pressure was not much diminished, it was essential to open the dura mater to accomplish a material diminution of pressure.

Dr. JAMES TAYLOR inquired as to the character of the visual field, especially as to the presence of concentric contraction on the side on which the lesion existed. He dissented from the conclusion that pressure was not an important matter in the causation of neuritis. The increase of the pressure before death was accompanied by a recrudescence of the optic neuritis.

The PRESIDENT congratulated the authors on the clearness and conciseness of their paper. The patient had been under his own care for a month, and he had found the diagnosis of tumour easy, notwithstanding the late development of the optic neuritis. The symptoms varied much in intensity and severity, and this was true of the paresis of the face. He had been in doubt as to the main seat of the tumour, and it appeared to him likely that the neighbourhood of Broca's convolution was more directly interfered with than the post-mortem examination afterwards showed. He concluded that there was a large subcortical tumour present and from the variation in intensity of the symptoms he regarded it as of vascular nature and probably a glioma, and consequently not an advantageous one for operation. He, therefore, prescribed iodide of potassium and mercury, and decided to await their effect. The question of surgical interference in these cases of brain tumour was rather a difficult one. It was certain that where the tumour was not capable of removal the operation often prolonged life, but nevertheless the whole proceedings attending operation were formidable, and he trusted that before long means would be devised to avoid operation for the mere relief of tension, and to accomplish this by some other means. He did not deny that the amount of relief given by operation was enormous, and was usually well purchased at the price. Where indications existed that the tumour was likely to have become encapsuled physicians readily hailed the assistance of the surgeon, but such cases were not at all numerous.

Dr. STARR analyzed a large number of cases of cerebral tumour, and had found that only 7 per cent. of them were capable of removal. It was well that this fact should be known, for the laity, and even the medical public, seemed to think that the great majority of intra-cranial tumours were removable by surgical procedures.

Dr. COLMAN, in reply, said that they stated in their paper that the pressure was not the only cause of optic neuritis, they by no means denied its causative influence. The visual field had not been tested with a perimeter. At the post-mortem examination there was actual infiltration of the optic radiations, but death took place long after the last observation as to the presence or absence of hemianopia.

Mr. BALLANCE, in reply, admitted that operation was dreadful, but it was undertaken as the only relief of a very dreadful disease. The only way of relieving tension other than by operation would be to discover something antagonistic to malignant growth, and to do this the real nature of their cause must be ascertained.

Dr. F. LUCAS BENHAM read the notes of a case of

HÆMORRHAGE INTO THE PONS VAROLII, TREATED BY VENESECTION AND FOLLOWED BY RECOVERY.

The case was that of a widow, *æt.* 53, whose mother had died of apoplexy followed by hemiplegia at the age of 55. She was a healthy woman, rather stout in build. She bore the marks of old scrofulous abscesses in the neck, but was otherwise free from organic disease. She had had two attacks of influenza in the last three years. The present illness began without any premonitory symptoms. She was suddenly seized, while dressing one morning, with apoplexy attended by epileptiform convulsions, chiefly on the left side, and complete unconsciousness. The eyes were shut; the head, eyeballs, and mouth were all drawn to the right side; the pupils were much contracted, the left being rather the smaller. Respiration was much embarrassed. There was foaming at the mouth, but the tongue was not bitten. The surface of the body was pale and dusky, with a clammy sweat. Within three-quarters of an hour from the onset of the attack she was bled from the right median cephalic vein. Forty-eight ounces of blood were withdrawn. When this was done the convulsions ceased and breathing became easy; the pupils were larger, and the conjugate deviation of the eyes and head was less marked. The skin was pale but less dusky. Consciousness had not returned. Calomel, *gr. v.*, was administered in addition to croton oil. There was no return of the convulsions at all; the eyes, head, and limbs moved more freely and spontaneously, but there was found to be some weakness of the right side; and later, distinct anaesthesia was detected in the right arm and leg. Sensibility and consciousness gradually returned, but complete consciousness and memory did not return for twelve days, the patient describing this interval afterwards as an absolute blank. There was slight aphasia during recovery. The paralysis of the left side of the face and right limbs lasted but for a short time, but traces of anaesthesia in certain fingers and toes persisted for some weeks. Retention of urine occurred immediately after the apoplexy, which caused cystitis. There was obstinate constipation all along. The patient steadily recovered. In a month's time she was able to walk about the room, and in six weeks from the onset she went out of doors for a walk. She has remained in excellent health up to the present time—eleven months after.

Dr. F. J. SMITH said that if the hæmorrhage were pontine, it ought to have given rise to more organic disturbance than was afterwards shown. He thought more likely it was a case of cerebral or meningeal congestion.

Dr. BEVOR thought that the lesion was more likely one of the left cerebral hemisphere. He quoted the case of a boy who was convulsed for twenty minutes, and was afterwards in a state of coma for twenty-four hours, and he ultimately got well without venesection. The latter procedure, therefore, he regarded as rather *post hoc*.

The PRESIDENT was inclined to agree with Dr. Benham's diagnosis. The extremely contracted pupil, the convulsions, conjugate deviation of the eyes, all pointed to pontine lesion. The lower temperature pointed to hæmorrhage rather than to meningitis. The recovery of power was rapid, but the condition at the worst had been one of paresis rather than paralysis. He referred to the case of a female patient, who suffered from a lesion of the pons, which developed suddenly. He himself saw her move all her limbs shortly before death, yet at the post-mortem examination a clot of blood, weighing more than an ounce, was found to be lying on the surface of the pons. He thought also in Dr. Benham's case the blood was effused upon the surface of the pons, and not within it plunging up the nervous matter: the lesion was more of pressure than of destruction. The anaesthesia of both legs below the knee would also point in this direction, while this could not be explained by a hemispherical lesion.

Dr. BOWLES remarked that bleeding relieved the respiratory difficulties, but this might perhaps have been done by another method. The mouth should have been opened, the tongue guarded, the patient placed on the side to let the saliva flow away and thus prevent foaming and obstruction at the fauces.

Dr. TURNER thought that it was extremely difficult to accept the diagnosis of pontine lesion and suggested as an alternative a meningeal hæmorrhage. The attacks were

like the convulsive attacks frequently met with in general paralysis.

Dr. BENHAM, in reply, said that the diagnosis had been based upon the presence of crossed paralysis with extreme contraction of the pupil. He thought that the lesion was rather towards the roof than in the substance of the pons. Bleeding was good for plethoric people and marked benefit would follow if sufficient blood were taken.

ROYAL ACADEMY OF MEDICINE IN IRELAND
SECTION OF STATE MEDICINE.
MEETING HELD FRIDAY, FEBRUARY 7TH.

The President, Dr. J. M. REDMOND, in the Chair.

PRESIDENT'S ADDRESS ON CRIME AND THE TREATMENT OF
CRIMINALS.

THE PRESIDENT, in his Address, dealt with the causes of crime and the treatment of criminals. Criminal statistics, published since 1877, showed a great and gradual falling off in the number of convictions in England, Wales, and Ireland, but the diminution was not so marked in the case of Scotland. He attributed this change for the better to education and the improvement in the condition under which the bulk of the working classes live. Legislation which made minor offences, such as the following (extract from a Hong Kong newspaper) must be condemned owing to the danger of corrupting the innocent by causing them to associate with habitual criminals: "For State-created crime Hong Kong might easily take first place. A singing girl is sent for to attend an entertainment in the evening at a house in the same street as that in which she lives, but on the opposite side and a little lower down. She sets out to cross the street in an oblique direction, and is at once pounced on by a ferocious minion of the law and haled to the police station because she has not provided herself with a lantern." He calculated that the annual expenditure in criminal justice and administration—prisons, asylums, reformatories, &c.—reached annually an enormous sum, which constituted a tremendous drain on the resources of the state. Having passed in review the opinions of medical writers on the subject of insanity and inherited crime, he stated that the treatment of crime must come more and more under the jurisdiction of the medical profession, as modern science shows how much crime is due to hereditary causes, and modern philosophy how much crime is the consequence of unhealthy surroundings.

Dr. GRIMSHAW said he was well aware that it was not customary to make the subject of an address the ground of discussion. He thought it would be best to receive the statements of the President as *ex cathedra* statements. He (Dr. Grimshaw) did not rise to open a discussion but to move a vote of thanks to the President. To him, however, the paper had a peculiar interest, for it was his duty to draw up and arrange the criminal statistics of Ireland. It might be thought by some that the paper was not one which ought to be read to a medical association; but he was of quite a different opinion—indeed, he believed the subject dealt with in it was a subject of great importance to medical men. For instance, the increasing numbers of crimes arising out of drink, and drunkenness itself, were matters that deeply concerned the medical profession. As to the hereditary tendency in drunkards, he thought the desire for drink amongst many persons could be explained on grounds other than heredity. In some, there is a want of bone in the constitution—a looseness of the nervous system, which instinctively impels them to have recourse to alcoholic stimulants; the indulgence grows until they become confirmed drunkards. The weak-mindedness of other individuals renders them incapable of resisting the desire for drink when once it has been created. Many of our social habits, too, fostered the vice. Association of young people with others addicted to drink was also a fact not to be forgotten. The number of convictions at the police courts was some test—though not an absolutely true test—of the extent to which drunkenness prevailed in a country. He was convinced that medical practitioners, exercising so large an amount of control as they did over the bodily and mental health of the community, could be a power in preventing drunkenness. There was

another point, the law itself often created crime, as in the case of the Hong Kong girl referred to in the address. He insisted on the importance of preserving a proportion between the gravity of the crime committed and its punishment. As regards crime in general, he (Dr. Grimshaw) thought that too much importance had been placed on the question of heredity. He moved a vote of thanks to the President for his interesting and able paper.

Dr. COX seconded the vote of thanks, and said that the President's paper was a most interesting and able one. As to the questions raised in that paper, the medical profession ignored them too much, and the public suffered thereby. He adverted to a class of crimes that might be punished sufficiently by compelling the offender to give compensation to the injured party. He referred to the disparity that was at times to be found between a crime and its punishment, and, going back to sheep-stealing times, related some amusing anecdotes to illustrate his meaning. He suggested that if the President's address were printed it would have an influence on the minds of legislators.

The PRESIDENT thanked the Section for the manner in which his address was received, but thought the praises bestowed on it were out of proportion to its merits.

The Section then adjourned.

WEST-LONDON MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD FRIDAY, MARCH 6TH, 1896.

A. SYMONS ECCLES, M.B., President, in the Chair.

CLINICAL EVENING.

Ludwig's Angina.—Dr. SEYMOUR TAYLOR showed this case. The patient, a man, *æt.* 30, had passed through a severe attack and recovered save for a small amount of residual induration on the right side of the neck, under the use of iodide of potassium. No incisions were found to be necessary. The case was one of a series which occurred, as if epidemically, in the Hammersmith district.

Sporadic Oretinism.—Dr. CHAPMAN brought forward this case, a girl, *æt.* 18, who presented most of the typical features of the disease. She had never been able to stand, and had no control over the sphincters. Her father had been a very heavy drinker.

Multiple Lipomata.—Dr. CHAPMAN showed also a man, *æt.* 47, who had a large number of lobulated subcutaneous growths presenting the physical characteristics of lipomata or fibro-lipomata, in size varying from a nut to an orange. The first one appeared about four years ago during an attack of malarial fever, in which there was a marked shrinkage of his normal subcutaneous fat. The only parts of the body now free from the growths were those subjected to pressure. There was no evidence of viscerose disease, and no history of syphilis. None of the tumours had been excised for examination.

The PRESIDENT conjectured that the growths might be of lymphatic origin. He had seen similar cases in the last year which were believed to be of that nature.

Dr. S. TAYLOR and ALDERSON believed that the growths were lipomatous.

Bronzed Skin.—Dr. SUTHERLAND exhibited this case, a middle-aged woman, whose symptoms had lasted about eight years, and were those usually found in Addison's disease. The bronzing was most marked on the face, breasts, axillæ, elbows, buttocks, and linea alba. Suprarenal extract had been tried for six weeks without benefit.

Dr. CAMPBELL POPE quoted a case of marked bronzing in which extensive disease of the spleen had been the chief lesion found post-mortem.

General Paralysis in the Early Stages.—Dr. SUTHERLAND showed this case, a man, *æt.* 33, who had some loss of power in the arms, partial loss of memory, slight tremulousness of the tongue, and inequality of the pupils. The knee-jerks appeared to be slightly exaggerated, but this had not been previously noticed. He had been much exposed to the weather, and was addicted to alcoholic and other excesses.

Dr. SEYMOUR TUKE discussed the case and mentioned the frequency with which this disease presented itself in cases of untreated or badly-treated syphilis.

Cardiac Bruits.—Dr. A. L. SCOTT showed a man, *æt.* 28,

who presented an enormously hypertrophied heart. There were signs of a thoracic aneurism.

Dr. SEYMOUR TAYLOR admitted that all the cardinal symptoms of aneurism existed, except tumour.

Salivary Fistula.—Mr. BIDWELL showed a man, *æt.* 45, who had developed a salivary fistula in consequence of an acute abscess of the parotid. The abscess had been opened in August, 1894, and when the discharge of pus ceased a salivary fistula became established, which discharged large quantities of saliva. The patient was placed under chloroform, and a probe was passed along the duct as far as possible, and then it was cut down upon from the original wound in the cheek; the probe was then pushed through the fistulous opening and left in position for a few days. When it was withdrawn a couple of strands of silk-worm gut were passed through the duct and out at the fistula, and the ends tied together; after a fortnight they were withdrawn, and the fistula ceased discharging, but recommenced in a few days; a silk ligature was then passed through the duct and fistula in a similar way, and left in for a fortnight; this caused considerable suppuration, and after its withdrawal the fistula healed up. A probe has occasionally been passed up the duct to prevent the stricture closing. Mr. Bidwell pointed out that it apparently was necessary to set up some suppuration along the tract of the duct in order to effect a cure.

Adenoma of the Tongue.—Mr. BIDWELL also showed a girl, *æt.* 14, with a tumour in the left half of the tip of the tongue. This had been noticed for nineteen months. A distinct tumour was felt, and vesicles were seen on the surface. This vesicular appearance being probably due to lymphatic obstruction, and their presence explained how these tumours were often described as lymphangiomas. He recommended excision of the tumour.

Gummata of the Arms.—Mr. BIDWELL also showed a woman, *æt.* 49, who presented large gummatous enlargements of the upper end of the right radius and of the lower end of the left humerus.

Mr. MCADAM ECCLES suggested the possibility of the nodules being tuberculous.

Mr. BIDWELL said they were undoubtedly gummatous. The patient had passed through an attack of syphilis, and had had gummata elsewhere, which promptly yielded to specific treatment.

Mr. SWINFORD EDWARDS showed two cases on which he had performed nephro-lithotomy and litholapaxy respectively.

CARD SPECIMENS.

Mr. MCADAM ECCLES showed microscopic sections of a case of rodent ulcer.

Dr. SEPTIMUS SUNDERLAND showed broad-based glandular polypi, with a portion of the cervix uteri, which he had recently removed.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD THURSDAY, FEBRUARY 27TH, 1896.

The President, Dr. PORTEE, in the Chair.

Case of Congenital Hyperkeratosis of Palms.—Mr. WM. DALE JAMES showed:—Mother and daughter. Mother has suffered more or less for many years. Her occupation, laundress, has softened her hands and reduced the morbid condition to a minimum. Daughter has decided hard thickening of both palms, the creases and folds being deeply fissured, completely laming the girl. No history of syphilis is obtainable, but the mother has a fissured tongue and the girl shows radiating lines around the mouth and a suspicious facial expression.

Mr. CUFFS showed:—1. *A Central Spindle-Celled Sarcoma of the head of the Tibia.*—The symptoms which had arisen in four months simulated skin disease very closely. Beside fluid in the knee-joint, and increased heat of the skin, there being an evening rise of temperature ranging from 99°-100°.

2. *A Gastric Ulcer* situated on the anterior surface near the pylorus which had perforated and caused death from peritonitis.

Mr. RICHARD FAVELL showed a small *Multilocular Ovarian Tumour* which he removed. The tumour was situated low

down in Douglas pouch, in the middle line, behind the uterus. It had given rise to various reflex symptoms.

Mr. MARRIOTT showed specimens of *Multiple Hydatid Cysts* of abdomen from a case of Dr. Burgess's in the Sheffield Royal Hospital.

Mr. MARRIOTT read short notes on a case of so-called *Idiopathic Tetanus* under the care of Dr. Burgess in the Royal Hospital. The case was interesting from the fact that it terminated fatally, although the spasms were very slight indeed, and the general condition of the patient good all through till the last day of his illness, when the temperature went up from 101° to 105°.

Eye Cases.—Mr. SNELL introduced two girls; (a) one with complete aniridia in each eye with nyctagmus and central capsular opacities; (b) the other with glioma. Mr. Snell related notes of a case of vaccine vesicles on the eyelid and conjunctiva. The patient, a woman, *æt.* 22, was shown at the last meeting. Her child had been vaccinated on Jan. 20th, and on Feb. 4th she noticed the spots mentioned. She came to the General Infirmary on Feb. 7th, and then on outer surface of lower eyelid was a vesicle greyish white in appearance, and slightly umbilicated, and containing a little fluid. Another vesicle was seen on the conjunctiva close to the inner canthus, and a third on the conjunctiva near the outer canthus. Three days later they commenced to subside, and throughout there was no invasion of the cornea. Mr. Snell also related particulars of a case of membranous ophthalmia in an infant, *æt.* 6 months. The membrane covered the inner surface of each eyelid in both eyes. It could be removed, but left the surface slightly bleeding. The cornea was at no time implicated. The disease had lasted three days before her admission to the infirmary on Jan. 24th. The membrane reappeared always after removal. Two days after admission diphtheria antitoxin was injected and repeated the next day, 5 cc. on the first, and 4 cc. on the next occasion. The day after there was no membrane in the left eye, and two days later both eyes were normal in every respect. An erythematous rash followed the first administration of the antitoxin. Some improvement had commenced before the antitoxin was used, but it was more rapid immediately after, the membrane, especially in the left eye, becoming loose and very little manipulation allowed of its being washed away by the tears. The child weighed 7½ lbs. on admission to the infirmary, and a week later it had gained three-quarters of a lb., and by Feb. 25th it weighed 10½ lbs. and had recovered in every way. The bacteriological examination was not complete when the antitoxin was administered. In connection with this case Mr. Snell referred to that of a woman, *æt.* 65, seen two days previously with most definite membrane in one eye affecting the palpebral and ocular conjunctiva, but bacteriological examination did not show any bacillus.

Dr. ADDISON showed cultures from two preceding cases.

BRADFORD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD TUESDAY, MARCH 3RD.

The President, Dr. BRONNER, in the Chair.

Lupus Erythematosus.—Mr. CHAPMAN showed this case for Dr. Campbell. The patient was a man, *æt.* 22, who four years ago had the right thigh amputated for elephantiasis. The area affected by lupus was the lower part of the abdomen and the thigh. Drs. Wood, Goyder, Lodge-Carter, Horrocks, Mitchell, and A. Bronner discussed the case, and Mr. Chapman replied.

Case of Eczema Spongiforme.—Dr. MITCHELL showed photographs of a man afflicted with this skin disease which affected the chest, face, shoulder, arm, and forearm. The skin was thickened and covered with scales which were easily detached and left a moist surface. The condition was one of long standing.

Reduction of Dislocation of the Shoulder-Joint.—Mr. MIALL read notes on this subject and advocated reduction of the dislocation by traction on the limb held at right angles to the trunk. A recent case was narrated in which this treatment was successful, chloroform being given. Dr. McLeod drew attention to this method in 1886, but it is one of great antiquity, being mentioned by Celsus.

Case of Hip-Joint Disease with Unusual Symptoms.—Mr. HORROCKS read notes on the case of a patient who for two

years had worn a leather spinal jacket, the back having been injured by a fall. An abscess had formed in the thigh and had been incised and drained. Under chloroform the sinuses were enlarged, no bare bone was detected and the femur moved freely at the hip-joint. On opening the joint, the neck of the femur and part of the acetabulum were found to be diseased; the ligamentum teres was destroyed and the head of the femur was necrosed. The latter was excised.

Dr. GRAY described the after progress of the case which was satisfactory.

Dr. HONEYBOURNE explained the necessary apparatus and gave a lantern demonstration of histological, pathological, botanical, and bacteriological specimens.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, March 14th, 1896.

ROENTGEN'S RAYS.

M. PINARD read a paper for one of his colleagues, at the Academie de Médecine in which was demonstrated the possibility of photographing a fœtus in a uterus that had been preserved for a long time in alcohol. The organ in question was gravid three months and a half and taken from a woman who had died two years ago from anæmia. In the photograph accompanying the paper could be seen the outline of the uterus with its appendages; the muscular wall; the cavity of the organ as a light spot; the outline of the fœtus adherent to the wall on the right side. It is permitted, said M. Pinard, to hope that the living uterus will be also amenable to those unknown but marvellous rays.

TUMOURS OF THE MOUTH.

M. DUMON PALLIER presented three patients whose gums and tongues were the seat of tumours which presented by their evolution a certain gravity. The patients were treated with chlorate of potash as a topical application, while a drachm of the same salt was given internally daily for three months. The result was very satisfactory in all the cases. The speaker added that the integrity of the kidneys should be assured before giving this drug, as those organs, with the salivary glands, were the chief eliminators of chlorate of potash.

M. Reclus said he employed with success for several years chlorate of potash in cancroïds of the skin, but was not so fortunate when the mucous membrane was the seat of the lesions.

GUAIACOL.

Guaiacol, as a local anæsthetic, is finding considerable favour with surgeons, especially since Professor Lucas-Championnière drew the attention of the profession to it, and prescribed the formula suiting each case. It would seem to replace with great advantage hypodermic injections of cocaine, which are not without danger in persons with cardiac affections and in children. Dr. Bellecontre, of Paris, strongly recommends guaiacol in operations on the eyelids. The solution used is composed of sterilised olive oil, with ten per cent. of guaiacol. The needle of the syringe is introduced under the skin of the eyelid, in the neighbourhood of the intended operation and while being withdrawn from three to twelve drops are injected. In from five to ten minutes the anæsthesia is complete, and lasts about twenty-five minutes, that is to say, quite sufficient for an operation. A slight tumefaction is the immediate result, but disappears with a little massage. As soon as the skin is incised the oil flows out, incommoding in no way the operator. The wound

heals by first intention. M. Pize reports that the application of the actual cautery is rendered painless by the same agent. He places over the region a compress containing from twenty to fifty drops of pure guaiacol, covering it with oil silk. At the end of ten minutes insensibility is obtained, and the thermo-cautery can be applied. The anæsthesia lasts for several hours.

Prof. Lepine, of Lyons, communicated to the Société Médicale des Hôpitaux an interesting case of

OBSTINATE HICCOUGH CURED BY RYTHMICAL TRACTIONS OF THE TONGUE.

A young non-hysterical girl was seized with persistent hiccough (30 times per minute) and when he saw her she had already been in that condition three days. The affection appeared to depend on some malady of the stomach. Having remarked that in examining the tongue of the patient the hiccough ceased, M. Lepine advised her to execute during a certain time traction of the tongue. The result was almost immediate. It was a case of reflex action originating in the mechanical irritation of the base of the tongue, influencing the bulbar respiratory centre, the seat of some functional trouble.

HYDRARTHROSIS OF THE KNEE JOINT.

The classical treatment of hydrarthrosis is, as everyone knows, compression, igni-puncture, injection of iodine, opening of the serous bursa. Even this sequence does not always give a satisfactory result, and in any case the treatment is very tedious to the patient. A correspondent to a medical paper describes the rapid results he obtains by the application of a blister, and replacing it by a mercurial plaister kept on for eight or ten days. When the blister is removed care is taken to remove with it all the epidermis, so as to expose a raw surface to the action of the mercurial plaister. The patient lies in bed for the period already named.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, March 13th.

At the last meeting of the Berlin Medical Society Hr. Stadelmann gave an address on

CHOLAGOGUES.

The conclusions arrived at were based on a large number of experiments on animals, extending over a period of five years. In all cases complete biliary fistulæ were established in dogs, and it was only when convalescence was thoroughly established that the experiments were begun. Almost the whole of the supposed cholagogues were absolutely inert as regarded the increase in the secretion of bile. Water alone had no effect, whatever the quantity given, whether 500 or 2,000 cm., or whether hot or cold. The drugs experimented with were taken from three classes, such as have no cholagogue action, *i.e.*, the alkalies and their salts, sod. bicarbonate, common salt, sod. sulph. artificial Karlsbad salt, sod. phosph., potass tart., magn. sulph., potass carb., pot. sulph. Scarcely any change was produced by any of these preparations, with large doses the secretion was rather diminished. The drastic purgatives were next tried, these were gamboge, jalap, aloes, rhubarb, cathartin acid, podophyllin, senna, and calomel. They had no cholagogue action; sometimes the secretion was increased, sometimes diminished; it frequently remained the same, so that even when the cathartic action was considerable the quantity of bile remained the same.

Various substances were next tried, amongst them alcohol and olive oil, and from these a diminution rather than an increase was observed. The next series of drugs were such as diminished the secretion of bile, such as pilocarpin and atropin. Whilst the action of pilocarpin was doubtful, that of atropine, he was of opinion, was certainly in the direction of diminishing the flow. The next class was that of drugs of doubtful action, and included anti-febrine, anti-pyrine, caffeine, diuretine, and santonine. In general the action in this class was uncertain, little pronounced, and doubtful. In the next class were the pronounced cholagogues, sodium salicylate, and the biliary acids. Sod. salicylate sometimes produced an extraordinary effect, increasing the flow 60 to 70 per cent. for several hours—even as long as 24. Sometimes the effect was more marked and the action was somewhat uncertain. He gave the animals either their own bile or ox-gall, or the biliary acid suets in pure preparations. He always found a considerable increase in the quantity, and it was remarkable that those biliary acids produced the greatest effects that were foreign to the animal. Glycocholic acid acted much more powerfully than taurocholic. When a large quantity of taurocholic acid was given to an animal, it was excreted along with the bile. In doses of 4 to 5 grms. the increase was almost always 100 per cent., and if the quantity was still increased an increased flow, even up to 120 per cent. could be obtained. The larger the dose the greater the effect, and not only was the bulk increased but that of the solid constituents, and especially the biliary acids. He had no hesitation in pronouncing the biliary acids to be most powerful, certain cholagogues, they occupied a distinct position, as they increased the formation and of course the flow of biliary acids, whilst the others only increased the flow of the watery constituents. These effects as regarded sodium salicylate and the biliary acids were previously known, Prevost, Pinet, Lewaschew, and others had studied the action of the former before him. Most people were also convinced of the action of the biliary acids, and the only service he had performed was to place the action on a scientific basis.

Before the same society Hr. Ewald gave an address on

PERNICIOUS ANÆMIA.

He said the meeting would remember the case shown on October 18th, in which life had been saved by transfusion. At the time he was reticent as to prognosis, as he feared it possible that the affair would get into the daily papers, and he did not wish the patient to read his own death sentence at breakfast in the daily news. A short time after the patient was apparently cured the old condition returned. The other day he had serious collapse, and transfusion was again performed, 300 grms. of defibrinated blood being injected into the median vein. The patient continued collapsed, however, and died in a few days, after a terminal pneumonia had come on. The autopsy confirmed the diagnosis, in so far as the fact that no changes could be found beyond advanced atrophic degeneration of the stomach and intestinal tract, and in the lungs the remnants of the pneumonia. There was also fatty degeneration of the kidneys, slight fattiness of the liver, and cardiac musculature, the latter a consequence of the inveterate anæmia. He had had microscopic preparations made of the whole tract, from the stomach to the large intestine, and these showed excessive degenerations everywhere, and they were of such a kind that there was no doubt

the functions of the stomach and intestines were compromised by them. The mucous membrane was very much thinned, and the glands had disappeared, only in some places remnants of gland structure could be seen, and these even separated from the intestinal wall. These changes were then so advanced as to completely explain the extraordinary anæmia and the disturbance in the tissue changes that had taken place. The question now arose as to how far these changes were a cause or a consequence of the affection. A London physician had given the opinion that the intestinal affections were secondary. In connection with that case, he reported another, in which, however, the prognosis was favourable. The patient, who was then in blooming health, was admitted into hospital in July, 1895, in a miserable condition. Up to the middle of June he was in good health, and then noticed a gradually advancing yellowish colour of the skin. General weakness, loss of appetite, giddiness, vomiting, and persistent constipation came on. On admission, the hæmoglobin was only 10 per cent., and the red blood corpuscles had fallen to 1,500,000, and the proportion of white to red, 1 to 40. Microscopically, however, only moderate poikilocytosis was observed, and no particular abnormality

The normoblasts were few, and the megaloblasts were altogether absent, and the eosinophile cells were not above the normal. In other respects also the man was fairly healthy. He thought the anæmia might be due to a bothriocephalus, and especially so as the man came from the neighbourhood of Tilsit. His weight had sunk from 140 to 129 lbs. Examination of the fæces showed no tænia eggs or segments. On Oct. 21st he passed a large piece of tapeworm. Ext. filicis was now given, and he parted with a bothriocephalus later. From this time he improved rapidly. Schaumann and other authors had found peculiar changes in the blood along with normo and megaloblasts, karyokinetic changes, so-called mitoses, in the nuclei of the red blood corpuscles. He had not found anything of the kind, possibly because the number of examinations was not sufficiently large, but at the same time they could not have been overlooked if present in the numbers stated in connection with the cases recorded. The death of the bothriocephalus could not be the cause of the anæmia in this case as it was quite fresh when expelled. The connection between the parasite and anæmia was curious, as in Sweden and Norway it was very common and anæmia rare, whilst in Russia, Finland, and Switzerland the connection between the two first was noticed, and in these countries the combination was by no means a rarity.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Mar. 15th, 1896

PHYSIOLOGICAL ACTION OF SUPRA-RENAL EXTRACT.

BIEDL introduced his paper to the Gesellschaft, on Supra-renal Extract, by a review of the earlier experiments on the spinal cord of the mammalia. He related how he cut the medulla oblongata and removed the entire spinal column, reducing the blood pressure in the vessels to nine millimetres of mercury pressure. Immediately after he injected a preparation of the supra-renal extract into the circulation of the animal, which rapidly brought the pressure up to 160 millimetres of mercury. By this method,

he sustained life for more than 30 minutes after the extirpation of the cord.

It may be remembered that Le Gallois, about the beginning of the present century, propounded the theory, which he supported by experimental physiology, that the pressure was lost in the hæmatic circle when any extensive lesion or destruction in the spinal column was effected in the mammalia. Goltz, in 1864, confirmed this opinion of Le Gallois, by repeated experiments on frogs, &c. Stricker, in 1877, proved by experiments that the heart was immediately brought to a standstill after removal of the dorsal and cervical regions of the spinal column in adult animals, while younger ones if curarised lingered for some time after this mutilation. In 1887, Ustimowitch practised slow but regular destruction of the cord, and found a few survived a short time with a blood pressure of 30 to 50 millimetres of mercury, but the greater number he records died a few minutes after the destructive operation was commenced.

It is generally acknowledged that the immediate cause of death is the anæmic condition of the heart itself. The tonus of the cord is destroyed or cut off which allows the blood to stagnate in the flaccid veins and produces what Ludwig termed internal hæmorrhage. To overcome this final transition, Goltz tried transfusion in the frog, while Stricker practised massage of the abdomen with temporary success in both cases. Other experimenters, by different means, have been able to sustain life for a short time with a pressure varying from 10 to 20 millimetres of mercury. Biedl has performed five similar experiments in succession, and with the injections of supra-renal extract has succeeded in every case in maintaining a vascular pressure of 160 millimetres of mercury. After complimenting Oliver and Schäfer, of London, and Cybulski, of Cracow, he gave it as his opinion, that this action of the supra-renal extract was due to its stimulating effect upon the vaso-motor centre which regulated the blood-pressure. Now, seeing that the cord and the medulla oblongata were destroyed, no other satisfactory conclusion to his mind could be established than that this centre was in the periphery.

BLOOD PRESSURE IN CHOLERA.

Several works have recently occurred which confidently assert that the blood pressure is reduced in cholera, which rapidly results in a fatal termination.

Federn laid testimony before the Gesellschaft to prove that the pressure is not reduced even when the most fatal symptoms are present. He showed tracings from patients in the first stage of the disease, with vomiting, diarrhœa, cramp, cold extremities, and absence of pulse, in whom the blood pressure ranged between 120 and 140 millimetres of mercury. To confirm this fact he travelled to Cracow in 1894, when the cholera was epidemic, to take more general observations. In one case, a female, took ill on the 24th September with diarrhœa, vomiting, &c., with a blood pressure of 120 millimetres; on the following day she was much better, but the pressure had fallen to 80 millimetres of mercury.

The second case was also a female; she was taken ill on the 23rd with diarrhœa, vomiting, and severe muscular spasms, with a blood pressure of 120. On the following day it was 80 millimetres.

The third case was a male who had been taken ill on the previous day with vomiting and diarrhœa, and when brought into hospital had a blood pressure of 120, this on the following day was found to be 80 millimetres of mercury.

He is, therefore, opposed to the idea of diminished pressure in the vessels having anything to do with the fatal ending as the convalescent or algid period is the commencement of low pressure.

MYCOSIS FUNGOIDES AND SARCOMATOSIS CUTIS.

Kaposi showed two cases which he considered of great importance. He had shown same patients to the society in September last.

The sarcomatosis cutis case, a female, had been progressing favourably till a few weeks ago when the menses commenced with high fever, diarrhœa, and general *malaise*. Off and on the arsenic has been continued with the effect of reducing the nodules.

In the case of the mucosis the phenomena were more remarkable when the arsenic was commenced in January. High fever, nephritis, diffuse anasarca, and utter prostration was the result. Shortly after this profuse perspiration was induced, with the speedy disappearance of the nodules and a blanching of the cutaneous surface in place of the former inflamed cutis.

CATHETERISING THE STOMACH.

Pick next brought before the meeting a catheter, 70 centimetres long, which, he assured the members, could be used for applying powder or fluids to any part of the gastric organ. To apply the powder a sound is necessary with a collapsible button attached to its end, which is ingeniously arranged to throw out a cloud of dust when in the cavity of the stomach. Before the operation can be commenced the stomach must be emptied and washed with an alkali, rinsed with salt, and lastly blown up with 250 cc. of air. In the case of chronic catarrhs with hypersecretion, he invariably employs a solution of silver (0.1 to 0.5 per cent.) to the internal wall of the organ. It must be carefully borne in mind that argyrosis might follow frequent applications of the solution.

LEPROSY.

Hebra showed a man who came to him a year ago with every appearance of leprosy. Where he had acquired it is not so clear, he never having travelled. Fourteen years ago he was engaged taking photographs of leprosy patients for a medical man. It is difficult to say how much etiology may be attached to his part of the history, if any. It is a well-defined form of *lepra tuberosa* where the nodules are well circumscribed. A few weeks ago the latter were several times larger than they are at the present time, owing probably to an attack of diarrhœa, fever, and general depletion. The skin still retains these peculiar changes of the disease in the form of a reddish-grey, or brown colouration. There is no disturbance of sensibility.

IODINE IN THE THYROID.

From the recent discovery of "Thyreoidin" in Thyreoida, Ewald attempted to test the presence of this body in the thyroid gland, which was carcinomatous, with metastasis in the bronchi, &c. After the gland was removed by operation, it was found to be greatly changed by fatty degeneration. The chemical examination was undertaken for thyreiodine, but no trace of the substance could be found, although it was present in abundance in the bronchial glands.

DR. BRABAZON, for many years Medical Officer of Health for Bath, died somewhat suddenly at his residence on Friday last from the after effects of influenza. Deceased was also senior physician to the Royal Mineral Water Hospital at Bath.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

TUBERCULOUS DISEASE OF EXTERNAL MALLEOLUS FOLLOWED BY SEPTIC ARTHRITIS—AMPUTATION.—MR. W. ROSE operated on a man, *æt.* 24, who had been previously treated for tuberculous lesions in the neighbourhood of both shoulders (one of which had been excised), and also at the lower end of both femora. The patient was admitted on this occasion with a septic sore leading to a sinus which communicated with the interior of the external malleolus; this last was in a condition of caries. The affection had been treated a week previously in the usual manner by free gouging and scraping, and it was probable that the thin layer of tissue shutting off the focus of the disease from the ankle-joint was broken through, for at the end of 48 hours the whole of the joint became involved in an acute inflammation, and the patient's constitutional condition became seriously affected; the temperature rose to 103°, and the pulse became soft and rapid; signs of suppuration were evident in and around the joint, which was freely opened and irrigated. In spite of this the disease progressed, and amputation was finally decided on. This was accomplished by means of lateral flap, the longer being on the inner side; the bones were divided at the junction of their lower and middle thirds. On examining the ankle-joint after removal, Mr. Rose pointed out that, in spite of the fact that the mischief in the joint had been of such short duration, the whole substance of the articular cartilage had disappeared by a process of rapid disintegration without any necrotic portions having been noticed in the discharge. This was a marked contrast to the behaviour of the articular cartilage in most forms of chronic tuberculous disease, where large tracts of this tissue are frequently seen undermined and detached. He also remarked that infection of the joint, though undoubtedly determined by the first operation, would have occurred sooner or later if the case had been left alone, particularly if it be considered how thoroughly the tuberculous disease had undermined the patient's constitution.

ST. THOMAS'S HOSPITAL.

AMPUTATION AT THE HIP-JOINT FOR SARCOMA OF THIGH.—MR. BATTLE operated on a woman, *æt.* 49, who had been admitted with a tumour of her left thigh which had been growing, as far as she knew, for only five weeks before admission. She noticed a soreness in the left thigh after exertion, and, after applying fomentations, remarked a small lump in the middle of the front of the thigh, which was very sore to the touch, it also caused great soreness down the side of the leg. She saw a doctor who gave her some liniment which afforded her no relief. For the last three weeks she had suffered great pain in the tumour at night, so as to prevent her from sleeping; the increase in size also had been very rapid. In front of the left thigh was a large fluctuating broad swelling occupying the middle two-thirds of the part and extending from side to side across the thigh. It was not very painful except at one or two places and was everywhere elastic or fluctuating. There was no heat or redness, but there was œdema over the outer side of the growth, which at its prominent part caused the thigh to measure about three inches more than the opposite one. The patient's temperature was 101°. The tumour had been aspirated soon after admission and nine ounces of red-coloured

fluid withdrawn, whilst the examination of a piece of growth which had been caught in the cannula showed it to be a sarcoma of mixed character. In consequence of the extent of the growth and its nature it was evident that nothing short of amputation at the hip-joint would give the patient a chance of becoming completely rid of the tumour and reduce the likelihood of recurrence to a minimum. A careful examination showed that there was no internal deposit either in the lungs or glandular system. Although there was an apical murmur, it was regarded as hæmic. The urine was normal. It was not possible to perform a Furneaux Jordan amputation, nor to amputate by the method of transfixion, because the tumour involved muscles and came high up the thigh. A modification of Guthrie's amputation was therefore decided upon. The patient was carefully wrapped up and prepared against shock, and ether was administered by Mr. Tyrrell. Mr. Battle ligatured the main artery below Poupart's ligament, and closed the wound; he then fashioned (standing on the right side) a flap, consisting of skin, subcutaneous tissue and fascia, about four inches long, commencing over the great trochanter and ending on the inner side in front of the tuberosity of the ischium; this was dissected up about three inches. A posterior flap was then made extending from these points; only the flap was made longer than the one in front, and for two or three inches contained no muscle. Returning to the front of the thigh, the muscles were quickly severed down to the hip-joint below the ligature placed on the vessel, the hip disarticulated, and the separation of the limb completed by a rapid section from below upwards at the base of the posterior flap. During division of the muscles in front of the hip a large vessel was cut, which spurted freely, but it was at once caught with forceps; it was found afterwards that the common femoral had divided higher than usual, and that the ligature had been applied to the superficial femoral. The vessels in the posterior flap were easily and rapidly secured; as they were left until the last, and rapidly severed, when there was nothing to interfere, with a view of a full access to them, very little blood was lost, and the amount of shock was not more than that usually accompanying an amputation of the thigh in its middle third. When the patient was admitted, and before the aspiration, it was a question, Mr. Battle remarked, whether she was suffering from abscess of the thigh or from sarcoma; the continuous temperature of 101° making the diagnosis one of doubt.

THE death-rate in Dublin, which had been 19·8 and 16·5 per 1,000 in the two preceding weeks, declined again to 23·4 last week. During the past ten weeks of the current quarter the death-rate in Dublin has averaged 25·0 per 1,000, the rate during the same period being 19·7 in London, and 17·5 in Edinburgh.

THE total numbers of the medical staff on the British Army establishment amount to 614, at a cost of £178,750 for home, and £54,450 for the Colonies, respectively.

DR. R. J. MONTGOMERY, F.R.C.S.I., Clinical Assistant in St. Mark's Hospital, has been appointed Ophthalmic Surgeon to the Whitworth Hospital Drumcondra.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 18, 1896.

THE PRESENT POSITION OF TOTAL HYSTERECTOMY.

THE surgical treatment of uterine fibroids is still hampered by the risk which any radical means at our disposal of effecting their removal still entail. The operation of oöphorectomy has of late years fallen somewhat into discredit on account of the uncertainty of its results and the very varying degree of danger which its performance involves, variations which not even the most experienced operator can always foresee. We are still far removed from the time when the patient with a fibroid which is not destructive of comfort or threatening to life can be conscientiously advised to submit to hysterectomy, but we are gradually getting to recognise that the presence of these growths determines inconveniences and dangers which, by no means, always cease with the menopause, and they are now known, moreover, to exhibit a marked tendency to undergo cystic malignant degeneration at or about that critical period. With the introduction of the intra-peritoneal method of dealing with the pedicle, it was hoped that a new era was about to be entered upon in this department of surgery, but, so far, no substantial reduction in the previous somewhat alarming mortality has been effected, and surgeons are still divided in opinion as to

which after all is the best operation in the interests of the patient. The extra-peritoneal method has been described as unscientific and barbarous, but it is not likely to be abandoned until those who have definitively taken up with the intra-peritoneal treatment of the pedicle are able to show statistical advantages in respect of the resulting mortality, of a nature to make it evident that the latter offers real advantages over the older procedure. Of late years an alternative plan of dealing with these tumours has come to the front, viz., the removal of the tumour *per vaginam*, after fragmentation if necessary. The most noteworthy departure has been the proposal to tie the uterine arteries as a preliminary step in the performance of total hysterectomy by the intra-peritoneal method. This at any rate secures the patient against the very tangible risk of hæmorrhage from the stump, but though useful and tolerably easy of performance when one has to deal with tumours of comparatively small dimensions, say from five to ten pounds in weight, it is well-nigh impracticable in the case of large tumours, say of twenty-five pounds and upwards, for the layers of the broad ligaments are then so widely separated that it is impossible to pass a ligature through them in such a way as to include the tissues through which these vessels run. Then again there is the fact that septic complications are not unfrequent after the intra-peritoneal procedure, and the source of the sepsis is enveloped in some obscurity. The vagina is strongly suspected of furnishing the *materies morbi*, possibly without adequate grounds, but the fact remains that surgeons, whose aseptic experience is amply testified to by the absence of this class of complications in other abdominal operations, nevertheless meet with a certain proportion of cases in which death occurs from septic intoxication after hysterectomy with the internal method of dealing with the pedicle. Another question that suggests itself is whether or not it is desirable to remove the uterus *in toto*, or whether the cervix can safely be left, even if it can be shown, that it can be left with safety, and it would remain to be settled whether it is desirable or advantageous to allow it to remain *in situ*. We have said enough to show that there remains ample scope for ingenuity and study in this branch of abdominal surgery. We hear so much of the progress that has been effected in this line that one is apt to think we are approaching the goal, viz., the abolition of any mortality in moderately favourable cases. Such, alas! is far from being true, for the mortality from either of these operations is still undesirably, and probably unnecessarily, high, so much so, that most surgeons hesitate to intervene except in the presence of urgent symptoms or of signs indicative of cystic or malignant change. As to the etiology of these fibroid masses, that is enveloped in an obscurity which is as dense as ever. As to why the uterus should display this unaccountable tendency to fibroid overgrowth we know absolutely nothing, and bacteriologists are silent as to any possible microbial influence. It is evident that we cannot regard with any degree of equanimity an operation which is attended by a mortality which renders recourse to it

undesirable, except under compulsion, in spite of the distress and risk to which the presence of these tumours exposes the unhappy patient.

THE ARMY MEDICAL COMPETITIVES.

THE delegates from the University of Dublin and from the Irish College of Surgeons, referred to in our last issue, had their interview with the Marquis of Lansdowne, Secretary for War, on Monday, the 9th inst., and submitted memorials with reference to the cessation of candidates, and especially Irish educated candidates, to present themselves for the Army Medical Examinations. The Memorial from the College of Surgeons runs as follows:—

Royal College of Surgeons in Ireland,
Dublin, March 7th, 1896.

To the Right Honourable the Secretary of State for War.

SIR,—In April, 1893, the President and Council of the Royal College of Surgeons in Ireland addressed a letter to the then Secretary of State for War, in which protest was made against a decision that in future the examiners at the competitive examination for admission to Her Majesty's Medical Service should be selected exclusively from past or present examiners of the Colleges of Physicians and Surgeons of England. We have to express our regret that no change in the rule followed that remonstrance.

To-day we are face to face with the fact that the Army Medical Service has again become unpopular. The young men who have just been qualified, and who are starting their professional life, avoid it. This is shown by the great decrease in the number of candidates presenting themselves for examination. Students are not now less well taught nor less intelligent than they were five years ago, nor are they less anxious to enter upon a career in the Army. We are in the position to say that the rule to which we have alluded has caused great dissatisfaction, and that it has, with other things, helped to bring about the present state of affairs, namely, that Irishmen have practically ceased to present themselves for admission to the Army Medical Service. This latter fact is the more extraordinary when we remember that in 1893, at the time of our remonstrance, of the total number of Medical Officers of the Medical Service then in the Army nearly one-half—429 out of 891—held Irish diplomas, a striking contrast, which we venture to press upon your consideration.

1. With regard to the examinations, we are strongly of opinion that the rule by which all the examiners must belong to the London Colleges is not a wise one, and that it is a reflection upon every other licensing body in the Kingdom. We think it is of the utmost importance that a Board of this kind should always be representative of the various teaching centres in the three Kingdoms.

In order to carry this into effect, we respectfully submit the following suggestions:—

2. That in all compulsory subjects two examiners should be appointed—a condition which has been insisted upon by the General Medical Council in the conducting of all examinations for license. This would make the Court as follows:—Surgery, 2; Medicine, 2; Anatomy, 2; Physiology, 2; Chemistry, 2; Biology, 1; Modern Languages, 1.—Total, 12.

3. We think it most important that Physiology should be examined in by separate examiners, and should not be grouped with Anatomy. In all modern arrangements these subjects are taught by different professors.

4. Of these twelve examiners, four should be appointed from Ireland.

5. No examiner should hold office for more than four years, nor should he be eligible for re-election for one year after his retirement.

6. Examiners in such subjects as Anatomy, Physiology and Chemistry, should be professors or lecturers in a recognised Medical School.

7. In the case of Surgery and Medicine, the examiners should be selected from acting hospital physicians and surgeons.

We feel bound, however, to say that there are other reasons why the service has become unpopular. An intimate knowledge of the complaints which are made by Officers in the Army Medical Department has convinced us that the Service, as a body, is discontented, because of the position it holds in relation to the other branches of the Army. This has so often been brought before the Authorities that it is unnecessary to go into details, but we may state that the practically unanimous view is that, in order to produce contentment, it is essential that the Army Medical Department should be constituted a Royal Medical Corps, with a distinct individuality, as in the case of the Royal Engineers.

We are further of opinion that the Medical Officers should have increased facilities for pursuing studies from time to time, after they have entered the Service. We think that in this way a great deal of valuable work might be done which would be of importance to the public and to the army, and would enable these officers to keep abreast of the advances of medical science.

Of other complaints we can only mention the refusal to give the medical officers a status in the army which would free them from irritating annoyances; the need of increased pay in India, and generally the irksomeness of the present arrangements for foreign service. These complaints are very well known in the medical schools, and coming from men who have knowledge of the Service, they strongly influence the students against seeking appointments in the Army.

We may say, in conclusion, that the duty is laid upon this college by its charter to provide for the education of surgeons for the army, and the desire of the President and Council is by such suggestions as appear to them wise, to assist in making the Army Medical Department at once efficient and contented.

Nothing in the way of a definite promise or pronouncement was elicited from the War Secretary, but it was understood that, upon the discussion of the Army Estimates in Parliament some statement relating to the Army Medical Service would be made. It has happened that these Estimates have been made the battleground of obstructionist parties, and there has been no useful discussion of any of the items which were deserving of debate.

It will be observed that the Irish College of Surgeons not only records, for the second time, its very reasonable complaint of the constitution of the Examining Board, but formulates a scheme of reconstruction which would provide two examiners in all compulsory subjects. This suggestion scarcely needs to be discussed, inasmuch as it embodies the principle insisted upon by the General Medical Council at all medical examinations, that under no circumstances should the fate of a candidate be decided by the voice of a single examiner. That is a proposition which can scarcely be contested. The scheme propounded by the College, however, appears to us to be complicated by the unnecessary introduction of Examiners in primary subjects which, we submit, are not essential to

an examination of doubly qualified practitioners. Assuming that the purpose of the competition is to afford guarantees that the Medical Officer is competent to treat the diseases and injuries of the soldier and to provide hygienic protection of his health when in barracks or in the field, we fail to see the necessity for re-examining candidates, for the third or fourth time, in such subjects as physiology, or pure anatomy, or pure chemistry. The examination in anatomy and physiology might be dispensed with except so far as those subjects are interwoven with medicine, surgery, and pathology, and chemistry might be eliminated from the entrance examination altogether, inasmuch as the hygienic applications of the science are taught at Netley and *must* be studied there, as it forms an important part of the examination which has to be passed at the end of the Netley probation. We submit that it is not reasonable to require a candidate who has just qualified in the final practical subjects of his profession, to go back and relearn the minutiae of the subjects of his first and second years. In fact, he does not do so, but places himself in charge of a London crammer who "puts him up" in exactly the amount of these subjects which the examiners are known to require. If the authorities are desirous of attracting candidates to these competitions they ought to consider that there can be no more potent deterrent than the knowledge by the newly qualified student that, if he means to go for the Army, he must go back upon the studies of his early studenthip and relearn his primary subjects, and we believe that the sweeping away of these subjects which do not appear necessary as proofs of the competency of the Army surgeon, would at once produce an increased number of applicants.

It will be seen that the Irish Colleges have made the defaults of the examination system the special subject of their animadversions, but they have indicated that there are many other causes which make, and, for a long series of years, have made, the Army Medical Service unpopular. These causes are familiar to our readers; they have formed the subjects of Royal Commissions and of endless newspaper discussion, yet we regret to say that no progress towards finding a remedy has been made. That they are effective as deterrents may be granted, considering that there has ceased to be any demand for Her Majesty's Commission for this Service. With reference to the special case of Ireland, this is shown by the returns made by the Director-General to the General Medical Council. Time was, not very long since, when the Irish Schools and Colleges provided the majority of Her Majesty's army surgeons. We find from these returns that in the ten years from 1880 to 1889, inclusive, the Irish qualifications held by candidates numbered 572, while the Scotch qualifications were 384, and the English only 339. It is thus manifest that the Queen, owing to the mismanagement of her "military advisers," has lost the best source of supply for army doctors, and it is, moreover, clear that the supply cannot be done without. On the active list of the Army Medical Staff, at present, 844 in number, 407, or nearly one half, hold

Irish qualifications, England or Scotland coming in a bad second.

It is to be hoped that Lord Lansdowne will lay these facts to his mind, and will utilise his high position to put an end to a condition of things which, for thirty years past, has been the opprobrium of the Army Service. He may expect to meet with resistance, open or covert, from the "military advisers," but he will acquire distinction as a military administrator if he finds some means of making the Army Medical Service popular and effective which, at present, it certainly is not.

THE METROPOLITAN WATER COMPANIES.

THE water-famine last spring in the East-end of London so overshadowed other local failures of a similar kind by the magnitude of its calamity that the public interest has waned in regard to the minor disasters. None the less, however, do the relations of the Water Companies to their customers in neighbouring parts of the Metropolis deserve careful consideration. In the first week of the present year an important official statement was published dealing with a number of specific charges made by memorialists to the Local Government Board. The inquiry, on which the document in question was based, was conducted by Major-General Scott, who formally investigated the complaints of numerous householders against the Grand Junction, the Kent, the Lambeth, and the Southwark and Vauxhall Waterworks Companies. The chief contentions of the complainants were that the companies had neglected to lay their mains at a sufficient depth to protect them from the effects of frost, and as a consequence communication pipes were necessarily also laid at insufficient depth. Further, that many of the mains were decayed, and consequently the statutory pressure could not be kept up: that the Company did not take proper steps to make up the failure of water to consumers: and that owing to these and other defaults the memorialists had been deprived of water in some cases for a period of two months. The first complaint, which to a great extent lies at the root of the whole matter, namely, that the mains were not laid at a sufficient depth, may be regarded as proved. "It is unquestionable," writes General Scott, "that all these companies have committed the mistake in the past of giving in many instances too little cover to their service mains, and that this has led to the destruction of a considerable number of pipes from the effects of the frost." This important conclusion involves the further one that the communication pipes have also been laid too superficially. The Act of 1871 is read by the author of the report as conferring on the companies the power to enforce upon householders the duty of laying their communicating pipes at a proper depth. How this is to be done, however, by the luckless customer who finds the street main a foot or eighteen inches below the surface is a mere detail quite outside the scope of the inquiry under notice. The contention that the decay of pipes has ultimately caused failure of pressure is held not to be proved. At the same time, instances of the existence of inferior pipes were

established. The complaint that the Company did not take proper steps to furnish water to consumers in lieu of the intermitted supply was not discussed on the technical ground that under the Water Act of 1852 only those deficiencies alleged to exist at the actual time of the inquiry could be investigated. The glaring injustice and absurdity of such a red-tape regulation affords a typical instance of the reckless way in which the special Acts have in many points been framed in the interests of the companies. The minor complaint that due diligence was not observed in restoring the water supply after the cessation of the frost is dismissed in the report as not proven. As regards the final assertion that owing to various defaults, a proper supply of water had been wanting during various periods, in some instances extending to two months, the verdict is against the companies. The report holds that the statements of the memorialists in this regard have remained practically uncontested, and that the interruption of supply must, in part at any rate, be attributed to the insufficient depth of mains and communication pipes. Widespread failure of pressure is held to have been proved in the district of the Southwark and Vauxhall Company. From this short analysis it will be seen that the investigation has established a highly damaging case against the water companies, and one that cannot fail to influence future legislation. These trading corporations have been granted the privilege of supplying Londoners with a prime necessity of life on certain conditions extremely favourable to themselves. If their sins can be gauged by the extent to which they have neglected the simplest and most elementary of their statutory obligations, the record entered against them by General Scott, in his studiously moderate report, is, indeed, of a most damning nature. The Southwark and Vauxhall Company, the only one in which it was possible to get at these particular facts, was shown to have "a very considerable proportion of the mains and communication pipes laid at depths less than safety requires." More exactly, 98 mains were found to be less than one foot deep; 553 between one foot and one foot nine inches; 264 between the latter depth and two feet six inches; while 41 only were lower than two feet six inches. The report states emphatically: "It was very fully shown by a number of the memorialists that they were subjected to very serious inconvenience, hardships, and risk to health by the state of things which prevailed during the period between the end of January and the middle of April, 1895." To this may be added the obvious reflection that a vast amount of the inconvenience, the cost, and the sickness caused by the breakdown of the water supply must be left to the vaguest surmise. To a city that depends on a system of water carriage for the removal of its sewage, the slightest failure of the water-works' service bodes speedy and unerring disaster. It is to be hoped that ere long the control of the whole Metropolitan water supply will be in the hands of an enlightened central body, and that shallow mains, intermittent service, failure of pressure, and water famines will speedily become matters of ancient history.

Notes on Current Topics.

Irate Compounders of a Quack Nostrum.

THE reference, without names, which we made in our issue of the 5th ult., to a firm of manufactures of a quack nostrum has brought forth an amusingly irate reply from the "Guy's Tonic Company"—the firm to which we alluded. Among other things, they inform us that they decidedly object to any of their preparations being dubbed "quack medicines" or "quack nostrums." It is a matter for regret that they should feel displeased in this regard, and personally we should be most happy to oblige them by using some other term if they could suggest to us an expression by which the same meaning would be conveyed as that in the above instance. The information is also vouchsafed that the firm intend to pursue the even tenour of their way, undeterred by anything that we may urge to the contrary. This very original expression of opinion has all our sympathy, and Guy's Tonic Company may rest assured that not the slightest objection is taken to it so far as this journal is concerned. Furthermore, we learn that the testimonials published by the firm are from persons of title, clergymen, members of the legal and medical professions, men of eminence in art and letters, "and others whose walk in life places them above all suspicion." In these days of universal uncharitableness it is quite refreshing to find that the public statements of men of position and others, are at least believed in by some body. Lastly, we are informed that Guy's Tonic Company are now supplying one of their preparations (which they consider to be one of the triumphs of elegant pharmacy) to hospitals in town (*sic*), and also to members of the medical profession for use in their private practice. These latter statements appeared to be so extraordinary, if true, that we immediately requested the firm to be so kind as to send us the names of the hospitals, as well as those of the members of the profession to which allusion was made. We naturally considered that such information would be of unusual interest to our readers. But the Guy's Tonic Company were evidently dissatisfied with our methods of discussing their affairs, and, in consequence, have so far failed to comply with the request. Therefore, it is unnecessary to say more upon the matter, and our readers will be able to draw their own conclusions.

Lactic Acid and the Diagnosis of Gastric Carcinoma.

IN 1892 Martins and Luttko showed that lactic acid was not a normal constituent of the gastric contents, and this fact has been turned to account by Boas in respect to the diagnosis of carcinoma of the stomach. He devised a meal test, consisting of a tablespoonful of oatmeal flour to a litre of water. The stomach, to be examined, is thoroughly washed out at bedtime, and the test meal given. The contents are withdrawn in the morning and examined for lactic acid. Boas found that lactic acid was never present at any stage of normal digestion, nor was it present in any abnormal condition of the stomach save carcinoma, in which disease it is

almost invariably present in large quantities. Cases of cancer however, may exist in which no lactic acid is found. In a practical paper upon this subject recently read before the surgical section of the Buffalo Academy of Medicine, and published in the *New York Medical News*, Dr. Allen Jones states that Boas' method had afforded him valuable assistance in the diagnosis of carcinoma and in a few cases he had been better able, by its assistance, to make an early provisional diagnosis before any tumour was palpable. These results have been confirmed by other observers, and, thus, it would seem, that in all cases of suspected carcinoma of the stomach, the test devised by Boas would be worthy of a trial.

The Appointment of the New Director-General of the Army Medical Department.

It is to be feared that the officialism which has tended as much as anything to add to the unpopularity of the Army Medical Service will be continued with the appointment of the New Director-General. Instead of Lord Landsdowne availing himself of the opportunity to do that which would have satisfied the whole Department, he falls into the error of sinking his individuality by giving way to the Military Authorities at the War Office. As has been proved on many other previous occasions, the powers that be at the War Office are only too ready to adopt any course which they know to be opposed to the wish of the Army Medical Officers. The present case is distinctly one of that description. The War Office's nominee for the post of Director-General is not likely to be any more successful in the management of the Department than his predecessors have been, and when he comes to assume the reins of office, he will be just as much under the thumb of the military element.

The Madagascar Campaign and Its Mortality.

A RECENT number of a French contemporary gives some remarkable figures with respect to the losses sustained by the French Army during the Madagascar Campaign. According to an officer who was present at the conclusion of the operations, the figures were—Killed by the enemy, 7; wounds under fire, 94; deaths from disease, 6,000; on the sick list, 15,000. But even these numbers were exceeded by the deaths which occurred during the ill-fated expedition of 1802 to Jamaica. A force of 60,000 men left Brest Harbour in that year for the island in question, and in four months no less than 50,000 had died from yellow fever. Of the 10,000 remaining only 300 ever saw France again, and these did not reach home till seven years had passed.

Our Professional Muster Roll.

THE Registrar of the General Medical Council has sent us the Medical and Dentists' Registers for 1896, which appear this year with a promptitude and punctuality which might well be emulated by others of our public departments, which seem to consider that July or August is quite soon enough to present their new year's reports. We have also received the com-

plete year's volume of the minutes of the Council. From the Medical Register we learn that 33,601 practitioners are duly recognised as British qualified members of the profession. This number represents an increase in the strength of the profession of very nearly 1,000 in the year. In fact it may be roughly stated that in each of the recent years about 1,500 new names have been added to the list, and about 500 struck off by deaths or for other reasons, there being, thus, an increment of about 1,000 in each year. The respective nationalities of these new practitioners have, however, undergone considerable change within the past ten years; for, while the output of practitioners by Scotland has largely, and that of England somewhat, increased, the number issuing from Ireland has materially fallen off. Twenty years ago, Scotland sent out only 179 practitioners in the year, whereas it now issues 565. England, which sent forth 608 in 1876, now sends 731; while Ireland, which then sent out 222, and afterwards rose to 318 in the year 1887, now only outputs 150. The Dentists' Register does not present a very encouraging view of the educational status of the speciality. There are 4,935 dentists on the Register, but 3,452 of these hold no qualification at all. A large proportion of these are chemists, hair-dressers, and the like, who were admitted promiscuously to the dignity of dentistry when the Act was passed in 1878. It is regrettable to observe that, in the twenty years which have since elapsed, time has done so little towards purging the dental profession of these interlopers who now form 70 per cent. of its total strength. At this rate of progress we shall have entered upon a new century before it can be claimed that a dentist is necessarily an educated practitioner.

The Founder of the Red Cross.

It is not known, save to a few, that Henry Durrant, the founder of the Red Cross organisation, is now, in his declining years, dependent on public charity for support. This is a sad fate to have befallen one who spent all that he had in the cause of the relief of human suffering. Except for the unselfish and tireless efforts which he displayed, there is every probability that the Red Cross organisation would never have reached the perfection to which it has attained.

The Dangers of Street Ice-Creams.

WE have had occasion before to refer to the dangerous character of those suspicious compounds known as ice-creams which are sold from barrows, chiefly by Italians, in London streets. With commendable enterprise the St. Pancras Vestry quite recently ordered a report to be made upon the subject, and the result was the disclosure of some remarkable facts. "Whereas in good drinking water," the report says, "there are rarely more than 100 bacteria per cubic centimetre, three samples of ice-cream which were analysed contained respectively 4,200,000, 2,150,000, and 5,340,000 bacteria. The filthy conditions under which cheap ice-creams are vended constitute a public danger, and especially a menace to the health of the children of the poorer classes, by whom the ice-creams are mainly

consumed." The Vestry, therefore, decided to ask the Local Government Board to promote legislation for the regulation of that commodity and to provide for the proper supervision of its manufacture and sale. The Board would be well advised to fall in with this suggestion, more especially as a very large trade is done in the commodity in question, and quite possibly a great deal of harm follows in consequence.

Vegetable Diet in Relation to the Length of the Human Intestine

THE intestine of animal vegetable feeders is known to be of great length, but, so far, no detailed investigations have been made in this regard respecting those human races which mainly live on vegetable products. However, it is interesting to note that a professor of anatomy in the Academy of Medicine in Tokio has made some attempt in this direction by inquiring into the length of the intestine in Japanese persons. The inquiries included the measurement of the body and of the intestine in twenty-five cadavers, the ages of which varied from 17 to 80. The result of the measurement went to show that the length of the intestine in the Japanese was half as long again as the average length in a European. Thus, the suggestion has been made that the rice diet so universally resorted to by the Japanese would have more chance of thorough digestion in them than in Europeans, whose intestine is shorter. We merely state these facts for what they are worth. Whether or not they are true is another matter.

The International Congress of Dermatology.

THE Secretary-General of the Third International Congress of Dermatology asks us to announce that it will be held in London, this year, from August 4th to 8th inclusive. The meetings will take place in the Examination Hall of the Royal College of Physicians and Surgeons, on the Victoria Embankment. Separate sections will be established for Dermatology and Syphilis, the meetings of these being held simultaneously. The scientific portion of the programme is practically complete, and the large number of British as well as Foreign medical men who have testified their intention of being present ensures the success of the Congress, of which Mr. Jonathan Hutchinson, F.R.S., is President. The fee for Membership, which entitles to the Volume of Transactions to be issued, is £1, payable to the Hon. Treasurer, Mr. Malcolm Morris. The Secretary-General to whom all communications may be addressed, is Dr. J. J. Pringle, 23 Lower Seymour Street, London, W.

Curious Reprisals.

IT is announced that in the event of the anti Spanish resolutions of the United States Senate being confirmed, the chemists of Barcelona will unanimously refuse to sell American patent medicines. This is calculated to make the advocates of the independence of Cuba hesitate before exposing their country to the risk of such terrible reprisals, but the possibility of this unprecedented embargo suggests several interesting

considerations, as, for instance, the effect on the mortality returns. So far as our experience goes, the deprivation of every single article of the heterogeneous *répertoire* of American specialities would be likely only to improve the public health. In all probability, however, they are consumed only by transatlantic visitors, who bring along with them an inveterate habit of taking aphrodisiacs and other nerve stimulants on the one hand, and hypnotics on the other. In view of the facilities for replenishing the travelling medicine chest from Paris or London, we doubt if the resolution would have any very obvious effect; certainly not that of the braggadocios who proposed it. Even if the remedies in question were indispensable to health or comfort, it would be unjust to visit the penalty of political quarrels on unoffending sufferers.

Over-Production in the Professions.

AT the Annual Convocation of the Bombay University, held on the 25th ult., the Report stated that some three thousand candidates presented themselves at the last examinations, of whom nearly one-third were successful. This, said the Vice-Chancellor, in his address, may be regarded as evidence of the growing popularity of the University, and the increased interest taken in its work by the natives of India, comprising among them Hindus, Mahomedans, and Parsees. But, asks the *Bombay Gazette*, are we quite certain that something like an over-production of qualified professional men beyond the needs of the community at large is taking place in India as well as in other parts of the world. This danger, if such it is found to be, is by no means confined to India, nor our other colonial possessions. It has probably reached its greatest development in Great Britain and other western countries, where the greatest overproduction of the professional classes is taking place. In Great Britain there are twenty-four thousand medical men, and the medical schools are yearly adding to the number. The barristers-at-law number over eight thousand, of whom it is said not a thousand can live by their professional earnings. The plethora appeared so great that last year, for the first time the number of candidates diminished very considerably. It is the same with the other learned professions. Turn to Germany, six thousand recruits joined the great army of the unemployed of the professional classes, through the ever open gates of the universities. In France the same disproportion between the successful and the unsuccessful entering the profession prevails. To look somewhat deeper into this question, we may inquire, What becomes of that far more numerous body who strive to enter one or other of the professions, and, after spending their means and their youth, fail in their endeavour, and are flung back upon the world without resources and hope for the future? The Vice-Chancellor, the Hon. Mr. Justice Jardine, in the course of his able address, called attention to the fearful sacrifice of health and life too often entailed by students in their struggle to gain University honours. The early mortality among even the more gifted and the more suc-

cessful suggests doubts as to the absolute perfection of the system which entails such lamentable results. It will not be denied that in India the benefits conferred by the better and more liberal education of the young men has done excellent service by infusing the learned professions with a higher standard of learning, and we cordially reciprocate the Vice Chancellor's wish that the princely and wealthy classes of the community will emulate their predecessors by further endowing chairs on the medical side for the purposes of original research and bacteriological study.

The Presidency of the Royal College of Physicians of London.

THE statement that Sir Russell Reynolds, Bart., F.R.S., President of the Royal College of Physicians, does not seek re-election will hardly cause much surprise. The duties are arduous and are hampered by technicalities and formalities which must prove excessively irksome and trying both to the physical and mental energy of a physician who took his M.D. as far back as 1852. For some years past the tendency has been to re-elect the President for five consecutive years, but there is a feeling that the interests of the College might possibly be better served if this period were to be curtailed. The election takes place on March 30th—the first Monday after Palm Sunday—and is likely to excite considerable interest. It is a curious circumstance that on this particular occasion there is no one candidate who stands out prominently from the rest of his colleagues. It is an open race, and as every Fellow is a starter it is by no means easy to back the winner. In so open a contest it does not seem probable that Sir Richard Quain, Sir Henry Pitman, Sir Edward Sieveking, Sir George Johnson, and Dr. Samuel Wilks, though admittedly possessing high claims to the honour will receive the necessary amount of support. Dr. John W. Ogle is much fancied in official circles, and will probably render a good account of himself. The fact of Dr. Burdon-Sanderson having accepted the Regius Professorship of Medicine at Oxford practically disqualifies him from accepting office. Sir William Roberts' name is freely mentioned and his election would be popular, especially in the provinces. Sir Wm. Priestley will probably receive some support, but how much it is difficult to say. Dr. J. E. Pollock, who acted as pro-president on the death of Sir Andrew Clark, in 1893, has exceptionally strong claims on the College. Amongst the comparatively junior Fellows, Sir William Broadbent, and Dr. Allchin are favoured, and they will probably receive a certain number of votes with a view not so much to the present election as to future contingencies.

Lamp Accidents.

At this time of day one would think that the notorious loss of life and property due to defective lamps would have led to some legislative interference. Nothing of the sort, however, has yet been undertaken, and the holocaust still thrives with unabated vigour. An exhaustive report on the subject has been lately

issued by Mr. Spencer, Chief Officer of the Public Control Department of the London County Council. He is of opinion that if a drastic law were passed prohibiting the sale of unsafe oil the bulk of lamp accidents would be stopped at once. He further suggests that the Home Secretary should issue an order forthwith forbidding the sale of dangerous lamps. It is to be hoped that the Government will no longer put off the passing of this most useful and necessary piece of practical domestic legislation. Every day's delay means a further preventable sacrifice of life and property for the profit of certain circles. Last year there were no fewer than 473 fires and 23 deaths caused by lamp accidents. These figures, moreover, for various reasons, undoubtedly fall short of the mark. An enormous number of small fires and lesser injuries due to lamps are not brought under the notice of the authorities.

Bacteria in Aerated Waters.

A BERLIN medical man has raised a new scientific scarecrow. He is reported to have stated that after an elaborate series of experiments, he found bacteria in all the bottled mineral waters, natural as well as artificial. Now, this result is serious, inasmuch as it affects a large body of consumers, and an enormous trade interest. Moreover, it is in direct opposition to the generally accepted belief that bacteria cannot exist for any length of time in bottled aerated waters. The experiments of English bacteriologists in this direction show that the micro-organisms have a life limited to a few days only when imprisoned within a bottle of Seltzer, Apollinaris, Johannis, Rosbach, or other aerated water; and we are certainly not disposed to cease our faith in English experiments in favour of a German theory, until it can be proved by authoritative and unprejudiced investigations not to be founded on fact.

Death-traps for Theatre-goers.

THE risks to health and life to which theatre-goers are exposed under present conditions together furnish a picture worthy of serious public attention. At the doors of many of our theatres may be nightly seen the time-honoured *queue* of patient folks, huddled together in spite of rain, snow, hail, frost, or sultry heat. Inside, the theatre is often badly ventilated, lighted with gas (ye gods! what an anachronism!), and scantily furnished with narrow, twisting exits that must, in case of fire, convert the whole building into a veritable death-trap. Then there is the sudden change at the close of the performance to the outside atmosphere and perhaps a long journey home in inclement weather. Lately, the Metropolitan Police have so arranged the cab-traffic in the Strand, where the theatres most do congregate, that it is impossible to get a cab, except either by waiting a long time or by walking a considerable distance. The London County Council is now insisting on the proper construction of places of amusement. Let it go a step further, and abolish the *queue* by refusing a licence unless all seats can be booked in advance. Or if that be outside their powers, let them prevail on Parliament to strengthen their hands in this

particular. It may be safely asserted that most medical men of wide experience would unhesitatingly condemn the environment of the modern theatre system as the root and fountain-head of widespread catarrhal and other mischief, both acute and long-abiding.

The Unvaccinated.

ONE of the most striking statements in the recently-issued report of the Local Government Board is that which refers to the growing neglect of vaccination—nearly 15 per cent. of the children born in 1894 were not vaccinated. In Mile End Old Town more than half the children were not accounted for, while in Gloucester, Wellingborough, Lutor, Keighley, Coventry, Barrow-on-Soar, Blaby, Northampton, and Leicester the proportion was over 80 per cent. Meanwhile the state of things, so far as the epidemic of small-pox at Gloucester is concerned, is becoming serious. The regular hospital there, and also a new one hastily erected near the city, are filled to overflowing. Forty-nine fresh cases were notified in the week before last, sixty-six last week, and one hundred and thirty-eight during the week just closed; while fresh outbreaks are being notified at the rate of ten to fifteen daily. Despite, however, the progress of the disease and the virulence which it has displayed, the opportunity has been seized by the anti-vaccinationist agitators to hold meetings and placard the district with their fatuous and misleading statements, counselling their dupes to stand firm in their opposition against the vaccination law. Thus, while the fathers and mothers attend the meetings of these professional agitators, their children contract small-pox, and are carried away to the hospital, frequently to die. There appears to be only one journal published in Gloucester which gives support to the anti-vaccinationists. It is sad to think that it should have made such a bid for popularity,

SIR WILLIAM HINGSTON has been appointed to a seat in the Canadian Senate. This is the first time in the history of the Dominion that the medical profession in Montreal has been thus honoured.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

LEITH HOSPITAL.—As noted in our columns lately, a number of new appointments have recently been made to this hospital to fill vacancies due to resignations of the former staff. Several details have been published in last week's lay papers as to the causes which led to the changes in the staff. The origin of all the potholes is traced to the old source—directors *versus* staff. For some time back the managers have been urged by outsiders to appoint specialists on the hospital staff, but, as is said, the managers resented advice at the time, only to suggest the same thing, apparently spontaneously, last November. What appears to have brought matters to a head was the performance of a major operation in the hospital by an Edinburgh gynaecological specialist without the sanction of the managers. Very considerable friction occurred about this small matter, and, as a consequence, four of the seven visiting doctors tendered their resignations, which were accepted. A fifth had resigned for much the same reason about two months previously. Another

cause of friction was the assumption by the managers of a right which is generally regarded as belonging to the honorary staff, i.e., the appointment of resident physicians. The managers claimed this right, the staff holding that they should, as in many hospitals, have merely the right of vetoing any undesirable appointment.

The annoyance caused by these autocratic actions of the governing board is well exemplified by the fact that no Leith practitioner applied for the vacancies announced after the resignations above referred to. All the new officials are Edinburgh practitioners, and it is a question whether the directors were not acting *ultra vires* in making these appointments. It is open to question, however, whether the hospital is not better manned now than before, for it was a matter of notoriety, largely owing to the absence of specialists, and, therefore, to the managers' short-sighted policy, that the hospital had not a very good reputation. It is always a matter to be deplored when the managers of such a hospital choose to act in a manner out of sympathy with the honorary medical staff, and we cannot but feel regret that they have exhibited so little of the *suaviter in modo*, and cultivated such an egotistical and uncharitable *fortiter in re*. We believe that the hospital, although to some extent endowed, is dependent partly on voluntary subscriptions, and it is certain that the hasty and ill-considered action of the managers will alienate a number of the supporters of the institution, if only from the publicity given to their washing of, what to them, was soiled linen.

THE PAISLEY INFIRMARY.—At the 110th annual meeting of the directors and subscribers to this charity, it was mentioned that owing to the benefits of the Notification Act, the number of infectious diseases was lower than in any year since 1891. It is worth noting that the authorities of many of the hospitals ascribe this diminution to the Act, not to the absence of any serious epidemic. The rest of the report calls for no special comment. The finances seem to be in a fairly satisfactory state.

THE ROYAL SOCIETY OF EDINBURGH.—At a recent meeting of this society, Mr. R. C. Moesman, a well-known local meteorologist, read a paper entitled, "The Seasonal Death-rate from Certain Diseases in Edinburgh during the period 1878-94 with remarks on the Relation between Weather and Mortality." The data used were tabulated from the weekly returns of the Registrar-General for Scotland, and the meteorological observations from the Edinburgh stations of the Scottish Meteorological Society. The primary object of the paper was to give an idea of the variations in the mortality of some diseases throughout the year. The maximum death-rate from all causes occurred between the middle of November and the end of January, the minimum from the beginning of July to the end of September. The number of deaths from scarlet fever, croup, laryngitis, diphtheria, and typhoid fever, were most numerous in November, least in July, and were above the average from September to February. Measles showed three annual maxima, viz., the end of December, the middle of February, and the end of March, its minimum being in the month of August. Whooping-cough did not reach its maximum until the first week of May, its minimum in November. The death-rate from diarrhoea rose with great rapidity after June, and reached its height at the beginning of September. The deaths from diseases of the respiratory system attained their maximum at the beginning of December, immediately following the damp, raw, changeable weather common to the month of November in the East of Scotland. A point which Mr. Moesman emphasised coincided with one hazarded by Dr. Gillespie in a previous paper on much the same subject. This depended on the connection between variability of temperature and the incidence of bronchitis, pneumonia, and pleurisy. That is to say, that periods of intense cold, if the cold was continuous, had much less effect on the incidence of these diseases than the alternation of cold, perhaps much less intense, and warmth. Mr. Moesman introduced a new factor in considering this subject, a factor obtained by taking the mean variability of temperature for each week. That is, of course, the total difference between the daily maxima and minima for the week divided by seven. Another interesting point brought out was that the mortality in London from five chief zymotic diseases reached its maximum two to nine weeks earlier than in Edinburgh. On

the other hand, the minimum death-rate from whooping-cough, scarlet fever, and typhoid fever took place ten weeks earlier in London, of measles and diarrhoea a month later.

QUEEN MARGARET COLLEGE.—Some short time ago we referred to the fact that Queen Margaret College was likely to be a financial burden on the University of Glasgow, but this was denied by a certain section in connection with the College. The fact, however, is now self-evident, if the accounts for 1894-95, just published, are to be trusted. From these we gather that the income from all sources from Queen Margaret College was £2,824 4s. 9d., and the recorded expenditure amounted to £3,122 0s. 2d., showing a deficiency of £297 15s. 5d. This unfortunately is not all, as the above disbursements do not include any portion of the expenses of preliminary and degree examinations, which amounts to the sum of £1,194 9s. 1d. Taking the number of matriculated students as a basis of allocation, Queen Margaret College is chargeable with two-nineteenths of this sum, in other words £125 14s. 8d., which would increase the shortcoming to £423 10s. 1d. And it must also be borne in mind that, up till the present time, the secretaryship of Queen Margaret College has not cost a single shiver, as Miss Galloway (the Hon. Secretary) has always declined to accept any remuneration for her valuable and unwearied services, consequently the debit balance would have considerably exceeded £600 had Queen Margaret College possessed a paid secretary.

PRINCIPAL CAIRD'S HEALTH.—We regret having to report the illness of Principal Caird. For some weeks past he has been confined to his residence suffering from a rather severe cold, the result of chill. Although his medical advisers do not anticipate any immediate danger, yet, considering the Principal's advanced age, they have come to the conclusion that it will be advisable for him to relinquish all public duty. At a recent special graduation the Principal had to perform the ceremony in his own house. We wish the able and respected Principal a speedy recovery, and a return of his usual good health.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—A meeting of the Scottish Division of this Association was held in the Hall of the Faculty of Physicians and Surgeons, Glasgow, on Thursday, the 12th inst., Dr. T. W. McDowall, of the Northumberland County Asylum, in the chair. Dr. Hamilton Marr, assistant physician, Lenzie Asylum, and Dr. Hossack, assistant physician, Inverness Asylum, were elected members of the Association. The following papers were read, and led in each case to considerable discussion:—"Certain Conditions of the Circulatory System in the Insane," by Dr. Ederley, Melrose Asylum; "A Case of Mental Stupor, with Recovery after Six Years' Duration," by Dr. Hotchkiss, Gartnavel Asylum; "Forms for Case-taking and for other Asylum Records," by Dr. Urquhart, Murray Asylum; and "Dangerous Lunatics and the Legal Provisions for dealing with Them," by Dr. Carswell, Glasgow.

Obituary.

DR. HUGH J. BYRNE, J.P., ROSS, TASMANIA.

We announce with regret the death of Dr. H. J. Byrne, at Ross, Tasmania. For a considerable time his friends became sadly convinced of his declining health. He bore his long and trying illness with edifying patience. Dr. Byrne was born in Dublin in 1854, made his studies in the Royal College of Surgeons. Having secured his diploma, he decided, owing to delicate health, to go to Tasmania. He settled in Campbell Town, where, for some time, his health seemed to improve. During his seven years' residence there, he built up for himself a large and lucrative practice, and deservedly enjoyed the confidence and good will of all, both rich and poor, in that district. In 1891, feeling that the work in Campbell Town was too much for him, he changed to Ross. Whilst health lasted he turned out in all weather as cheerfully to alleviate suffering in the hut or tent by the bush tract as in the mansion. His kindness to the suffering, and especially to the suffering poor, won for him the hearts of all in the Midlands. It is not, therefore, surprising that inhabitants of the district, without distinction of class or creed, assembled at his obsequies. When the coffin was laid in

its resting place, Dean Connell addressed a few words to those who stood round the open grave—words full of kindly sympathy. Dr. Byrne, he said, was known to all of them as a man of sterling qualities of head and heart. He felt sure they all wished eternal rest to the soul of their departed friend.

Subsequently a public meeting was held in the Town Hall. After some discussion it was decided as the best means of showing the respect and high esteem Dr. Byrne was held in by all to place some memorial over his grave. If the amount subscribed is sufficient, a wish of the late Doctor will be fulfilled, in providing an ambulance vehicle for Campbell Town Hospital.

Correspondence.

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

THE ETHICS OF PROFESSIONAL ADVERTISING.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—This is evidently becoming one of the burning questions of the day, and now that the proceedings of the law courts are being let loose upon it, we are being forced into a very close consideration indeed of what can be done and what cannot be with safety condemned. It is but a very few years ago since whole columns of the *Times* were occupied by medical publishers in the weekly advertisements of our very best text-books. A few vigorous resolutions of some of the medical corporations suddenly put an end to this practice, but it is worthy of note that many of those who took part in the passing of those resolutions were those who occupied their dominant positions by reason of those very text-books, and, inferentially, by reason of that same system of advertisement. We find the General Medical Council deciding with strange impartiality, but with a specious and complete absence of logic, as to what is and what is not infamous conduct in a "professional" sense, and now and then qualifying their judgment by explaining that by "professional" they really mean "Pickwickian." Yet we see to-day a published statement that "Quain's Dictionary of Medicine" (its author being President of the said Council) has been widely advertised in lay journals within the last few months. Verily and in truth, all this is contradictory and most unsatisfactory.

Dr. Kingsbury, of Blackpool, has just mulcted the Editor of the *British Medical Journal* of £150 for what the court called a libel, the libel being what anybody will find reported in the *Manchester* and other papers of February 29th, that is, the trial took place on February 28th. In the *Times* of February 28th, the same day, in the run of little bits of news following on the movements of royalty, and headed "Court Circular," is the following:—"Mr. Ernest Hart has left for a yachting tour in the Riviera for the restoration of his health, which has not yet recovered from the overstrain of his recent sanitary tour in India." I have applied to the publisher of the *Times*, and have his printed reply before me that in the said column of his paper such insertions are charged for at the rate of three lines for a guinea, and ten shillings and sixpence for every additional line.

Sir, will you help us to know what constitutes guilt and what is innocence in the matter of undue and improper advertising? I confess matters are at present perplexing beyond all consistency. What in one man is rank blasphemy seems in another to be ground for a successful libel action.

I am, Sir, yours, &c.,

LAWSON TAIT.

Birmingham, Mar. 7th, 1896.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I cordially and heartily agree with every word of your excellent leader on medical advertising, and I am sure that such an outspoken expression of opinion can do nothing but good. There may possibly be some excuse for the small man struggling along with insufficient means, and possibly pressed by creditors, but there is none for the holder of a high official position, who is supposed to

look after the ethics of his weaker brethren. I hope the matter will engage the attention of the Censors' Board of the Royal College of Physicians.

I am, Sir, yours, &c.,
A MEMBER OF THE COLLEGE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In common, doubtless, with many of your readers, I was grateful for the trenchant article on this subject which appeared in your last issue. The so called "organs of public opinion" obstinately refuse to allow us to "bell the cat" under similar circumstances, and the most heinous, because the most influential, offenders thus escape scot free.

It is idle to protest against self-advertisement by medical practitioners, so long as men in the position of Sir Dyce Duckworth are allowed to perpetrate it in its most unblushing form without let or hindrance. The case of Kingsbury v. the *British Medical Journal* places the present position of the question in bold relief and, as a member of the Medical Defence Union, I would suggest that an early opportunity be taken by that association to obtain the opinion of the General Medical Council on the permissibility of broadcast advertisement, as, for instance, by allowing one's name to appear on the leaflets of an insurance company. Possibly, also, though I fear hardly probable, the Ethical Committee of the Association might be induced to take up the matter.

I do not necessarily imply that such conduct is wrong, even from a professional point of view. All I ask is that the Council shall embody in a resolution a definition of what constitutes unprofessional conduct in the matter of advertisement on the part of a medical practitioner. Failing a *pronunciamento* by the Council let us arrive by discussion at some conclusion on the subject, in the interests of consistency and justice. At present we, with our so-called ethical code, are the laughing stock of the public. Though simple enough in its inception, this code appears to be binding only on the "small fry" consultants, even censors of the College of Physicians, honouring it more in the breach than in the observance. Under the circumstances I am sure your readers will pardon my signing myself,

Yours obediently,
A WOULD-BE ADVERTISER.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—My attention having been called to an article in THE MEDICAL PRESS AND CIRCULAR on the recent libel case of Kingsbury v. *British Medical Journal* stating that the medical men of Blackpool were backward in supporting the *Journal*, I think it only fair to send you the enclosed cutting from the *Blackpool Gazette*. I can vouch for the truth of it as I was myself in court, having been subpoenaed. May I ask you to kindly correct your statement, and with apologies for troubling you,

I am, Sir, yours, &c.,
H. BLUNDELL, M.B., M.Ch.
Doric House, South Shore, Blackpool,
March 10th.

[The cutting referred to states that there were five local practitioners ready to give evidence against the plaintiff, but the defendant's counsel refused to call them.—ED.]

PHARMACOLOGY AS AN EXAMINATION SUBJECT.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I most cordially and heartily agree, not only with the sentiments expressed in your admirable and lucid leader on this subject, but with the views enunciated by my friend Prof. Leech, whose experience both as a teacher and as an examiner in the Victoria University enables him to speak as an authority of many years' standing. The abolition of Pharmacology as an examination subject will, I am sure, exert a prejudicial effect, not only on the work of the physician, but on the status of the skilled pharmacist.

It falls to my lot to have to impart to the students of the Westminster Hospital who are preparing for the final examination of the Conjoint Board some knowledge of the art and mystery of prescribing, a subject concerning which they are usually profoundly ignorant. A man may be an accomplished diagnostician and a profound pathologist, and yet be unable to write the simplest prescription. His difficulty is not so much in prescribing the right thing as in prescribing anything at all. If this has been the experience of the past, what are we to expect in the future? What chance is there of teaching therapeutics when the student knows nothing of the very foundation on which it rests? It is true that Pharmacology is still retained as a lecture subject, but no student will devote much attention to a subject on which he knows he will not be examined. We can compel his bodily attendance in the lecture-room, but his thoughts will be elsewhere. We may play on the pharmacological pipe, but we cannot make him dance; he will remain ignorant of the action and uses of drugs, and will, in due course, be sent out into the world without knowing how to prescribe for the commonest symptom or the most simple disease. In five or six years from now, we shall have growing up around us men who, from sheer timidity, will rarely venture to prescribe anything but the simplest remedies. The pharmacist may display the time-honoured inscription, "Prescriptions dispensed with care," but there will be no medicines for him to compound. The unfortunate qualified practitioner, whilst cursing the stupidity of the authorities who made him devote the best years of his life to the acquirement of much useless knowledge, and left him ignorant of the means of alleviating the sufferings of his patients, will in despair, fall back on the preparations of the advertising chemist. When he has a case of sciatica, he will prescribe someone's "Antisciatine"; when a patient complains of lumbago, he will recommend him to try "Antilumbagine," and when hemorrhoids engage his attention, he will have nothing better to suggest than a careful application of the popular remedy "Antipiline." These and similar preparations—all made in Germany, and of unknown composition—will be his stock-in-trade. Patients will cease to respect him and to consult him, unless, perchance, they want an autopsy performed, whilst the unfortunate chemist, finding his legitimate occupation gone, will be compelled to eke out a miserable subsistence by selling bed-pans and "specialities" at store prices.

I am, Sir, yours truly,
WILLIAM MURRELL.

Welbeck Street, London, W.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is with feelings of regret that I find that the Royal College of Physicians of London has decided to expunge pharmacology from its curriculum. It has been stated and widely circulated on the authority of one of its most distinguished Fellows that pharmacology does not enter into the examination of students at the Edinburgh University. I wish to give an emphatic denial to this statement. I speak from authority, as I have served as an Examiner in that University for five years, and I can assert that pharmacology enters largely into each examination. I am at present Examiner for the University of Glasgow, and can equally vouch for the fact that there, likewise, Pharmacology fully enters into each examination.

It is to be deplored that the Royal College of Physicians of London should have thought fit to take such a retrograde step as to expunge Pharmacology from its curriculum. Pharmacology is the keystone to therapeutics, and a man who does not thoroughly understand the one, must be almost totally ignorant of the other. I am daily surprised at the ignorance of various Fellows of this College with whom I come in contact, on the subject of therapeutics, and I am ashamed of the boastful position many of them adopt in ignoring any advantage derived from therapeutics in the treatment of disease.

I am, Sir, yours truly,
C. D. F. PHILLIPS.

London, March 16th, 1896.

HOSPITAL REFORMERS AND ST. JOHN'S HOSPITAL.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Like the poor, the hospital reformer is always with us, but unlike the poor one never knows what the hospital reformer wants. There are so many varieties of the genus that it is unkind of your correspondents to hide their identity. Besides the honesty of the motives of the writer is likely to be so much more convincing when the letter is signed. If your latest correspondent had not alluded to St. John's Hospital, I for one would have been quite content to leave your correspondents in the obscurity of their anonymity to join their views to those other reformers, so-called, who, not content with alienating funds from general and special hospitals alike, are now endeavouring to wreck both. Need I say I specially allude to the champions of the "dear animals" and opponents of the "hospital devil doctors," the gentlemen who think the best way to remedy the defects of the out-patient department system is to sweep it away altogether, and the many other faddists, lay and medical, who have a special axe to grind.

I am, however, quite in accord with the statement that "if a special hospital exists, it must justify its existence by answering the following tests":—(a) Treatment of the sick poor gratuitously. (b) Teaching the profession. Applying these tests to St. John's Hospital, I find that 6,403 new patients attended last year, of whom 3,500 contributed sums varying from threepence to two-shillings and threepence per week, the balance, 2,903, being treated gratuitously. Of the paying patients many are sent by their own doctors, to whom some are returned with letters suggesting the line of treatment to be carried out. Some remain for a short time under treatment and are then returned, while others are kept till cured by special request of the medical man.

Speaking for my own share in the teaching work carried on at St. John's, during the past three years, I have given three post-graduate courses in each year, which have been attended by upwards of a hundred and fifty doctors. Since the 1st of January this year there have been two hundred and fifty-nine attendances of medical men, mostly practising in and around London, at my out-patient department. Lastly, "Another Hospital Reformer" alludes to the notorious St. John's (Leicester Square), and he is right. It is notorious for—(1) being the first hospital to become registered under the Friendly Societies' Act. (2) Submitting its books to be examined by the representatives of *Truth*, who, as a result of their inquiry, published an article approving of the integrity of the financial management of the hospital. (3) Having at the end of last year, after all liabilities were paid, a balance to its credit. (4) Being the largest Skin Hospital in the United Kingdom, with an in-patient department of sixty beds.

I am, Sir, yours, &c.,

MORGAN DOCKRELL.

9 Cavendish Square.

March 14th, 1896.

DEATH UNDER CHLOROFORM IN A DENTAL SURGERY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Knowing nothing of the case beyond what I have read in your note headed "Death from Chloroform," in the *MEDICAL PRESS*, of March 11th, I make no comment on this, the latest fatality from chloroform in the dentist's chair, nor would I suggest that employment of the chosen anæsthetic was not fully justified by special circumstances; but after an experience of over a quarter of a century in hospital and private practice, I do venture most emphatically to affirm that the cases of dental operation in which chloroform or ether can be considered indispensable, are so rare that practically it may be said the use of these always dangerous agents in ordinary dental surgery is unjustifiable. Nitrous oxide gas is *par excellence* the dental anæsthetic. The cases in which it does not in every way suffice, are highly exceptional; and much more can be done with it than seems commonly supposed. In the

few instances in which a large number of teeth need to be extracted—teeth beyond the reach of conservative treatment which now-a-days is able to save so many—it is, as a rule, not necessary to remove all at one sitting. There is, moreover, no difficulty in giving gas on one occasion repeatedly or at least two or three times in succession. In many cases a few teeth or stumps having been drawn, and the effect of the anæsthetic passing off, the inhaler can be re-applied, anæsthesia again induced, and more extractions performed without the patient regaining consciousness. In cases where jaws are closed, in consequence of inflammation extending from around molar, and gas anæsthesia would not afford time to force the jaws apart and remove the offending tooth, the operation may be divided into two parts. The mouth, under gas, may first be opened by the screw gag, and then the gas may be given again for the extraction. In most cases the second administration may be begun before the effect of the first has passed off, and the patient may be as effectually spared both terror and pain as with any other agent.

In the very few complicated dental cases, where chloroform or ether may be really called for, they ought never to be given in a chair. The patient should always be recumbent, undressed, and prepared in the way usual when other operations are contemplated. The patient may recline on an ordinary couch with the shoulders raised on pillows, and the head thrown slightly back, the dentist standing either on the patient's right, or behind the head. In one or other of these positions the operator can conveniently deal with any tooth in either jaw.

I am, Sir, yours, &c.,

HENRY SEWILL.

9A Cavendish Sq., W., March 11th, 1896.

Medical News.

The Royal College of Surgeons of England.

At the meeting of the Council on Thursday last, Mr. Christopher Heath, President, in the Chair, Mr. Thomas Bryant (Guy's Hospital) was unanimously re-elected representative of the College on the General Medical Council for a further period of five years. The Council, in pursuance of their Resolution of the 13th ult., having considered the question whether "members" should or should not be directly represented on the Council, adopted the following resolution:—"As the members of this Council represent the body corporate of this Royal College, and consequently its members as well as its 'Fellows,' it is the opinion of this Council that no further representation of the members is desirable." A letter was read from Dr. Liveing, reporting that the Royal College of Physicians, at a special meeting held on the 13th ult., had re-elected Dr. G. Sims Woodhead Director of the Laboratories for another year, and had adopted, subject to the approval of this College, the following Resolutions in reference to the Regulations for the five years' curriculum, viz., 1. That to Paragraph 6, at the head of page 6 of the Regulations (relating to the Practice of Medicine and Surgery, Clinical Instruction, Demonstrations in the Post-mortem Room, Clinical Lectures on Medicine and Surgery, Practical Instruction in Diseases of Women, Medical Clinical Clerkship and Surgical Dressership), the words "after passing the second examination" be added, so that it may read thus:—6. Of having attended at a recognised Hospital with a Medical School, after passing the second examination (the lectures, &c., as above). 2. That "Pharmacology" as a separate subject be omitted from the third or final examination, and the synopsis headed "Pharmacology" from the Regulations. 3. That the alteration necessary to bring the Regulations into accord with the above Resolutions be referred to the Committee of Management, and that, if the Royal College of Surgeons agree, on their part, the Regulations be issued. The Council having agreed to the alterations proposed by the Royal College of Physicians, it was referred to the Committee to revise the Regulations in accordance therewith, and to issue them.

Notices to Correspondents, Short Letters, &c.

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

ACCEPTED PAPERS, LECTURES, AND CASES.

THE following are hereby acknowledged as received since the publication of our last week's list:—from

DR. F. HOLMES WIGGIN (New York): "Mansell's Method of Intestinal Anastomosis," with seventeen woodcuts.

DR. J. O'CONNOR (British Hospital, Buenos Ayres): "On Exclusion of Tongue for Cancerous Disease," with illustration.

DR. T. MORE MADDEN: "On Some Points in the Hygiene of Infancy and Childhood."

DR. H. MACHAUGHTON JONES: "Errors of Refraction in Neurasthenic Women."

MR. MAYO ROBSON, F.R.C.S.: "Ventrodilation or ventrosuspension of Uterus."

MR. J. E. PLATT, F.R.C.S.: "Case of Rupture of the Abdominal Aorta from External Violence without Penetrating Wound" (Manchester Royal Infirmary).

DR. F. A. FURCELL: "Cases of Removal of Uteri by Vaginal Hysterectomy for Malignant Disease."

THE MORTALITY OF FOREIGN CITIES.

A CORRESPONDENT asks us if the weekly returns of Mortality of Foreign Cities are for the same week. To this we reply that the statistics are valuable for comparison, as the Registrar-General can only publish them as supplied to him, and that while the figures for London and Paris may be for a week in February, those for Rome (always the last to hand) may refer to a week in December, and those for New York or Bombay to one in January.

G. P.—A marked copy of the journal in question had already been forwarded to this office, and our correspondent will see that we have dealt with the matter in our editorial columns.

THE WOMAN DOCTOR COULD NOT COME.

It was at the time when, in Baltimore at least, the woman doctor had just appeared upon the scene, and a propos of woman's usefulness and her limitations in this new field the late Dr. W. C. Van Bibbert related this story: A wakened late one night by a ring at his bell, he called down the speaking tube to know who it was. "It's I, doctor, Mr. —. I want you to come at once to my wife. She is in labour." "Yes, but I don't attend your family. Why don't you go for your own physician?" And back came the reply: "I did, doctor; but she's about to be confined herself."—*New York Medical Record*.

STUDENT.—Apply to the publishers of this journal who will give the list of books required.

J. M. S.—Under consideration.

IPECACUANHA IN INSECT BITES AND STINGS.

To the Editor of THE MEDICAL PRESS and CIRCULAR.

SIR.—Referring to your annotation on this subject, your readers will find in Sections 393 & 4 and 436 & 4 of the "Medical Digest" that the marvellous value of ipecacuanha, applied externally in wasp, bee, and scorpion stings, in mosquito bites, &c., can be readily studied. It is fifty years since Mr. Coles drew attention to the subject.

I am, Sir, yours, &c.,

RICHD. NEALE, M.D. Lond.

60 Boundary Road, South Hampstead, S.W.,
March 10th, 1896.

Meetings of Societies, Lectures, &c

WEDNESDAY, MARCH 18TH.

ROYAL COLLEGE OF SURGEONS.—5 p.m. Mr. W. G. Spencer: The General Pathology of Bone. (Krasnus Wilson Lecture.)

ROYAL METEOROLOGICAL SOCIETY (32 Great George St., Westminster).—7.30 p.m. Mr. F. Gaster: Weather Forecasts and Storm Warnings, how they are Prepared and made Known (Illustrated by diagrams, &c.)

ROYAL MICROSCOPICAL SOCIETY (20 Hanover Sq.).—8 p.m. Dr. A. C. Stokes: On some American Rodifers.

THURSDAY, MARCH 19TH.

HARVEIAN SOCIETY (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Dr. Bowles: Nausea and the Schott Treatment of Diseases of the Heart.

SOCIETY OF ARTS (Imperial Institute, South Kensington).—8.30 p.m. Mr. J. H. Glass: The Great Landship at Gohna, in Gurhwal, and the Measures adopted to Prevent serious Loss of Life.

SOCIETY OF ANAESTHETISTS (20 Hanover Sq.).—Paper by Sir Benj. Ward Richardson.

FRIDAY, MARCH 20TH.

ROYAL COLLEGE OF SURGEONS.—5 p.m. Mr. W. G. Spencer: The General Pathology of Bone. (Krasnus Wilson Lecture.)

ROYAL INSTITUTION.—9 p.m. Prof. T. E. Frazer: Immunisation against Serpents' Venom and the Treatment of Snake-bite with Antivenene.

SATURDAY, MARCH 21ST.

ROYAL INSTITUTION.—8 p.m. Lord Rayleigh: Light.

Vacancies.

Birmingham and Midland Free Hospital for Sick Children.—Resident Medical Officer and a Resident Surgical Officer. The salaries will be £70 and £50 respectively, with board, washing, and attendance. Applications must be sent to the Secretary, Children's Hospital, Steelhouse Lane, Birmingham, not later than April 9th.

Bradford Infirmary.—Dispensary Surgeon Salary £100 per annum, with board and residence. Also Junior House Surgeon. Salary £50 per annum, with board and residence. Both candidates must be single. Applications and testimonials to the Secretary on or before March 30th.

City of Manchester.—Chemical and Bacteriological Assistant. Salary £200 per annum. Applications and testimonials to the Chairman of the Rivers Committee on or before 21st March.

Dundee Royal Lunatic Asylum.—Assistant Medical Officer. Salary £100 per annum, with board, lodging, &c. Applications and testimonials to Dr. Korie at Asylum on or before 4th April.

Hull Royal Infirmary.—Junior Assistant House Surgeon. Salary £40, with board and lodging. Applications and testimonials to the Chairman, House Committee, not later than March 23rd.

Royal Albert Edward Infirmary, Wigan. Junior House Surgeon. Salary £50 per annum, with rooms and apartments (exclusive of washing, &c.). Applications and testimonials to the secretary not later than March 25th.

The General Infirmary at Leeds.—Resident Surgical Officer. Salary £100 per annum, with board, residence, and washing. Applications, with testimonials, to be sent in not later than the 20th inst., addressed to the Secretary of the Faculty.

University College, Bristol.—Faculty of Medicine.—Medical Tutor. Salary £125. Applications and testimonials to the Dean not later than March 31st.

Weston-super-Mare Hospital.—House Surgeon, unmarried. Salary £50 per annum, with board and residence. Applications and testimonials to the Hon Sec. not later than 24th March.

Appointments

BAGSHAW, A. G., M.B., B.C. Camb., M.R.C.S., L.R.C.P. Lond., House Physician to the Great Northern Central Hospital.

BLACKER, G. F., M.D. Lond., B.S., F.R.C.S., M.R.C.P., Obstetric Physician to Out-patients at the Great Northern Central Hospital.

BOND, C. S., M.B., B.C. Camb., L.R.C.P. Lond., M.R.C.S., Second Medical Officer to the Chelsea Board of Guardians.

CLARK, J. M., M.A., M.D. Camb., M.R.C.P. Lond., Professor of Pathology and Morbid Anatomy to University College, Bristol.

CUNNINGHAM, G., M.A. Cantab., D.M.D. Harv. Univ., L.D.S. R.C.S. Eng., Dental Surgeon to the London Hospital.

DOLANORE, W. H., M.R.C.S., L.R.C.P., L.D.S. R.C.S. Eng., Dental Surgeon to the London Hospital.

DONNELLY, W. T. B., M.B., C.M. Durh., L.R.C.P. Lond., M.R.C.S., Honorary Medical Officer to the Miller Hospital, Greenwich.

EDGEMOND, F. H., M.B. Camb., B.A., B.Ch., B.Sc., Lecturer in Practical Physiology and Histology to University College, Bristol.

HALL, G. K., M.B., B.C. Camb., L.R.C.P. Lond., M.R.C.S., Medical Officer for the Iron Sanitary District of the Eton Union.

MASKELL, J. W., M.R.C.S., L.R.C.P. Lond., Junior House Surgeon to the Bootle Borough Hospital.

MUMBY, B. H., M.D. Aberd., M.R.C.S., D.P.H. Camb., Medical Superintendent to the Borough Lunatic Asylum, Portsmouth.

SWAYNE, W. C., M.B. Lond., M.R.C.S., L.R.C.P., Lecturer in Practical Midwifery to University College, Bristol.

Births.

ANDREW.—March 12th, at Hethersett, Hendon, N.W., the wife of F. W. Andrew, M.R.C.S., of a son.

FOX.—March 12th, at Brington House, near Bristol, the wife of Bonville Bradley Fox, M.D., of a son.

MACPHEIL.—March 10th, at Rowditch, Derby, the wife of Rutherford Macphail, M.D. Edin., of a son.

MURDOCH.—March 11th, at 21, Oaks, Hythe, the wife of Alan Murdoch, M.R.C.S., L.R.C.P., prematurely, of a daughter.

NASH.—March 10th, at 56 St. Peter's, Bedford, the wife of W. Gifford Nash, F.R.C.S., of a daughter.

URTHOFF.—March 10th, at Wavertree House, Brighton, the wife of John Caldwell Urthoff, M.D., of a daughter.

WALLIS.—March 10th, at Old Stone House, East Grinstead, the wife of Percy Everard Wallis, M.R.C.S., L.R.C.P., of a daughter.

Marriages.

MORTIS—WRIGHT.—March 11th, at the Parish Church, Markfield, Leicester, Harold Edward Mortis, L.R.C.P. Lond., L.S.A., of Kinnerley, Oswestry, to Amy Florence, third daughter of the late John Wright, M.R.C.S., L.S.A., of Markfield.

Deaths.

BYRNE.—Dec. 12th, 1895, at Ross, Tasmania, Dr. Hugh J. Byrne, Surgeon, youngest son of the late Hugh J. Byrne, City Architect, F.R.I.A.L., and grandson of Patrick Byrne, R.H.A., V.P. Royal Institute of Architecture, Ireland.

DIXON.—March 7th, at Nurmes, Finland, A. L. Hoper Dixon, Surgeon-Captain A.M.D., only son of the late Hoper Dixon, of Ashford.

SUTHERLAND.—March 6th, W. Hope Sutherland, M.B., C.M., Health Officer, Rangoon Municipality, eldest son of the late Dr. John Sutherland I, Inspector-General of Hospitals, Bengal Army.

REVELL.—March 1st, suddenly, at Saltash, Cornwall, Richard C. Revell, J.E. C.C., Surgeon (Mayor of Saltash).

WATKINS.—March 8th, at Batoum Gardens, Hammermith, George Watkiss, M.R.C.S. Eng., aged 80.

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Original Communications.

ERRORS OF REFRACTION IN NEURASTHENIC WOMEN.

By H. MACNAUGHTON-JONES, M.D., M.Ch.,
M.A.O., F.R.C.S.I. and E.

FROM my recollection of the advances that have been made in ophthalmology during the last twenty-five years, I believe that there is not one that has had a more important bearing on general medical treatment than the recognition of the influence which astigmatism, even in a slight degree, may exert on the general health. This is a fact now so widely, if not universally, acknowledged by all interested in the science of ophthalmology, that it is needless to comment on it.

Yet there are still many intelligent medical men who are sceptical of the subtle influences exerted by eye strain on the nervous system. If this happens in the case of an otherwise healthy man or woman, how much more likely is it to occur in that of one in whom functional or organic affections of any of the viscera have enfeebled the general health. That such serious consequences may follow from eye strain in men as to compel them to abandon their callings, I have had striking examples of. The rectification of the refractive error has cured the train of nervous phenomena, and enabled them to pursue their avocations with comfort. But my principal desire in this communication is more especially to call attention to the frequent correlation which exists between those nervous disturbances so commonly observed in women at the age of puberty, during pregnancy, and in the climacteric, and eye strain consequent upon an undiscovered astigmatism.

Foremost amongst these symptoms is headache of varying degree of intensity; next probably in frequency comes migraine, with or without nausea, but in some cases there can be no doubt that more serious nerve disturbance can be traced to the ocular defect and consequent accommodative spasm. During menstruation also such refractive disorders become more manifest, and are apt to be accentuated with corresponding development of the distressing symptoms. This is a fact particularly worthy of recollection by the gynaecologists, inasmuch as ocular and oculomotor disturbances are not infrequently started during the catamenia, and further, in disorders of this latter function, more particularly associated with suppression or irregularity of the menstrual discharge, are such eye affections observed. But as oftentimes these aberrations of menstruation are dependent upon, or are associated with, some abnormal state of the uterus and annexa, it behoves us, when such nervous troubles as those I have referred to are complained of, to put out of court the possibility of their being caused or aggravated by defects in ocular accommodation.

If I may take an illustration of the clinical importance of the application of this knowledge in one special direction, I would refer to a recent paper by Mr. Dodd on the Treatment of Epilepsy by the Correction of the Abnormalities of Refraction. Those observations,

made in the West End Hospital for Nervous Diseases, showed that in the instance of 75 epileptics who were affected by errors of refraction, 49 were benefited by correction of these errors; and in 13 instances the attacks ceased while wearing the glasses. In the remaining 36 the improvement was marked, 23 failing either to wear the glasses or to report themselves. I had a somewhat striking example of the consequences of this optical irritation in the case of a young lady who suffered from semi-epileptiform attacks, and whom I was testing for astigmatism not long since. On trying her vision with the astigmatic dial and tests, a transient attack at once followed. This recurred on two or three occasions, making it extremely difficult to test the eyes—a difficulty still further increased by a slight degree of nystagmus present. In this particular case there was hyperopic astigmatism, corrected by + .75 cyl. with + 0.5 spherical in the right eye; + .75 cyl. + I. D. spherical in the left.

I may at once say with regard to the cases illustrating this paper that *not in a single case I am quoting had the patients any idea that the eye was in any way connected with their sufferings.* Indeed, in several of the cases the vision was, on interrogation, declared to be perfect, and, in not a few instances, the idea of any defect was rather indignantly repudiated. The greater number came to me believing that the source of all their trouble was to be found in some uterine or ovarian affection. I have selected from a comparatively recent period sufficient evidence to establish the simple practical clinical point it is my desire to insist upon, viz., that in women who are suffering from such symptoms as headache of various degrees, nausea with migraine, and those erratic head symptoms which are found to be present during the climacteric period of life; also, in cases in which mental fatigue and want of concentration after prolonged near work is complained of, any error of refraction should be carefully sought for and corrected, as an essential part of the general treatment of the case. When I use the term "neurasthenia" in association with errors of refraction, I refer especially here to that unstable state of nervous excitability or irritability, predisposing the sufferer to central effects of possibly slight peripheral ailments. The latter thus give rise to exaggerated reflex phenomena in distant organs or remote nervous areas. Such reflex irritations are common in affections of the pelvic viscera in women, more especially in the case of disorders of the uterine annexa. They are not infrequent in affections of the nasal bones and mucous membrane. They are common in disorders of digestion and gastric derangements. They are frequent during the pregnant state and occasionally persist as its consequence. During the critical climacteric, when psychical disturbances and mental disequilibrium are common, such a general susceptibility to reflex excitation is a frequent source of the legion of troubles met with during this critical time of physiological change. The unfortunate term "neurotic" has vulgarly come into use as a sufficiently exact expression to define the general state of hypersensitiveness and loss of will control frequently seen in women, with the result that hysteria and the fanciful ailments of the *malade imaginaire* are often confounded with true visceral and other neuroses which have a distinct functional derangement

or pathological change as their cause. Naturally, any one who is brought into contact with a large number of such sufferers, is apt to concentrate all his attention more specially on the particular organ or organs, the functions of which are at the time disturbed, and this remark applies with peculiar force where the generative organs of women are those in question. In the instances of two hundred and seventy women, who consecutively consulted me for various affections of these organs, I found that fifty-three complained of head symptoms, such as aggravated headache, fulness in the head, loss of memory, and facial neuralgia; sixteen suffered from migraine; three from epilepsy; two from catalepsy; fifteen from ophthalmic symptoms depending upon abnormal retinal states; and fourteen from other cerebral disorders. This fact is in itself sufficient to show how common is the concurrent occurrence of aberration of function in the generative organs with disturbance of the brain or cranial nerves. It also indicates how easily one may be misled into attributing to these uterine conditions such nervous disturbances as headache, migraine, neuralgia, inability to study, to write, or to continue other kinds of protracted near work for any time. My desire then is to show that in all such cases, when the general tone of the entire vascular, nervous, and muscular systems is reduced, latent refractive disorders are likely to become manifest, and want of accommodative control or assistance to be felt. This tendency should indicate in all cases where such symptoms as those to which I have referred are present, the need for careful examination of the vision, and particularly for astigmatic errors of refraction. The following cases I have taken from quite recent work, and they are sufficient for the purposes of this paper:—

Age.	Married (M.) or Single (S.)	Symptoms.	Pelvic signs present (where pelvic symptoms complained of).	Refractive error discovered and rectified. (H.A.), or Myopic Astigmatism (M.A.).	Result as noted.
34	M.	Irregularity of catamens. Head and brow aches.	Erosion of cervix.	H.A.	Relieved.
40	M.	Headache and other head symptoms.	Laceration of cervix.	M.A.	Not noted
32	S.	"Dreadful headache." Nausea. General neurotic symptoms Vesical irritation.	Nothing abnormal in uterus or annexa.	H.A.	Greatly impr v d.
46	M.	Headache at periods. Climacteric symptoms. Carious teeth.	Uterus enlarged. Some endometritis.	H.A.	Relieved.
28	M.	Headache. General neurotic symptoms. Throat affected. Sciatica.	Laceration of cervix.	H.A.	Headache cured.
33	M.	Mental depression. Insomnia		H.A.	Not noted
31	M.	Dysmenorrhoea. Headache and nausea. Anæmia.	Erosion.	H.A.	Headache cured.
35	M.	"Desperate headache." Very neurotic.	Intra-uterine growth removed.	H.A.	Headache cured.
42	S.	"Desperate headache" at periods. Dysmenorrhoea and ovarialgia.	Enlargement of ovary.	H.A.	Headache cured.
34	M.	"Desperate headache." Amenorrhoea. Endometritis.	Erosion of cervix. Conical os.	H.A.	Headache cured.
27	S.	"Terrible headache."	Ovaries had been removed.	H.A.	Not noted.
23	S.	Epilepsy.		H.A.	Cannot give final result.
40	M.	"Severe headache." Menorrhagia. Anæmia.	Uterine fibroid.	H.A.	Headache relieved.

Age.	Married (M.) or Single (S.)	Symptoms.	Pelvic signs present (where pelvic symptoms complained of).	Refractive error discovered and rectified. (H.A.), or Myopic Astigmatism (M.A.).	Result as noted.
16	S.	"Severe headache." Burning skin. Nasal symptoms. Chronic hypertrophic rhinitis.			H.A. Headache cured (nasal operation).
42	S.	Head symptoms—pain, giddiness. Depression. Insomnia.			H.A. Greatly relieved.
22	S.	Hemicrania. General nervousness.			H.A. Relieved.
16	S.	Constant headache. Amenorrhoea.			H.A. Headache cured.
18	S.	Epileptic "petit mal" "Felt queer, and could not see before the slight attacks of unconsciousness!"			H.A. Result not recorded.
40	M.	Desperate nausea. Headache. Carious teeth	Uterine erosion. Endometritis.	M.A.	Headache completely cured. (Teeth extracted.)
38	M.	Headache. Hemicrania. Nausea and vomiting. Carious teeth.		H.A.	Relieved. (Teeth extracted.)
33	M.	Dysmenorrhoea. Spinal pain. General nervousness. "Mist before the eyes."	Enlarged uterus.	H.A.	Relieved.
40	M.	Very bad headache. Other nervous symptoms.		M.A.	Relieved.
22	S.	Pain in back. Bad Headaches. Neuralgia.	Retroflexion of uterus	M.A.	Cured.
39	M.	"Dreadful headache" after influenza. Had had uterine displacement and other uterine trouble.	Nothing abnormal in uterus or annexa.	H.A.	Cured.
39	S.	Headache and nausea.		H.A.	Relieved.
32	M.	Headaches since childhood. "Cannot describe her sufferings."		H.A.	Greatly relieved.
16	S.	Choking sensation in throat; follicular laryngitis. Difficulty in reading, and headache.		H.A.	Headache relieved.
40	M.	Tinnitus Deafness. Headache.		H.A.	Headache relieved.
27	S.	"Desperate headache." Dysmenorrhoea. Constipation. Carious teeth.	Nothing abnormal in uterus or annexa.	H.A.	Headache cured. (Teeth extracted.)
14	S.	Nasal symptoms. Deviation of septum. Headaches.		H.A.	Headache cured. (Nasal operation.)
34	M.	Severe neuralgia in the head. Spinal and sacral pain. General debility.	Retroversion of uterus.	M.A.	Unascertained.
35	S.	Neuralgia. Pain in back. Ovarian pain. Severe headache. Intermittent attacks of fever.	Annexa enlarged.	H.A.	Headache relieved.
41	M.	Mental depression. Insomnia. Headache. Tinnitus.		H.A.	Not noted
13	S.	Hemiclorea.		M.A. Diplopia.	Relieved.
25	S.	Deafness. Noises. Nasal obstruction. Migraine and headache.		M.A.	Greatly relieved. (Nasal operation.)
30	S.	Headache, nausea, and neuralgia.	O Spheroctomy had been performed.	H.A.	Headache cured.

It would not be possible to enter into details of cases, nor, for my object, is it necessary. I could

take several as typical examples of the class I speak of, but I will only quote three instances. I may say that every case was corrected under homatropine, and in the great majority retinoscopy was employed as well as careful final verification by test types. A young lady, *set. 22*, a proficient musician, suffered from various local and other symptoms, which, upon examination, were found to be due to retroversion of the uterus. Attendant upon these was constant and severe headache. This, it was hoped, would disappear with the rectification of the displacement. As she had to leave home for some time she was advised to see me, to ascertain whether the uterus was keeping its position, and as to the need for continuing to wear the support. This she did, complaining at the same time of the continuance of the very bad headaches, though she had recovered from her other local troubles. On examining the eyes I found that she had myopic astigmatism which had never been corrected, as she was wearing simple spherical glasses for all work. With -75 cyl. added to her spherical lenses, this was completely corrected, and when last I saw her, her headaches had ceased.

Mrs. —, *set. 46*, had suffered from severe headaches on and off for years. She was now in the menopause, with irregular catamenia. Her headaches had of late become much worse. Further than an enlarged uterus, with some tenderness, there was no pelvic trouble. She had never suspected her eyes as a cause of her headaches. Several teeth were carious. These were removed. On examination I found hyperopic astigmatism, which was completely corrected. When I last heard of her, about one month after wearing the glasses, her headaches were completely removed.

Mrs. H—, *set. 40*, consulted me for general ill-health, including metrorrhagia and other pelvic symptoms. She had as violent head pain as I have ever known of. All the teeth in the upper jaw, being carious, had been extracted for this latter symptom, without affording relief. She had a uterine cervical erosion and endometritis. She was cured of these latter troubles, but the head symptoms continued. On examination of the eyes I found myopic astigmatism of the right, and hyperopic of the left eye— 2.5 cyl. (vertical) in the right; $+0.25$ spher. and $+0.25$ cyl. (horizontal) in the left eye brought her to nearly $\frac{5}{8}$. She has been completely relieved. Careful attention in all cases was paid to any attendant asthenopia, and any errors of insufficiency were corrected by prisms.

Before referring to the table of cases, I should like just to hint that the converse deduction to be drawn from it must not be forgotten, viz. :—That when we are consulted by asthenic or neurasthenic women for errors of refraction, the possibility of these errors being aggravated by nerve disturbances, and affections in other organs in women, especially in those of the pelvis, should not be overlooked.

"I cannot but think," says Ernest Clarke in his admirable work on "Eye Strain," "that there is a great tendency for ophthalmologists to be too special, to treat the eyes and their appendages as if they were isolated organs and to ignore the immense influence that the constitutional condition has upon them." Of the strict truth of this statement I have not the least doubt. Equally certain am I that low degrees of asthenopic astigmatism are often directly due to functional disorders of the digestive organs, to general nerve tire, to anæmic states and reflex disturbances, caused by affections of the sexual organs and those of special sense, and that in attention to such disordered states may be found the proper cure for the asthenopia rather than in glasses.

VENTRO-FIXATION

OR

VENTRO-SUSPENSION OF UTERUS. (a)

By MAYO ROBSON, F.R.C.S.,

Vice-President of the British Gynecological Society; Hon. President, International Congress of Gynecology; Hon. Surgeon, General Infirmary at Leeds; and Professor of Surgery in the Yorkshire College.

MR. PRESIDENT,—When I acceded to your kind request to open this discussion I think I scarcely realised the importance of the task for which I was making myself responsible until I sat down to put my thoughts on paper, for the subject is an extremely important one, in that it deals with a method of treatment the position of which is not yet fixed in gynecological practice, since these operations are as vigorously defended by many able gynecologists as they are denounced as unnecessary or unsatisfactory by others.

As is usually the case, the truth probably lies between the two extremes, and I trust that in the discussion to-night we shall be able to assist in more nearly fixing the real value of the operations both as to their immediate and ultimate results.

In estimating the value of operations of expediency which are done for the purpose of giving relief to suffering and not for the saving of life, we have to consider them from four points of view. First, with regard to their necessity; next, as to their safety; thirdly, as to their efficiency; and fourthly, as to whether they leave a patient less fitted for life in other ways.

In discussing the subject of ventro-fixation or of ventro-suspension of the uterus we are considering operations of expediency undertaken for the relief of symptoms dependent on retro-flexion or retro-version of the uterus with or without adhesions, or on severe prolapsus uteri, all of which, though not placing life in jeopardy, may make existence so wretched as to lead their subjects to seek some relief, even if attended with a little risk.

The recent advances in surgery have led to many developments of a like nature, as witnessed by the radical cure of non-strangulated hernia, the removal of the vermiform appendix in recurrent appendicitis, osteotomy for deformities, laparotomy for the removal of adhesions in recurring abdominal pains, and many other similar procedures, all of which are sanctioned by professional opinion and demanded by suffering humanity.

It seems to me that we may with advantage consider the question of necessity first, and in answering this, the gynecological surgeon must satisfy himself that all minor measures have been first tried, and that every apparent complication has been corrected without giving relief, before the question of operation is entered on. If, then, he is satisfied that all that is possible has been done, short of operation, and that ventro-fixation or suspension will be likely to prove of benefit, and if the patient after a full explanation as to the nature of the procedure, and the possible risk, elects to submit to operation rather than to continue in a chronic state of discomfort and pain, I should think the advisability of operating fully established.

In answer to the question—Is it safe?

Unless we can reasonably answer this in the affirmative, we must be content to give as much relief as is possible by minor remedial measures, and by mechanical supports, and to eschew ventro-fixation. I anticipate, however, we shall find from those present that the general experience of these operations, as far as safety is concerned, is the same as my own, for the sixteen cases on which I have operated, have recovered without giving me the least anxiety. Moreover, I can-

not see why, if careful asepsis be observed, and if ordinary skill be exercised, there should be any risk, even when, as in hysterorrhaphy, the peritoneum has to be opened. In Alexander's operation, where the serous cavity is not interfered with, I think we can confidently say that the operation is practically devoid of risk. There are, however, in all operations, no matter how safe in themselves, accidental dangers in the shape of anæsthetic accidents, chest complications, or wound complications, which may give anxiety, or even lead to a fatal termination, and which have always to be taken into consideration when the medical attendant recommends operation.

The answer to the third question—Are these operations efficient?—is what we should be able to determine in a great measure in the discussion this evening, for sufficient time has elapsed since the earlier of these operations was performed for us to have ascertained the after histories in many cases. There can be no doubt about the immediate relief to pain and pelvic distress, or as to the beneficial effect on the patient's general health in nearly every case, but what we want to ascertain is, does the relief last, or is there a tendency to relapse?

Again, probably some members may be able to give their experience of the influence of pregnancy on the uterus after fixation by hysterorrhaphy. It will be interesting also to know whether the adventitious adhesions predispose to abortion or cause pain during the expansion necessitated by the uprising of the gravid womb; as well as to know whether after the puerperal period has passed there is a tendency to a resumption of the old displacement for which the operation was originally performed.

My colleague, Dr. Braithwaite, tells me that he knows of one case, in which after ventro-fixation the patient aborted at the fourth month, apparently as the result of the abnormal fixation of the uterus, but that after recovery the uterus did not relapse into the previous retroflexion. In another case, pregnancy advanced to the full time, and delivery was effected without inconvenience or difficulty.

I am myself able to speak as to the immediate relief following on operation as well as to the improvement in general health. I am also able to vouch for the permanent beneficial effects of the operation on some of my patients as shown by the complete restoration to health, the resumption of marital relations previously impracticable on account of dyspareunia, the loss of all pelvic discomfort, and the absence of the necessity of further medical attention. While I am able to give this good testimony in some cases, in others, and these have been hospital patients for the most part suffering from severe proclivencia who have had to resume work not long after leaving my hand, the relief has been merely temporary and the displacement has after all required treating by mechanical supports. Fourthly—Do these operations leave a patient in any way less fitted for life? This question is of no little import, and can be best answered by mentioning any possible sources of weakness, such as hernia or intestinal obstruction.

After any abdominal section, a ventral hernia is a possibility, but by carefully suturing the parietes, layer by layer, and by careful after-treatment, there is very little fear of permanently weakening the abdominal walls, and, therefore, the danger of subsequent hernia should be reduced to a minimum. The danger of intestinal obstruction from the incarceration or strangulation of a knuckle of bowel by an adventitious band left between the abdominal wall and the uterus is a possibility. So far no case of this kind has been reported. The danger is, however, a real though a remote one, and Werth, of Keil, meets the objection by suturing the uterus to the bladder, and in addition attaches them to the abdominal wall. The fixation of

the uterus in a false position, and its immobility are conditions of no import to the patient if they are associated with relief to distressing symptoms and unconnected with any symptoms of their own as appears to be the case, though it certainly does appear to be anomalous to try to relieve one displacement by producing another.

Practically, there are two classes of operations to be taken into consideration: the one extra-peritoneal, consisting of Alexander's operation or its modifications, the other, intra-peritoneal, in which an abdominal section forms a necessary preliminary to the hysterorrhaphy. It is quite unnecessary to enter into a description of these operations in a society like this, where everyone must be so fully acquainted with the various procedures, but there are certain modifications which may be worth mentioning: for instance, Alexander's operation, as described by its originator, is not so simple as it would appear, but if the modification of laying open the inguinal canal be adopted, the round ligaments are most easily discovered, and can be drawn on until the appearance of the collar of peritoneum, which may be peeled back as far as needful, or until the ligaments are taut, after which they are easily fixed by several sutures, the inguinal canal being repaired before closing the wound.

Professor Köcher, of Berne, speaks most favourably of this operation, and in the few cases where I have employed it, I have thought it to be very satisfactory from an anatomical point of view, so that if Alexander's operation be thought advisable, this would seem to me to be the most efficient method of performing it. On the whole, I have been disappointed with the permanent results of Alexander's operation in "prolapse uteri," unless other plastic procedures to the perineum and vagina have been employed as supplementary measures. In retroflexion with adherent appendages, it is quite useless, and although in retroflexion, or in retroversion without adhesions, the operation would probably be efficient, I have yet to find the case where the other measures have proved so inefficient as to render operative treatment of this kind necessary.

Perhaps, in some cases of prolapse of the ovaries with a backward displacement of the uterus, where any mechanical support tends to irritate, and where rest and general treatment fail to benefit, Alexander's operation may be called for, and may prove serviceable.

On the whole, I think that this operation has a decidedly limited field of usefulness, much more so in fact than in theory, one might be led to expect.

I have performed the operation five times, and in only one have I been completely satisfied with the permanent result, that being a case of retroflexion with prolapse, the uterus being in very good position six months after, and the patient being in good health two years after.

One case of extreme proclivencia uteri, operated on six weeks ago, is well, and the uterus is in good position, but it is too early to speak of results, as she has not yet completely recovered from the subsequent colporrhaphy and perinæorrhaphy which I thought to be necessary to give permanent relief.

In one case of proclivencia the operation was a complete failure, and had to be supplemented by hysterorrhaphy, which, when the patient was last seen, seemed to have completely answered. One patient was well three months afterwards, but on writing to her she had changed her address, and I was unable to get her further history. In the fifth case, one of retroflexion, the relief was only temporary, probably on account of adhesions, and subsequent treatment has been required.

Between Alexander's operation and ventro-fixation are the two operations known as Wylie's or Baer's operation, and that proposed by Dr. Dudley. They

raise and draw forward the uterus by shortening the round ligaments, which, however, are reached through an opened peritoneum.

I have no experience of either operation, and I fail to see in what particulars they present advantages over hysterorrhaphy, though I should think the support must be both less satisfactory at the time and subsequently.

Where it is necessary to lift up and fix forward the uterus hysterorrhaphy or ventro-fixation is undoubtedly the most efficient method, and where there are adhesions in the pelvis caused by appendage disease, or by pelvic peritonitis, it may be the only effectual means of giving relief; moreover, this is often a truly conservative operation, since it enables many cases which were formerly treated by oophorectomy to be saved that undesirable mutilation, for after the appendages have been detached from their abnormal positions they along with the uterus are raised and prevented from resuming their former faulty attachments. With the results of this operation, in retro-flexion or version with adhesions, I have been very gratified, and in those exceptional cases where the patient's sufferings are incapable of relief by any of the ordinary means, short of operation, or where the patient through want of leisure or want of means is incapable of following out treatment by rest, this method is certainly one worthy of serious consideration. In prolapsus uteri hysterorrhaphy is recommended by some authorities as an efficient means of treatment when supplemented by colporrhaphy and perinorrhaphy.

But the fact of certain of these advanced gynecologists recommending hysterectomy where the patient is past the menopause proves to my mind that their experience of hysterorrhaphy in complete procidentia is somewhat like my own, not altogether satisfactory.

Hysterectomy in these cases does not enter into the question, but I cannot help mentioning it in order that I may express my view that I consider it utterly unjustifiable.

Keith's operation of removing the ovaries and fixing the pedicles in the abdominal wound would come under the same class of operations as ovariectomy combined with hysterorrhaphy, but here it is somewhat difficult to apportion the benefits resulting from the ventro-fixation, as other and distinct questions are raised.

In some cases of chronic invalidism the result of appendage disease associated with retroflexion, and when the appendages are too much diseased to be worth retaining, there is a distinct advantage in performing ventro-fixation at the time the ovariectomy is done. In the four cases where I have done this combined operation three of the patients are quite well after three years, eighteen months, and nine months respectively, and the fourth case was quite well when last heard of three months subsequent to operation. These operations were, however, not done by Keith's method.

Of the seven other hysterorrhaphies which I have performed two were done for retroflexion with adherent appendages, and after the appendages had been loosened without being removed the uterus was raised and fixed. Both patients were quite well when heard of some months after.

A third case of retroflexion with slight adhesions incapable of treatment by pessaries was also well when last heard of. Of the remaining cases where ventro-fixation was performed for severe prolapse, two were well some months afterwards, one was considerably benefited but required to wear a pessary, and the fourth was only temporarily relieved and returned nine months afterwards for the treatment of a rectocele and "prolapsus uteri."

My colleague, Dr. Braithwaite, has been kind enough to furnish me with a list of the cases, eleven in number, in which he has performed ventro-fixation for backward displacements of the uterus; in five, ovariectomy and ventro-fixation were combined, and in all but one

very good results followed. In the exceptional case a pessary was subsequently required. In the remaining six cases the patients when last seen, at varying periods after operation, expressed themselves as satisfied with the results, and the uterus on examination was in good position.

From the foregoing remarks, it will be seen (1) That, in my opinion, in the treatment of retro-flexion or retro-version, after the failure of other means, ventro-fixation offers a means of treatment leading in so many cases to permanent relief or cure, that the operation is one which is likely to have a permanent place in surgery.

(2) That the necessity for the operation usually only arises where adhesions are present, other cases with few exceptions generally yielding to less heroic measures, or, if operation be thought needful, to the less serious procedure of shortening the round ligaments.

(3) That in the treatment of extreme prolapse or procidentia uteri, ventro-fixation or ventro-suspension without other supplementary operative procedures usually result in disappointment, but that in certain cases, when supplemented by colporrhaphy and perinorrhaphy, the results are sufficiently good to encourage the gynecologist to advise operation, where all the ordinary means have failed to give sufficient relief.

TUBERCULOUS DISEASE OF THE HIP-JOINT.

By R. L. SWAN, F.R.C.S.I.

Surgeon to Stevens' and the Orthopaedic Hospitals, Dublin.

A CONSENSUS of opinion amongst surgeons who have paid attention to this subject exists as to the adoption of expectant treatment in the great majority of cases of hip-joint disease at a period before active disorganization of the tissues begin. Allusion has, however, been made to cases in which there appears to be a tuberculous deposit in the neck of the femur, either within or without the epiphysal line. When there is a distinct thickening of the trochanter and neck of the bone, without any apparent infection as yet of the synovial membrane, where there is no fixation, no flexion or shortening, and no discernible involvement of the pelvic wall of the acetabulum. In such circumstances the attention of the surgeon would naturally be directed to the possibility of removing at once the entire tuberculous mass by cutting down on the trochanters and exploring the bone. There is an interesting paper on this subject in the *Dublin Journal of Medical Science*, May 1886, by Sir Thornley Stoker, F.R.C.S.I., in which he advocated tunnelling of the femoral neck for the immediate removal of the tuberculous deposit. Cases have also been recorded by Mr. Watson Cheyne, and I have myself, on a few occasions, adopted this plan of treatment with fair results. But although I do not deny that such cases may be dealt with as occasion offers, by a surgeon who is accustomed to deal constantly with them, and who can form that accurate diagnosis which represents a high degree of skill, I should be slow to advise this as a routine treatment, for the following reasons:—It must always be of extreme difficulty to estimate the extent of the mischief, as regards its relative contiguity to the articular structures, and how far we may safely proceed in our effort to thoroughly eliminate the disease. We are also forced to consider the retrograde changes that often happen in the nature of the deposit, and the probability of spontaneous restoration of functional usefulness. It is (even when disease has advanced so far that there can be no doubt of the presence of extensive tuberculous deposition) a common experience to witness, under judicious management, a recession of morbid signs, and although on careful examination some

shortening of the limb, or slight limitation of movement in the joints may be discovered, yet, practically, the disease has terminated in recovery.

This recovery is most likely when the tuberculous deposits are small and discrete, or when encapsulation in a fibrous envelope has occurred. The result may be a mere fibrous induration or fibrous tissue in such quantity as to cause at the worst some impairment of motion, dependent as to its extent on its relation to the joint.

Even when large tuberculous masses become concrete and caseation has occurred either partially or completely, and the joint has become invaded, we know that a useful limb may result. In such a case large masses of fibrous tissue are thrown out around the remaining tuberculous mass, and in the neighbouring structures. The morbid tissue is converted into an inorganic material interspersed with nodules of sabulous matter, composed of lime salts, probably degenerate bone earth. Shortening and ankylosis thus result. This is the most common progress of disease in the vertebræ, and although occurring in a locomotive organ like the hip, such a termination cannot be regarded as the best possible, still its function is so wonderfully subsidised by the mobility of the lumbar vertebræ that we must view it with satisfaction, as compared with the greater evils attendant on prolonged suppuration.

We must also not forget the possibilities of the accident of sepsis after operation, in spite of careful management, as it is universally acknowledged that not only do septic organisms, by reason of the products of their growth, lower the vitality of the tissues and render them liable to the local deposition of bacilli, but that disseminated tuberculosis is more common when septic conditions exist. This has been proved by direct experiment on animals. It was found to be more rapid when septic tuberculous matter was injected than where a pure cultivation of tubercle bacilli was used.

König also pointed out that tuberculous meningitis was more common in tuberculous joint disease when septic than when aseptic. Phthisis has also been shown to have supervened more frequently on joint diseases which were septic.

Clinical Records.

CANCER HOSPITAL, LONDON.

Three Uteri removed by Vaginal Hysterectomy for Malignant Disease.

Under the care of F. A. PUBOELL, M.D.

CASE I.—Mary C., the wife of a R. A. gunner, quartered in Ireland, æt. 33, admitted into the Cancer Hospital on January 21st, 1896. Married at 19. Mother of three children; youngest 11 years old. No miscarriages. Catamenia commenced at age of 14. Has always been in good health. Regular, and had no great losses. No pain. Three years ago she suffered from a watery discharge, frequently blood-stained. Had pain in the back and hips. Progressive weakness and emaciation. In May, 1895, at the Rotunda Hospital, Dublin, Dr. Smyly amputated the neck supra-vaginal; during the last six months her symptoms returned, and now has a foul-smelling vaginal discharge, and backache. The stump left after the previous operation is found ulcerated and excavated, the edges of the cavity infiltrated by hard growth, more so anteriorly; vaginal walls are not affected; the body of uterus is mobile, and the broad ligaments apparently normal.

Jan. 25th.—Vaginal hysterectomy was performed; owing to the cicatrization after the supra-vaginal operation, the anterior portion of the body was very strongly united with the bladder wall, in trying to separate them the bladder got torn, the uterus was delivered, after which the rent in the bladder was closed by five silk sutures, a self-retaining catheter was inserted into the bladder and not

clamped—the vagina had a drain put in, and was loosely packed with iodoform gauze. During the next four days 20 to 30 ounces of urine per diem came away by catheter; on the fifth day some leakage took place per vaginam, which gradually got less, and has now ceased without doing anything further to the rent. She has made a good recovery.

The specimen in this case consists of the rounded body of the uterus only, the cervix is absent, the lower part where the cervix should be is deeply excavated and extensively ulcerated, and here the tissue is very friable. The body of the uterus is somewhat enlarged and very hard. The peritoneal surface is quite smooth, and the uterine cavity is not dilated and is smooth. The disease to the naked eye is mainly confined to the lower portion adjoining the cervix, but there is a mass of disease infiltrating the uterine wall (as seen on section) and extending to within a short distance of the fundus, becoming less as it advances upwards.

The microscopical appearances are those of epithelioma, masses of epithelial cells, irregular in size and shape, are extending throughout the section in all its extent through intertwining strands of fibro-muscular tissue. Many cell nests, some large size, are seen. Evidence of rapid proliferation. The section was taken from the lower part of the body about the situation of the os internum.

This case is one of recurrence and the disease extending upwards; it proves how much more satisfactory would have been the present condition of this case if total extirpation had been performed at the time she was admitted into the Rotunda Hospital under Dr. Smyly.

CASE II.—Maria M. S., from Portsmouth, recommended from The Chelsea Hospital for Women, admitted to The Cancer Hospital, 4th February, 1896, æt. 55, married, mother of eight children (including twins) and four miscarriages, no previous severe illness. Complains of a vaginal discharge and pain in the back. Dates her present condition from June 1895, when severe hæmorrhage came on, compelling her to lie up, since which she has had several losses, foul discharge, pain in the back and down the hips, progressive emaciation and weakness.

Present condition.—Infiltration of the cervix with carcinoma, breaking down posteriorly, mobility impaired, some thickening of the left broad ligament, disease in the body. Feb. 8th.—Vaginal hysterectomy, performed, there was some difficulty in ante-verting the fundus, caused by posterior adhesions. The uterus gave way during its extraction, through its neck, friable from infiltration of disease, the neck portion was got away after separating the fundus, some forceps were allowed to remain on, which were taken off 36 hours after, a vaginal drain was inserted and parts loosely packed with iodoform gauze, a catheter placed in the bladder. Patient has made an uninterrupted recovery.

This specimen consists of the body of the uterus only, together with the left tube and ovary and part of the right tube and broad ligament, the cervix having been apparently torn off (probably got mislaid and not saved). The uterus is somewhat enlarged and the torn lower portion shows extensive disease of the whole thickness of the wall. The cavity of the uterus is dilated, but smooth: the walls at the fundus do not show any extensive naked eye changes, the disease being mainly confined to the lower portion, though strands and nodules of infiltrating disease may be traced almost to the fundus.

The exterior of the uterus is smooth, except laterally, where it is much torn, especially at the lower part (apparently during operation).

Microscopically, the condition is one of extensive epitheliomatous infiltration, masses and columns of epithelial cells extending through the tissue in all directions. The individual cells are very irregular in size and shape, and there is a marked karyokinesis, evidence of active cell division, cell nests few in number.

CASE III.—Emma H., æt. 50, of Shepherd's Bush, sent to me by Mr. Alfred E. Barrett, of Addison Terrace, admitted to the Cancer Hospital 31st January, 1896, mother of one child, aged 25 years. Two years ago had uterine hæmorrhage and a thin watery discharge, constant desire to micturate, constipation habitual, slight emaciation, suffered from inflammation of the womb seventeen years ago.

Present State.—Vaginal mucous membrane is red and

inflamed, hypertrophy of cervix, uterus enlarged with impaired mobility, os not ulcerated.

Feb. 8th.—Vaginal hysterectomy performed, extreme difficulty experienced in anteverting the fundus and in extracting it, owing to hardness and size of body of uterus, the walls of the neck friable from disease gave way and tore away leaving the os, which was removed after the body.

A pair of forceps was left on. Iodoform gauze loosely packed and a catheter passed into bladder. Thirty-six hours after operation the forceps was removed, when the vagina was repacked; very little discharge. Urine copious. Has made a good recovery.

The Specimen.—The uterus in this case is much enlarged. The cervix is separate from the rest of the uterus, having been torn off during the course of the operation. The mucosa of the vaginal surface of the cervix is quite smooth and presents no naked eye change, except a smooth, rounded nodule, specially projecting from os, but the torn surface and the interior of the cervical canal present evidences of very extensive disease, the tissue being infiltrated through its whole thickness, and the canal being rough from ulceration. The cavity of the body is much dilated and is filled by a large, ragged polypoid mass of fungating tissue. The walls are infiltrated throughout, and the peritoneal surface is ragged and irregular from adhesions. Microscopically, it presents the appearances of an adeno-carcinoma. There are traces of atypical gland formation of the pattern of the uterine glands, penetrating the tissue in every direction. There is also a fair amount of fibrous tissue.

I thank our pathologist, Mr. H. G. Plimmer, for his examinations and reports of the specimens, and my house surgeon, Mr. Chas. Ryall, for his assiduous care of the case.

Gross Characteristics of the Uteri upon Removal, by
H. G. PLIMMER.

CASE I.—Uterus measured $3\frac{1}{2}$ inches in length, and 3 inches in breadth. Wall very much thickened, but soft. There was an excavated growth, very vascular, which had completely destroyed the cervix.

CASE II.—Uterus measured 3 inches in length and $2\frac{1}{2}$ inches in width. The cervix was completely destroyed by a fungating growth, not very vascular.

CASE III.—Uterus measured $4\frac{1}{2}$ inches at longest part, but as cervix was torn off, it is not sufficient; width was $3\frac{1}{2}$ inches; very soft, thick, and vascular; a large mass of irregular, soft, red growth, filled the body of the uterus.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, MARCH 12TH, 1896.

The President, CLEMENT GODSON, M.D., in the Chair.

CASES OF CANCEROUS UTERI REMOVED BY VAGINAL HYSTERECTOMY.

DR. PURCELL showed cancerous uteri which he had removed at the Cancer Hospital, notes of which will be found in another column, under the heading of "Clinical Records." In the discussion that followed,

DR. HEYWOOD SMITH asked whether there was any advantage in anteverting or retroverting the uterus prior to removal? In two of Dr. Purcell's cases the cervix was torn off, and, even if this did not occur, there must be some risk of peritoneal infection if the cancerous cervix were turned into the peritoneal cavity.

MR. BOWREMAN JESSETT thought anteversion or retroversion had the advantage of allowing freer access to the broad ligaments, which could then be separated outside the tubes and ovaries, and thus the principle of cutting wide of the disease was carried out. He had seen the cervix torn away when it was being drawn straight down. The question arose how far, in these cases, the patients were ultimately benefited; of the immediate relief from pain and discharge there could be of course no doubt.

DR. BANTOCK observed that the first case illustrated the importance of total extirpation in cases of cancer of the cervix. Like Dr. Heywood Smith, he did not see the ad-

vantage of anteverting the uterus; the risk of soiling the peritoneum must be increased by the procedure.

MR. TAYLOR (Birmingham) said it would be interesting and instructive to hear from Dr. Purcell, at a later date, the after-history of these cases; he thought all of them were too far advanced for good results to be expected. He agreed with Mr. Jessett as to the temporary benefit to be derived, but he questioned whether life was prolonged.

DR. PURCELL replied.

VENTRO-FIXATION AND VENTRO-SUSPENSION OF THE UTERUS.

PROFESSOR MAYO ROBSON, of Leeds, opened a discussion on "Ventre-fixation and Ventro-suspension of the Uterus and Allied Operations, with their Results," which will be found on page 313

DR. LEITH NAPIER said he wished to supplement rather than criticise Professor Mayo Robson's remarks, and he judged that the object of the discussion was the results rather than the methods of operation. In a recent number of the *Zeitschrift für Geb. u. Gyn.* was an important paper on the subject, in which the results of 154 operations were given. In 63 cases pregnancy followed, 54 being delivered at term, and 3 prematurely; while 6 aborted, 8 were delivered a second time, and 3 a third time. He hoped to give a full account of this paper in the next number of the *British Gynecological Journal*. It had been stated as an objection to the operation that when followed by pregnancy a larger proportion than usual required artificial delivery, and that cross-births were more common owing to the fact that the uterus expanded transversely. But the criticism was somewhat exaggerated, because such patients would not have become pregnant at all, without the operation, but would have been chronic invalids. Two cases had been recorded in which Cæsarian section had been required; but in neither case was the ventro-fixation performed in accordance with the surgical principles required for this operation. He proceeded, he said, to redeem a promise made to the Society when he read a paper on this subject in 1893, namely, to give some account of after-results. In the *British Medical Journal* of the same year he published, with Dr. Schacht, the cases operated upon at the Chelsea Hospital for Women. He would now give the histories of his own cases. 1. Operation in February, 1892. In May, 1893, she was delivered normally by the St. Bartholomew's Hospital Charity; Dr. Griffith and Robinson took great interest in the case, and saw the confinement. She had a second natural labour in August, 1895. After each confinement, he saw her, and found the uterus in good position. 2. Operation in August, 1892. She was married in December, 1893, at the age of 36, and in December, 1895, she had a normal labour. He saw her in the following February, when he found the uterus in good position, and the patient had been able to do her work well since the operation. 3. Operation in March, 1893. In August, 1894, she had hæmorrhage, though she had not missed a period. In January of this year, he saw her, and found she was six weeks pregnant. A fortnight later, after waiting in a crowd outside a theatre and being jostled, she miscarried. 4. This patient had passed through the menopause early, viz., at 38. The uterus had given no further trouble. 5. This patient had not become pregnant; she was in good health when he last heard from her. He agreed with Professor Mayo Robson that the operation was disappointing in the case of procidentia, and that retroflexio fixata was the one condition where it was strongly indicated.

DR. GEORGE KEITH wished to correct an impression conveyed in Mr. Robson's paper concerning the operation practised by the late Dr. Thomas Keith. His father never removed both ovaries unless they were diseased, and he then fixed only one broad ligament in the wound. Otherwise he removed one ovary, commonly the right, and fixed the stump to the wound.

MR. J. W. TAYLOR (Birmingham) thought they ought to lay it down very plainly that only a small minority of cases required these operations. He commenced with Alexander's operation, but gave it up after about a dozen cases, for two reasons: first, the abdomen had to be opened on both sides at once, and there was thus considerable risk of hernia; secondly, the presence of adhesions could not be always ascertained before operation, and if present they effectually prevented the drawing forwards of the round ligaments. In uncomplicated cases the results

were fairly good, and two of his patients became pregnant afterwards and went on to full term. But, finding that in order to deal with adhesions he had to open the abdomen, he began to do ventro-fixation, and performed this operation about twenty times. In the first three cases the sutures were not buried, and the condition relapsed; in the remaining seventeen a cure was effected. Cases of proclivitis, however, generally required some plastic operation in addition, and so he had begun to do vagino-fixation. It was possible to combine the fixation with other procedures, such as removal of diseased appendages and ignipuncture of the ovaries, and though he opened the peritoneal cavity he thought there was much less risk than in ventro-fixation. His seventeen cases of vagino-fixation had all been successful.

Dr. FRED EDGE (Wolverhampton) said his experience was much the same as Mr. Taylor's; he first performed Kocher's modification of Alexander's operation, but gave it up on the grounds mentioned by Mr. Taylor, and proceeded to do ventro-fixation. In one case there was relapse, and he decided to try vagino-fixation on the same patient, for he thought the adhesions must have given way. He found, however, considerable difficulty in the operation, owing to the fact that adhesions were present. One in particular was three inches long, and as thick as a finger. It had stretched. The case was interesting in that an opportunity did not often occur of ascertaining the condition of parts after ventro-fixation. After the vagino-fixation the trouble did not recur. In all, he had done ventro-fixation twelve times, but, like Mr. Taylor, he now only employed it in combination with other abdominal operations. He had done vagino-fixation twenty times, and had been greatly impressed by its wonderfully good results. For cystocele he regarded it as the one valuable procedure, for after operation the cystocele could not occur without dragging the fundus forwards, and the fundus could not fall back without drawing the cystocele up, and the two tendencies, therefore, balanced each other.

Dr. SCHACHT'S experience led him to endorse Professor Mayo Robson's views. Dr. Napier had referred to the cases which they had published together; two of them had been under his own care, and he would give their after histories. One of them he had seen at intervals since the operation, and the last reports were very satisfactory, but of late he had lost sight of her. The second case was operated on in July, 1892; in February, 1893, she miscarried at four months. She became pregnant again, and went on to term; the labour was natural, except that the placenta remained behind longer than usual, and her medical attendant sent for him. Ordinary expression was sufficient to expel the placenta, which was not adherent, and he had the opportunity of feeling the uterus. There was a prominent ridge in the situation of the sutures, while on each side was softer uterine tissue. This ridge may have hindered the normal uterine expansion at the time of the miscarriage, and it may have interfered with the normal contraction after labour, as there was rather more hemorrhage than usual. He saw her on March 11th of this year, the confinement being in January, and found the uterus three inches long, and in good position. This was her first term pregnancy, although she had had one miscarriage before the operation. It seemed to him that in cases where there was a possibility of pregnancy following, the question of the position of the sutures was important, they should be as low down as possible, in order not to interfere with subsequent uterine expansion. He thought also that ventro-suspension by means of the broad ligaments, would allow of less free expansion than ventrofixation.

The discussion was then adjourned to the next meeting.

OPHTHALMOLOGICAL SOCIETY.

MEETING HELD THURSDAY, MARCH 12, 1896.

The President, Mr. NETTLESHIP, in the Chair.

MESSRS. ORMEROD and SPICER'S paper on

RECURRENT PARALYSIS OF OCULAR NERVES.

Seven cases were narrated, three of which were of the third nerve. The patients had suffered from a periodically recurring one-sided headache attended by vomiting and a

sense of illness, the attacks varying very much in intensity; the slighter ones had passed off after a few hours, the more serious ones had lasted several days, and were accompanied by sudden more or less complete paralysis of the corresponding third nerve. In the earlier attacks the paralysis was recovered from, but after several recurrences some of the parts of the third nerve became permanently paralysed. In one of the cases there was partial atrophy of the optic nerve on the side of the paralyzed third nerve. The fourth case had recurrent paralysis of both third nerves occurring after a long course of periodic headaches, in which the ultimate condition was one of complete ophthalmoplegia externa of both eyes. The remaining cases were examples of paralysis of the sixth nerve which had recurred, in one of which the seventh nerve was involved later on, and in the other the third nerve was partly involved. The opinion was expressed that the term migraine which was commonly applied to these cases was an unfortunate one; there was no history of any of the other migraine phenomena in any of the published cases, such as hemianopsia or scotomata or visual spectra; moreover, the motor character of the affection and the persistence of impairment of movement depended on a definite focal lesion of the base of the brain, an opinion which was supported by the results of post-mortem examination.

The PRESIDENT observed that the subject was still very obscure and further facts were necessary before it could be thoroughly understood.

Mr. GRIMSDALE related a case in which the patient had had six attacks. Recovery ensued between them. The attacks always occurred in the cold weather and there was no affection of vision of the visual fields. Accommodation was completely paralyzed and the pupil of the affected eye did not act as well as the other to light.

Dr. JAMES TAYLOR said the lesion did not appear to involve the nerve trunk or the nucleus. He was unable to see any analogy between attacks of recurrent paralysis involving the third nerve and the cases of trigeminal paralysis, there being great differences between the two.

Dr. COLMAN related a case in which, during the commencement of the attack, the eyelid underwent a sort of spasm, after which the attack ran the usual course. The patient ultimately developed complete paralysis of the internal and external branches of the third nerve. It was difficult, he said, to believe that the trunk of the nerve was involved, because, in addition to the vomiting with which the attacks usually commenced there were other symptoms such as lachrymation and salivation. The cases seemed to have little relation to migraine. He had seen 30 recorded cases and in not one were there any of the optic phenomena usually associated with migraine.

Dr. PRIESTLEY SMITH recalled a case in which the attacks had been cut short by treatment directed towards the elimination of an excess of uric acid. He believed that if the treatment had been instituted earlier the patient would not have remained permanently paralysed in respect of the third nerve, this having remained after his last attack.

Mr. E. CLARKE mentioned a case of recurring paralysis of the third nerve in which correction of 2.5 D of hypermetropic astigmatism led to the subsidence of the attacks.

Mr. POWER mentioned that he had seen cases in which this symptom had appeared to be dependent on the presence of worms, and he asked if this had been noted in any of the recorded cases.

Dr. HILL GRIFFITHS asked if anyone had met with the cutaneous nodules on the trunk of the fifth nerve mentioned by Hensehen and others.

RECURRING REFLEX AMBLYOPIA, DUE TO PREGNANCY.

Dr. R. LAWFORD KNAGGS said that, in 1893, he had published a case of reflex amblyopia during pregnancy, in which blindness advancing during the progress of a pregnancy, recovered after the induction of premature labour. He now supplemented that case by the details of another at present under observation. A woman, *et.* 40, came to the Leeds Public Dispensary on April 11th, 1892, to be examined for spectacles, being then four months pregnant. The left eye diverged, there was no perception of light in it, and the optic disc was atrophied. Between eight and nine years previously, during a pregnancy, she had noticed a dimness towards the left side, but did not dis-

cover that her left eye was blind until a month later, after her confinement. During the interval she had had four children, but had noticed nothing wrong in the sight of the right eye at her confinements or at her menstrual periods. The right disc and the fundus were normal. $V=5/10$, and the shadow test showed 3 D of hypermetropia. When next seen, on May 23rd, vision had fallen to 5/30, and the visual field was then found to be much smaller than normal. She was kept under observation, and the sight of the right eye gradually got worse, and the field smaller. Colour vision was also abolished, though there was no noticeable change in the disc or fundus. Premature labour was induced on June 29th, but before that the sight became so bad that the patient could not see her fingers when held before the face. Thereupon, a general improvement set in, and visual acuity and the visual field steadily increased, until, in October, the former was 5/6, and the latter of fair size. In January, 1893, the field was almost normal in size, except for the obliteration of the right inferior quadrant, and, in April, vision, including colour vision, was completely restored. The appearance of the disc, however, was very suggestive of partial atrophy, being of a dull grey colour with a faint bluish tinge at its outer side. He elicited the information that ever since the last confinement sight had been affected at the menstrual periods, though the periods were not profuse or unnatural in any way. Sight returned as soon as the period came to an end. During the intervals it was steady and did not vary. After she came under observation, however, she noticed that her eyesight was more variable, worse one day and better the next. In his former paper he had accepted Dr. Priestley Smith's theory of reflex amblyopia as an explanation of the phenomenon. That theory attributed the advancing blindness to a constriction of the intra-ocular vessels produced by a reflex stimulus acting through the sympathetic. Each loss of vision during successive pregnancies probably represented a stage in the production of optic nerve atrophy, and if this explanation were correct, it was obviously an atrophy dependent on an intra-ocular cause. Intra-ocular hemianopia due to a central cause was rare, Drs. Landolt and Wecker stating that it had only once been observed, and then as the consequence of a wound of the occipital lobe during trephining. The whole history of the case pointed to the close relationship between the failure of sight and conditions affecting the generative organs. The prognosis was very grave when this condition was met with in pregnant women, and if the pregnancy were permitted to run its course the tendency of this form of reflex amblyopia was to end in optic atrophy, but if recognised early, and if the pregnancy were promptly terminated by artificial means, cure seemed to be not only probable but certain. It was therefore of the utmost importance that in pregnant women any increasing failure of vision should be carefully investigated. If the results of repeated observations showed—(1) that the acuteness of vision was rapidly diminishing; (2) that there was concentric contraction of one or both fields, and that this contraction was progressive; (3) that colour perception was impaired; and (4) that there was no disease of the fundus to be made out with the ophthalmoscope, then the prognosis, as far as sight was concerned, was very serious, and abortion or premature labour should be induced without delay.

Dr. JAMES TAYLOR questioned the propriety of using the term reflex amblyopia in such a case. In reflex amblyopia there was concentric contraction of the fields of vision and not a hemiopic defect.

Dr. PRIESTLEY SMITH explained that the case of his own to which the author had referred was one of amblyopia due to spasmodic contraction of the retinal vessels. In one eye this contraction ultimately led to blockage of the vessel with consequent blindness. That, he thought, was reasonably described as a case of reflex amblyopia. That patient suffered from pyosalpinx, and when this was operated upon she recovered. He asked whether the field in the author's case underwent spiral contraction while under examination.

Mr. JOHNSON TAYLOR suggested that the case was possibly one of primary optic atrophy, the attacks during pregnancy being of the nature of exacerbations.

The PRESIDENT suggested that a lesion of the optic nerve where it left the chiasma would account for the

symptoms. There still remained the oscillations, which he admitted might still be reflex. Nevertheless, he did not think that the case ought to be labelled as one of reflex amblyopia without any explanation.

Dr. KNAGGS briefly replied, pointing out in conclusion, that these cases might account for the instances of optic atrophy met with after child-bearing. The condition tended to go on to complete atrophy if unrecognised, and untreated, but if properly taken in hand, the results were likely to be most satisfactory to the patient.

HARVEIAN SOCIETY.

MEETING HELD THURSDAY, MARCH 5TH, 1896.

Dr. WM. HILL, Vice-President, in the Chair.

CASES.

THE following were exhibited:—

Case of Anæsthetic Leprosy in a Boy.—Dr. KNOWSLEY SIBLEY exhibited a boy, æt. 16, who was born in India, of English parents. At the present time he was employed on the railway, and had been in England four years, having spent the first twelve years of his life in India and Burma. His family and previous history presented no special features. For about two years he had noticed some numbness and gradual loss of sensation over the region of the left great toe and the inner part of the lower third of this leg. He came under treatment at the North-West London Hospital a few weeks ago, on account of a sore about the dorsum of this great toe, and it was then discovered that there was a complete loss of sensation about the region of the ulcer and over the cutaneous distribution of the long saphenous nerve and part of the anterior tibial. There was some hyperæsthesia over the shin bone in the upper half. The patellar reflex on this side was exaggerated, and there appeared to be some wasting of the calf muscles on this side. The boy was markedly freckled, but there were no other patches of discolouration to be seen about his body. The external popliteal nerve on the affected side was more readily felt than on the opposite side, the ulnar nerves were very easily felt, but one could not be certain of any enlargement, though there appeared to be some dulling of sensation over the ulnar distribution about the palms. Dr. Sibley discussed the other pathological conditions which might have accounted for the symptoms, namely, a condition allied to Raynaud's disease, post-diphtheritic paresis, post-influenzal neuritis, but he considered, on the whole, the elephantiasis theory the most probable one.

Dr. Knowsley Sibley also brought forward a case of an Extensive Syphilitic Eruption in a woman, æt. 40, who had been the subject of lues for twelve years.

Case of Morbus Cœruleus with Spina Bifida Occulta.—Dr. LEONARD GUTHRIE exhibited a case of this disease in a female child, æt. 3. There were well-marked cardiac symptoms pointing to patent foramen ovale and ductus arteriosus, also a remarkable parietic condition of the lower limbs. The child could move them, but was totally unable to walk. The limbs could be freely moved into almost any position.

Dr. Guthrie also showed a case of Myxœdema improving considerably under thyroid treatment.

Mr. JACKSON CLARKE thought Dr. Guthrie's interpretation of the over-mobility of the lower limbs as being due to the spina bifida occulta reasonable, but it would be difficult to exclude the possibility of its depending on an asphyxiated condition of the tissues. There was no indication of congenital dislocation of the hip.

Case of Acromegaly.—Mr. R. W. DODGSON showed this case in a young woman, æt. 23. The history was that she had always enjoyed good health until three years ago, when she began to suffer from severe frontal headache, pains in joints, &c. About the same time she noticed that her hands and feet were growing larger, which has continued steadily since. She first noticed enlargement of face two years ago. She had been very languid and sleepy during this period. Sight was good till six months ago, when it began to fail. Memory has been greatly impaired. *Present Condition.*—There is great and characteristic enlargement of hands, feet, and face, also clavicles and upper two ribs. The soft

parts of nose and superior maxilla specially enlarged; ears and tongue normal. *Ocular Symptoms*.—There is complete homonymous hemianopia of left fields of vision. The temporal side of right retina and nasal side of left retina insensitive to light. No optic atrophy, nystagmus, or other abnormality. Thyroid gland somewhat enlarged. *Treatment*.—Constipation treated. Also tabloids of pituitary body (Burroughs & Wellcome). Since admission has become much less lethargic, and memory has improved. Photographs taken during last three years were shown, showing the gradual enlargement. The case was shown by kind permission of Sir Wm. Broadbent.

Case of Acromegaly.—Dr. LESLIE THORNE THORNE showed a man, *et. 48*, suffering from acromegaly, in whom the first symptoms of the disease appeared when he was 21 years old. He pointed out that in this patient most of the signs and symptoms of the disease were well marked, but that the case was unusual in that most of the long bones were markedly affected, especially the tibia and fibula, which were greatly thickened, and showed a marked curve outwards and forwards. He also showed a list of measurements of the hypertrophied parts, which list he made out in March, 1895, and mentioned that those measurements were unaltered at the present time.

Cases of Pityriasis Rosea and Lichen Ruber Acuminatus.—Dr. P. S. ABRAHAM exhibited these cases, and noted the points of difference between the first and seborrhoeic eczema, and between the second case and Dèvergie's disease.

Dr. SIBLEY looked upon pityriasis rosea as a more or less acute disease, beginning possibly insiduously, but then rapidly developing and running a very definite course of five or six weeks, and disappearing with or without treatment, and also never recurring again in the same individual. He was disposed rather to consider this case one of seborrhoeic eczema.

Mr. JACKSON CLARKE thought that the absence of a crinkled surface in the central parts of the lesions, the long duration of the affection, and the response to treatment in the first case, favoured a diagnosis of seborrhoeic eczema rather than of pityriasis rosea. The second case raised the knotty point of the identity or non-identity of Dèvergie's pityriasis rubra pilaris with lichen ruber acuminatus. Kaposi and Malcolm Morris, amongst others, regarded them as identical. Mr. Clarke thought that Dr. Abraham's case was certainly not pityriasis rubra pilaris.

A Case for Diagnosis.—Dr. G. A. SUTHERLAND showed an abdominal case for diagnosis. The patient was a boy, *et. 14*, who had suffered from infancy from vomiting during meals, unaccompanied by many other signs of gastric disturbance. The attacks of vomiting would persist for months, and lead to great weakness and emaciation, after which there would follow a period of partial recovery. The abdomen was, as a rule, distended, but during the previous six weeks it had become much more prominent, and the liver had enlarged rapidly, until it now extended two inches below the level of the umbilicus. The other systems were apparently normal, the vomiting had ceased for a fortnight, there had been no pyrexia, and he had gained eleven pounds in weight during the last two months.

Dr. LUFF inclined to the opinion that the liver enlargement was syphilitic in origin.

Dr. ALEX. MORISON, Dr. GUTHRIE, and Dr. SIBLEY also remarked on the case.

In reply, Dr. SUTHERLAND said that he thought syphilis might be excluded, from the fact that the liver had been enlarging during a course of mercurial inunction. Hydatid of the liver was a possible cause, although at present no localising mass could be detected.

Case of Pericranial Effusion following Influenza.—Dr. ESSEX WYNTER exhibited the patient, a man, *et. 30*, who had an attack of this disease at the end of January, 1896. About a fortnight later he noticed tender bumps on the head situated over the brow, temples, and vertex, seven or eight in number, about the size and shape of half a hazel-nut, and, in the first instance, almost as hard as bone. After three weeks some had nearly disappeared, and others fluctuated, and were evidently fluid. They were firmly fixed to the bone, and the scalp moved freely over them. There was no redness and no history of syphilis. Dr. Wynter quoted two other cases he had met

with in the spring of 1895, in a man and woman, both *et. 50*. In the latter, one bump suppurated, and the condition recurred.

THE HUNTERIAN SOCIETY.

MEETING HELD WEDNESDAY, MARCH 11TH, 1896.

The President, Dr. G. E. HERMAN, in the Chair.

AFTER some introductory remarks from the PRESIDENT, the remainder of the evening was given to the exhibition and discussion of pathological specimens.

CASES AND SPECIMENS.

Dr. ARNOLD CHAPLIN showed a heart with well-marked stenosis of the pulmonary valve and phthisis.

Dr. COTMAN brought forward a patient in whose case the Röntgen rays were used to diagnose the nature and extent of the deformity after a fracture of the first phalanx of the left forefinger.

Dr. GLOVER LYON showed a specimen of sacculated aneurism of the second and third part of the arch of the aorta, in which a clot was present nearly filling the sac of the aneurism. In the case from which the specimen was taken, the left pulse was longer than the right, and the left bronchus was dilated. The patient subsequently died of dyspnoea, for which at the post-mortem no cause could be assigned.

Drs. F. J. Smith, Sequeira, and Hingston Fox discussed the two preceding specimens.

Dr. GLOVER LYON brought forward a preparation of a cavity in the lungs in which the origin was obscure, it being doubtful whether the cause was an aneurismal dilatation which had burst into a bronchus or a pulmonary cavity with a hæmorrhage into it due to rupture of a pulmonary aneurism.

Dr. CHARLEWOOD TURNER thought the cavity was a dilated bronchus filled with hæmorrhage from a ruptured pulmonary aneurism.

Mr. TUBBY showed specimens of the bones in scurvy rickets. The points emphasised were the separation of the epiphyses and the hæmorrhage beneath the periosteum.

Drs. Charlewood Turner, F. J. Smith, Glover, Lyon, and Messrs. Targett and Hoar joined in the discussion.

Dr. SEQUEIRA showed a specimen of intra-abdominal band of unusual length, which was evidently produced by adhesion of the hydatid of Morgagni to the great omentum and the subsequent stretching and elongation of the pedicle by the excursions of the great omentum.

Mr. TARGETT showed the trunk of an anencephalic fetus with a slender fibrous cord passing from the root of the mesentery to the umbilicus. A second fetus was shown in which a cord passed from the left groin to the liver. Ectopia vesicæ was present. The cord was evidently not the round ligament, but probably a deep epigastric artery which, on account of the ectopia vesicæ, had lost its proper attachment and found a new one at the liver. Mr. Targett also showed two other specimens, one of non-tuberculous epididymitis, in which pus had formed, and the other of gangrene of the testis produced by torsion of the cord.

LIVERPOOL MEDICAL SOCIETY.

MEETING HELD THURSDAY, MARCH 12TH, 1896.

The President, Dr. CATON, in the Chair.

CASE OF RODENT ULCER OF THE NOSE.

Mr. RUSHTON PARKER showed a man, *et. 55*, on whom he had operated several times for rodent ulcer, affecting the right tip of the nose at first. The patient was introduced by Dr. Hugh R. Jones, in November, 1894, when the disease was excised on a small scale, and Thiersch grafts applied. This failed to heal, and a month later, a further small excision was performed, with reconstruction of the right ala by a flap raised from the adjoining cheek. Recurrence occurred, and accordingly, the disease was excised in May, 1895, without any attempt at plastic repair. In December, 1895, the nose was not only much deformed,

but the seat of further recurrence of the rodent; so, on the 18th of that month, the disease was cut away widely, including the cheek flap which was also involved. There remained now only the outer half of the left side of the skin of the nose, and that over the nasal bones (themselves intact) which was next dissected up and turned down with its epidermic surface backwards as a lining. Then a large flap from the forehead, with pedicle at the left eyebrow was fashioned to fit by a straight edge along the remaining left side of the nasal skin and forming a new columnæ and large right alæ extending into the gap left on the cheek. The granulating surface of the forehead was covered on Jan. 6th, 1896, with two large Thiersch grafts sliced from the thigh, with excellent effect. Even after this, a small recurrence appeared in the edge near the right lower eyelid, and was excised a few weeks later, rapid healing resulting. Union by first intention occurred through the greater part of the large flap, and the patient has all along been in excellent health and vigour.

TREATMENT OF CORNEAL OPACITIES BY ELECTROLYSIS.

Mr. EDGAR STEVENSON read a note on the Treatment of Corneal Opacities by Electrolysis, which he claimed to be a great advance on any other method of treating this affection. He finds that a current of $\frac{1}{4}$ milliampère applied to the cornea for one minute every other day gave the best results. Under cocaine the application is painless. He gave details of some cases considerably improved by the treatment, and advocated its employment in ophthalmic institutions.

Dr. GROSSMAN said, as far as the method of electrolysis was concerned, he had tried it himself for more than a year now for clearing up corneal opacities; but at his hands results had not been encouraging. Electrolysis was acting here almost exactly as calomel or yellow ointment; in the young and in slight opacities fair improvement was obtained, while in old individuals and in dense white scars the results had been almost nil. Nor had there been the slightest effect on an existing astigmatism. He would continue with his trials of electrolysis in cases of corneal opacities; for his part, however, he prefers the circumscript massage of corneal spots, a modified Mahlahoff's method, which has given him better results on which he will report on a future occasion.

Dr. JAMES WILSON read a paper on

DISEASES OF THE NOSE AND NASO-PHARYNX,

in which the galvanic cautery is applicable, and laid special stress upon the part which turbinal hypertrophy plays in some cases of deafness, tinnitus, headache, vertigo, asthma, hay fever, chronic cough, frontal neuralgia, and in some cases, epilepsy. Dr. Wilson was of opinion that otologists did not, as a rule, pay sufficient attention to the nasal cavities in some cases of deafness and tinnitus. They treat the ear and throat, but do not appear to regard the nose as a possible factor in causing deafness, and he instanced a case, by no means exceptional, in which a lady had been for several years under some of the most eminent ear and throat specialists, &c., for her deafness. None of them had ever examined the nose, whereas the key of the whole situation lay there in an enlarged turbinal interfering with the equilibration of air in the tympanum, and all the secondary consequences arising from this interference; by removing the nasal obstruction he was able to effect a complete cure. Dr. Wilson also pointed out that in the future rhinology will have to receive more attention at the hands of the physician and general practitioner than it has hitherto done.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, March 24th.

A JENNER CELEBRATION.

At the Aertzekammer, after a lively discussion on advertising by physicians and professors, especially with regard to recommendation of drugs, the President announced that a celebration would be held in Berlin in the coming May, in commemoration of the first inoculation of the small-pox by Jenner. The intention of the

celebration is a double one, first to do honour to the immortal English physician, Jenner, the greatest benefactor of the human race the world has ever seen, and second, as a sturdy protest against anti-vaccination and anti-vaccinators. Anti-vaccinators whose scientific knowledge is in inverse proportion to their zeal and barefacedness are more active than ever. They have succeeded in gaining over to their side 60 (some say 80) deputies. The celebration will make known to the public that the medical profession unconditionally recognise the importance of universal compulsory vaccination, and that they will strive to the utmost of their power to prevent the laws relating thereto being in the slightest degree relaxed. Small-pox, as far as Germany is concerned, is happily a thing practically of the past, and it behoves us to prevent the monster again showing its head in our midst.

At the Medical Society's meeting of the 26th ult. Hr. Mackenrodit gave an address on

VAGINAL ADNEXA OPERATIONS.

He said that until recently the principal operation for disease of the adnexa had been laparotomy, and the results had, no doubt, been brilliant. One reason for the change of operation had been that laparotomy seemed too great an operation for the simple pelvic adhesions that led to collections in the tubes, &c. A second reason was that, whilst laparotomy was a perfectly safe operation in cases where the suppuration had worked itself out, so to speak, it was not so whilst the infection was still active, that is in acute suppurations and abscesses in the ovaries and tubes, and in those that tended to empty into the rectum, vagina, and bladder. In a restricted number of cases he had arrived at the idea of opening Douglas's pouch, whereby the adnexa could be removed, and of closing the operation by simple drainage of the cavity without suture. The operation performed in this way is much simpler than that of opening the anterior vaginal arch. Adhesions are separated easily by the combined method. Operation may be performed in this way in cases of perforating suppurating collections, that would be impossible by laparotomy. The technique is very simple and comprised in five acts:—1. Curettement and raising of the closed uterus (preparatory). 2. Incision (transverse, sagittal or combined). 3. Separation of adhesions (bi-manual). 4. Dragging down by means of forceps and formation of pedicles. 5. Closure by drainage. In case ligature is difficult the forceps must be left on and iodoform gauze introduced. The speaker had operated on 31 cases in this way. These cases were divisible into the following classes:—1. Simple adhesions (three cases) where it was possible to break down the adhesions around the tubes and ovaries. Cases of adherent retro-flexion of the uterus could only be treated in this way. 2. Six cases of closure of the tubes and follicular degeneration of the ovaries. 3. Six cases of extra-uterine gestation (tubal). 4. Seven cases of suppuration of the adnexa. 5. Seven cases of large cystomata and dermoids. 6. One case of myoma. 7. One case of removal of the tubes for sterility. Recovery took place in all cases without the least interruption. The drainage was removed on the third day. Generally, the patients left their beds on the seventh or eighth day, i.e., in cases that had not required further operation, such as incision of the perineum, &c. In one of the cases of ovarian tumour he operated without an anæsthetic. The patient was 76 years of age, and in a very "decalate" condition. She was well on the eighth day. One criterion was of special im-

portance in contemplating vaginal operation, and that was to operate by the vagina only when it was possible by the bi-manual method to reach the tumour from below. The more easily this could be done the easier would be the operation, it was possible also with nulliparæ. Bearing in mind the simple *technique* it would not be necessary to treat pelvic inflammation from any cause for such a length of time by palliative methods.

CURATIVE RESORTS FOR PULMONARY DISEASES.

At the meeting of the Society for Innere Medizin of the 24th ult., Prof. Leyden made a communication on the institutions for the treatment of pulmonary diseases for those with small incomes. The plan that has been proposed is approaching its realisation, as a society has been already formed under "Allerhöchster Protection." Up to the present a "centrum" has been wanting, but this has at last been obtained by the formation of a Society called the "Berlin-Brandenburger Heilstätten-Verein für Lungen-Kranke," under the presidency of the Imperial Chancellor Prinz von Hohenlohe. The Society does not expressly make a distinction between those with scanty and those with no means, but for admission to the institution it will require, either from the patient or patient's friends, the sum of 3 marks per day.

BAD NAUHEIM IN GERMANY.

Years ago, Hr. Schott, of Naueim, was like a man crying in the wilderness, but with perseverance, both in doing good work and in compelling attention to it, he is better known than he was. At the same meeting of the Verein for Innere Medizin, Prof. Heynmann, of New York, gave an address on the mechanical treatment of cardiac diseases. He thought the best results were to be obtained by combined bath and gymnastic treatment. Even after half an hour's exercise there was a deeper pulse wave, with increased pressure and dilated arteries, and this improvement often lasted half an hour. Even during the exercise, the feeling of pressure over the heart was often relieved. The effect was difficult to explain. Psychological excitement also played a part. In Naueim, he had thoroughly observed 77 cases. Of these, 40 were there for the first time; 37, several times. He had not only observed transient improvement, but complete recovery, and this in people from all parts of the world. The treatment was indicated in all cases of heart disease, in Basedow's disease, in hæmophilia and angina pectoris; œdema and anasarca were not contra-indicative, but extensive arterio-sclerosis, chronic kidney disease, especially contracted kidney, and aneurism, were.

Prof. Leyden thanked the speaker for drawing attention to the subject. Whilst Naueim had acquired great fame in America and England as a remedy for diseases of the heart, it had not yet done so thoroughly in Germany. He would remark that it was characteristic of this that during last year, 160 physicians had been there, and that they were principally foreigners.

PROFESSOR LEYDEN.

This distinguished physician has recently been raised to the rank of a noble.

X RAY'S AGAIN.

Dr. Breitung, Coburg, reports removing a needle from the hand of a child, after it had been there for years. He apologises, however, for not having made use of the newly discovered rays, and acknowledges that his action in removing the needle *unphotographed* was quite *unmodern*.

Austria

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Mar. 20th, 1896.

THYREOIDIN AND OBESITY.

SCHESINGER showed to the Medical Club a patient whom he had successfully treated with thyreoidin for a fatty heart. The case was that of a nurse who weighed 120 kilogrammes or 18 st. 12 lbs. Her constant complaint was weight, breathlessness, and palpitation. The internal organs were healthy; the cardiac dulness was slightly increased, the sounds irregular, and the pulse easily compressed. Treatment consisted in the administration of thyroid gland, as prepared by the well-known English firm, Burroughs, Wellcome, & Co., of which one to four tabloids were given daily. For thirteen months the drug was duly taken with the result that the patient now weighs 88 kilogrammes or 13 st. 11 lbs.

It is worthy of note that the gland of the ox was tried for a short time in this case with the same result as in other experiments, viz., the patients began to make flesh rapidly. This forcibly sustains the opinion that the thymus and thyroid glands of the sheep are the most active, a fact which is also borne out chemically by the absence of iodine in the ox's gland, although it is present in large quantity in the sheep. He compared his results with those of Prof. Schrötter who has used the drug in his clinique for the last year and a half with remarkable success in obesity. It is also a potent drug in struma, although in morbus Basedowii, where the thyroid gland is enormously enlarged, it is of little or no use on the disease itself. Acromegalia, lymphoœdema, and pseudoleucæmia appear to undergo no change by this treatment. In order to control the activity of the drug, it is better to allow regular intervals to occur during the treatment, so that the reduction of weight may be carefully observed. Where the reduction is rapid half a tabloid twice a day is quite sufficient.

Dr. Weiss thought that these facts tended to show that the prognosis of morbus Basedowii was not to be entertained with such gloom as medical literature described it, seeing that the disease is not improved by iodine and digitalis.

Hr. Steckel was of opinion that the explanation given by Ewald of morbus Basedowii, that its morbid origin depended on a neurosis associated with hyper-secretion of the thyroid, appeared to be the most correct theory given.

ANCHYLOSTOMIASIS.

Stein next read a few notes on his investigation into the pernicious form of helminthiasis which appears common in the mines of Brennborg. According to the patient's story, who is 32 years of age, and a miner from Brennborg, where 700 men are employed, 100 of whom suffer from this endemic disease, he began to feel unwell about half a year ago, becoming gradually pallid, with palpitation, vertigo, dyspnoea, alternate diarrhoea and constipation. The early treatment in the disease was mostly directed towards clearing the prima via. After he came to Vienna he attended Schrötter's Clinique. It was difficult at first to form an opinion as to the cause, yet the locality he came from raised grave suspicions of the parasitic origin of the disease. The fat was present in fair quantity; there was hypertrophy of the left ventricle, while a blowing systolic murmur was easily observed; but all the other organs were healthy. The urine contained a larger

amount of indican than is usually met with. The stools, as stated, were of a normal colour and contained no blood. The number of white and red corpuscles were unchanged, the hæmoglobin averaged 40, while the eosinophile cells could not be found. No confirmation of the suspicion could be obtained till laxative medicines were resorted to when the eggs of the anchylostomum were discovered.

Zappert confirmed the difficulty in diagnosis from his personal experience in Brenberg. He is inclined to disagree with Leichtenstern in the discovery of eosinophile cells as he has never yet once met with them.

It would appear from the prevalence of the disease in Brenberg that the workers transmitted it from one to the other. The high temperature of Brenberg is favourable to the growth of the parasite. The prognosis of the disease is not always free from danger.

CONCRETION IN THE BRONCHI.

Pollak showed a concretion of a chalky nature which had been coughed up by a female, *æt.* 35. During the winter she was troubled with a bronchial catarrh which recently became more aggravated. On auscultation, loud singing râles were heard. Twelve days after, in one of her fits of coughing, a small calculus was expectorated. At first a tuberculous cavity was suspected, but closer examination showed that the concretion came from the bronchi. It was again conjectured that the stone was a foreign body covered over, or a calcareous lymph gland. In bronchiolithiasis a large number of stones may be formed.

HEALTH STATISTICS.

From the report of the Vienna Medical Officers of Health, comprising a period of four years, we learn that the death rate of the city is diminishing. In 1891 it was 24.32 per 1,000 living; 1893, 23.34 per 1,000; and in 1894 22.44 per 1,000.

The Operating Theatres.

MIDDLESEX HOSPITAL.

DERMOID CYST OF THE OVARY IN A GIRL, *ÆT.* 13.—TWISTED PEDICLE.—Mr. ANDREW CLARK operated on a girl, *æt.* 13, sent up from Suffolk, who had been admitted complaining of discomfort on the right side of the abdomen. Externally there was no obvious sign of any tumour, but there was decidedly more resistance on palpation on the right than on the other side. She always had good health but a few weeks before admission had consulted Dr. Kirby, of Hanley, for the same symptoms, and he had sent her up to the hospital with the idea of an exploratory operation. She had never menstruated: she was a strong, rosy, healthy-looking girl. Incidentally it might be mentioned, Mr. Clark said, that she had been treated by the local application of belladonna, and on admission the characteristic belladonna rash resembling measles was well marked. With a view to an accurate diagnosis, she had been put under an anæsthetic, and a bimanual examination demonstrated the presence of a tumour about the size of an orange in the situation of the right ovary; it was movable and the uterus was normal. The diagnosis then arrived at was that it was an ovarian cyst, in all probability a dermoid. As soon as arrangements could be made it was determined to open the abdomen with a view to its removal; accordingly about ten days afterwards she was again anæsthetised, and an incision made about four inches long between the umbilicus and the pubes. After division of the abdominal wall,

a swelling presented itself at once in the middle line, exactly like the uterus distended by an accumulation of menstrual fluid, and on introducing the finger and passing it round the swelling, this last turned out to be attached on the right side of the uterus; the omentum was adherent to it; this was carefully separated; the tumour was drawn to the wound and punctured; several ounces of bloody fluid were evacuated; the puncture was next closed with forcipressure forceps, and the tumour having been so far reduced in size, was brought outside the abdomen, it was then discovered that the pedicle was twisted; this was ligatured by transfixion with a double piece of silk, and the cyst removed; it was found to contain hair and teeth. The other ovary was examined, and a simple cyst, about the size of a cob nut, was found there; it was not, however, deemed desirable to interfere with that, as it probably would never give her any trouble, and its removal with the ovary would have practically unsexed the girl. After the usual toilet of the peritoneum, the abdominal wound was closed layer by layer; the edges of the peritoneum being joined by a continuous silk suture, the muscles by buried interrupted sutures, and the skin in the same manner. Dry dressings were applied after the wound had been powdered with iodoform. Mr. Clark said the points about the case were:—First, the difficulty of the diagnosis; secondly, the comparative rarity of ovarian cysts in children; thirdly, the twisting of the pedicle. With regard to the first point as already remarked by him in the ward, until the patient was under the anæsthetic it was doubtful whether the resistance was due to muscular contraction only and the condition known as phantom tumour, but the bimanual examination determined without difficulty the presence of an actual tumour. In speaking of the second point he remarked that ovarian tumours were very rare in children, the history of this case pointing rather to the presence of a dermoid than of a single cyst. In referring to the pedicle being twisted, he called attention to the fact of the tumour appearing in the middle line at the time of operation and simulating a distended uterus; this was probably due, he said, to the effusion of blood into the cyst before the operation, which was caused by the twisting of the pedicle previously to the operation interfering with the circulation, an accident which not infrequently happens to tumours with long pedicles. In sewing up the wound, each layer of the abdominal wall was taken separately, he pointed out, with a view to prevent the subsequent tendency to ventral hernia.

It is satisfactory to state that the wound healed by first intention and the child was convalescent a fortnight after the operation.

OBSCURE ABDOMINAL TUMOUR.—The same surgeon on the same [afternoon] also operated on a woman, *æt.* about 60, who had been in hospital under the care of Dr. Wynter, with a tumour on the right side of the abdomen, the nature of which was doubtful, though it was believed to be connected with the kidney, but owing to the small space available in the loin (the patient being very fat) it was thought better to attack it from the front. Accordingly, an incision of about 6 inches long was made over the most prominent part of the swelling which was over the right linea semilunaris. On opening the abdomen the intestine was found fixed to the tumour by firm adhesions, and on separating these the cyst wall gave way and a quantity of putty-like material exuded; the peritoneal cavity having been carefully shut off with sponges, as much

as possible of this material was scooped out, examination of which however threw no light on the organ from which the tumour originated; exploring the abdomen with the hand showed the growth was not attached to the liver above or to the uterus below, and although the kidney could not be felt the conclusion arrived at was that its origin was there. The wound was thoroughly irrigated, the peritoneum carefully shut off by sutures, an india-rubber drainage-tube inserted, and the abdominal wound closed except round the drainage tube where it was carefully packed with iodoform gauze. The question Mr. Clark considered in this operation was whether to clear out the whole of the putty-like material or to treat it as was done; all idea of removing the cyst itself being quite impossible owing to the very extensive and close adhesions between it and the intestines.

Fifteen days after the operation the patient is doing well, the putty-like material is gradually being discharged through the tube, and the general condition of the woman is satisfactory.

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“SALUS POPULI SUPREMA LEX.”

WFDNFSPDAY, MARCH 25, 1896.

ANTISEPTICS IN INFANTILE DIARRHŒA.

It has been assumed, possibly not always on strictly scientific grounds, that many forms of infantile diarrhœa are due to the action of pathogenic microbes, or, at any rate, to a disorganisation of normal microbial activity within the gastro-intestinal tract. There is, indeed, some reason to suppose that the protean coli-

bacillus may, in one or other of its transformations of activity, be responsible for the abnormal fermentation and excessive decomposition which characterise many of the gastro-intestinal affections of infancy and childhood. Once this view had gained ground the treatment of these complaints by the internal administration of antiseptics was inevitable, and, from a clinical point of view, the results certainly seem to favour the supposition that it is possible, within certain limits, to control, at any rate, the perverted or fortuitous activity of these organs. This method of treatment, more or less empirical, was warmly received, though doubts have from time to time been inspired by the reports of bacteriologists at home and abroad who, on the strength of observations carried out, in some instances, on cultivations of incriminated bacilli *in vitro*; in others on the bacterial richness of the stools, have denied to the substances most commonly employed any tangible effect in the direction hoped for. So long as the identity and rôle of the various bacilli normally found in the healthy intestine remains a matter of conjecture, so long must the antiseptic treatment of affections of that tract remain empirical, counter-experiments *in vitro* to the contrary notwithstanding. We are indebted to Drs. Hayward and Buttar for a coherent attempt to discuss the subject on scientific and practical lines in a paper which was read before the Royal Medical and Chirurgical Society, last week. They are profuse in their apologies for the lack of precision which characterises the present state of our knowledge of the bacteriology of the intestines, but they are careful to postulate the conditions under which, alone, further observations can be made on strictly scientific lines. More than this, they have endeavoured to furnish an outline of the indications for the rational employment of this class of remedies, and they have completed their contribution by notes of experiments of their own in respect of the antiseptic activity of the various substances employed in medicine under the rank and title of intestinal antiseptics. Salol, naphthaline, and β naphthol have survived the ordeal with varying degrees of success, though the clinical results do not seem to have invariably confirmed *a priori* conceptions based on bacteriological investigation. The various forms of infantile diarrhœa are provisionally scheduled under three heads, viz., the irritant, the toxic, and the infective, according as the symptoms of one or the other group predominate, for it must always be borne in mind that all varieties of diarrhœas partake more or less of the three kinds of pathogenic action. Ever since the inception of the bacteriological etiology of disease, the dream of the therapeutists has been to attack the invader and to smite him hip and thigh in the parts of the organism which it has selected for its nefarious pursuits. The endeavour has, so far, not been crowned with success in respect of organisms which permeate the organism, or even in respect of those which are known, or suspected, to affect and undergo development in particular localities. If ever it can be possible to reach the invader, and to destroy it by direct means it must surely be in the intestine where, for therapeutical purposes, it

may still be regarded as outside the body, the pathogenic effects to which its presence gives rise being due to the absorption of toxic products by it elaborated *in situ*. Owing to the poisonous action of the most powerful germicides, and the danger to the patient which would follow their passage into the blood, the employment of insoluble, or sparingly soluble, substances has been recognised to be imperative. Moreover, their local effect must not be irritant, or at any rate, not to any injurious extent. Whether *β* naphthol, which appears to be the favoured remedy of the author, complies with the latter requirement is open to question, judging from the sensation which follow cachet containing it accidentally rupturing in the mouth. In conclusion, we are fain to admit that for the present we must continue to resort to this class of remedies on purely clinical evidence, but these results are sufficiently encouraging to warrant physicians adhering to the method of treatment in spite of what pessimistic bacteriologists may say and write in disparagement.

THE NOTIFICATION OF MEASLES.

To wipe away the existing margin of preventable disease is the exalted and laudable aim of the modern apostles of sanitary science. That the desire is not altogether Utopian is abundantly shown by the enormous improvement in the expectation of life which has been achieved during the past half century. During the ten years 1841-50, the death-rate for the whole of London was 25 per 1,000 of persons living, and that figure has steadily fallen through successive decennia to 20.5 in 1881-90, or to 20.4 for the period 1883-92. Of this substantial reduction there can be no doubt that a large part may be traced to the better control which has of late years been established over zymotic maladies. Thus we find that in England and Wales the death-rate from that class of disease for the period 1871-80 reached 3.47 per 1,000 persons living, while for 1881-90 it was 2.36. The figures for London alone are still more striking, for during 1871-80 they mounted to 3.90, whereas in the ten years 1881-90 they had fallen to 0.024. Broadly stated, the decrease has taken place in small-pox, scarlet fever, cholera, and fevers generally (including typhoid). Measles and whooping-cough have shown neither relative nor absolute increase. Diphtheria, on the other hand, has of late years undergone a very great development, a fact which is in all likelihood due to the modern system of Board schools, whereby large numbers of children are massed together, and the chances for the spread of infectious disease well-nigh indefinitely multiplied. Apart from these three specific affections, however, there can be no shred of doubt that during the last generation or two there has been a marked reduction of mortality from infectious diseases in this country. The causes at the root of this happy result may be traced to a better knowledge of the etiology and the treatment of disease, to increased powers of local authorities for the isolation and disinfection of infectious cases, and lastly—although, on this point, medical men are not absolutely unanimous—to compul-

sory notification. Now, of the three diseases that have shown an increase, two, namely, measles and whooping-cough, do not come within the schedule of notifiable diseases. The reason for this legislative omission is not clear. Measles is a highly infectious and fatal disease, and if those two attributes justify the compulsory notification of small-pox and others on the list, it is difficult to surmise on what grounds this particular complaint is left out. The brunt of the measles mortality falls upon the poorer population, whereas the children of the well-to-do classes, as a rule, make a rapid recovery. In some of the poverty-stricken and densely crowded Metropolitan districts, such as that of St. George the Martyr, Southwark, the proportion of deaths to attacks reaches the extremely high ratio of 20 to 30 per cent. There can be no question that one element in this disastrous record is the ignorance of parents, who live in the belief that measles is a trifling complaint which requires little or no nursing. Then there is practically in connection with this zymotic condition very often an entire absence of any attempt to disinfect or to isolate. Under such circumstances, then, it is no wonder that measles stalks through the streets of our great towns and scatters destruction wholesale among the young. For the sake of illustration, we will take at random one of the weekly London returns of the Registrar-General. The first that comes to hand is the opening week of March. During that period, we find that of 1,846 deaths in London, 2 were due to small-pox, 15 to scarlet fever, 7 to enteric fever, 9 to diarrhoea, 85 to whooping-cough, and 152 to measles. In other words, the mortality from measles amounted to upwards of four and a half times the number ascribed to four other deadly zymotic diseases. In the statistics for the metropolis in 1893, published by the London County Council, we find that during the year in question, 1,659 deaths were due to measles, as against 1 from small-pox, 1,588 from scarlet fever, 3,197 from diphtheria, 5 from typhus, 677 from enteric fever, and 3,445 from diarrhoea. In many respects, this affords an interesting field for study and investigation, and, so far as measles goes, it shows that more deaths are caused by that malady than by scarlet fever, a disease which is jealously guarded with a ring fence of stringent precautions. The question naturally arises, if scarlet fever is to be so controlled, why not the unromantic measles, which kills more people every week in the year? Many authorities in public health consistently and persistently advocate the compulsory notification of measles. Whether such a course should ultimately commend itself or not to the wisdom of the legislature, there can be no doubt in the minds of most reasonable and thinking members of the medical profession that the time has now come when some steps must be taken, in order to stay the yearly massacre of our infantile population due to a malady that is altogether preventable.

WE understand that it is the intention of the Senate of the University of Edinburgh to confer the honorary degree of LL.D. on Sir. J. Russell Reynolds, President of the Royal College of Physicians of London.

THE ROYAL COLLEGE OF SURGEONS, ENGLAND.

THE Council of the Royal College of Surgeons, England, have just placed on record another of those contentious resolutions for which they have made themselves famous, and it may be said upon this occasion that they have particularly distinguished themselves. The resolution has reference, of course, to the representation of the Members on the Council, respecting which, it will be remembered, that at the January meeting of the Fellows a motion was agreed to, strongly endorsing the recommendation. Despite, however, the pronounced advocacy of this legitimate reform by the Fellows, the Council have come to the following decision, which, as we think, surpasses anything in the science of quibbling in our experience. These are the exact terms of the resolution:—"That as the Members of this Council represent the body corporate of the Royal College of Surgeons, and consequently its Members as well as its Fellows, it is the opinion of this Council that no further representation of the Members is desirable." It is quite impossible to take this remarkable expression of opinion seriously. There is, however, no doubt that it has a strong flavour of officialism about it, and it may be described as a *fricassée* of the clauses in the Charters which bear upon the subject. If the future proceedings of the Council are always to be based upon the antiquated Charters of the College, and if, moreover, the Council continue to allow themselves to be persuaded into the belief that it would be nothing but sacrilege to attempt to amend them, the ultimate result to the College will be certain to be disastrous. The present position of affairs in regard to this matter appears to be this: namely, that the Council have made up their minds to hold on to the present Charters at all costs, and pull the strings accordingly. When recommendations for reforms and amendments in the Charters are brought before them, they go through the formality of appointing committees to discuss the questions raised. These committees meet and transact the business allotted to them. But, practically, their deliberations are a farce. When it happens that any important reform is under discussion, the strength of the party representing the *laissez faire* policy is always greater, either designedly or not, than the party which is in favour of reform. Thus it comes to pass that the reports of these committees to the Council often take a stereotyped form, to the effect that "the committee are of the opinion that no change is necessary." Upon the present occasion, the proposer of the resolution above quoted, appears to have thought that the importance of the matter required that some explanation should be incorporated into the motion for the purpose of showing how it had been arrived at. Hence, in all probability it was that the preamble was introduced, and that instead of a bald negative, an attempt was made to soften the peremptoriness of the resolution. However, as a matter of fact, not much concern need be felt for this latest example of the obstructiveness of the Council. The Fellows and Members of the College have now an opportunity of taking common

ground in regard to a question of reasonable reform, and we trust that time will soon show the Council the error into which they have again fallen.

Notes on Current Topics.

What is Professional Advertising?

As a contribution to the discussion now going on in our columns, a correspondent has kindly sent us for perusal a copy of the March number of the *Rochester Diocesan Chronicle*. The periodical is a monthly one, circulating among the clergy, and the laity of the diocese who are more especially engaged in Church work. We learn also that it is published with the sanction of the Bishop, and, as might be supposed, the bulk of its contents comprises the reports and notices in connection with diocesan work. But in addition to this, in the present number, a new feature appears, to which we desire to draw special attention. The following may be read on page 41 of the issue in question,

"ON CLERICAL BREAK-DOWN."

"A paper read before the Chapter of the Deanery of Kennington, at the House of the Rural Dean, on Wednesday afternoon, February 5th, 1896, and printed by request."

"By SIR DYCE DUCKWORTH, M.D., LL.D., F.R.C.P.,
Physician and Lecturer on Medicine, St. Bartholomew's Hospital; Hon. Physician to H.R.H. the Prince of Wales; Lay-reader in the Diocese of Rochester."

Here, then, is the Treasurer of the Royal College of Physicians, London, an official of the Institution which is supposed to represent the palace of professional integrity, parading his name, qualifications, and appointments in a local periodical, and, by so doing, making a bid for the clerical and other patients of the general practitioners residing in the diocese. But bearing upon this paper, a remarkable editorial puff appears on page 39 of the same number, and it is as follows:—"The editor, in order not to disappoint the many who have most kindly sent him much news at the eleventh hour, and in order to give the Diocese the whole of Sir Dyce Duckworth's valuable paper on 'Clerical Breakdown,' has, at his own expense, added additional pages to this number. This cannot occur again. He hopes he will have done the *Chronicle* good by this Lenten Indulgence. This is the voice of the much-enduring publisher on this proceeding:—"I note what you say as to additional pages for March. You know my view, however, about extra pages. They don't pay." What a pathetic picture is here afforded of the editor, out of his own pocket, defraying the expense of adding more pages to his journal in order that Sir Dyce Duckworth's paper might not be lost to the diocese. The publisher's comment upon the transaction is doubtless quite to the point, but whether Sir Dyce Duckworth would agree with him is another matter. Further comment upon the whole case is superfluous.

The Poor-Law Officers' Superannuation Bill.

WE report, for the benefit of our Irish readers, in a Special Supplement, the debate upon this Bill, and present a full explanatory statement thereon. It is not necessary to say more in this place than that the Bill, so far as it relates to England, received its second reading on Wednesday last without a division under the most encouraging circumstances. The only opposition emanated from Mr. Logan and Mr. John Burns, on the part of the Radical section, who objected, on principle, that any measure should be passed which might prevent Guardians from turning their worn-out Officers into the streets to starve if it pleased them to do so. As to the extension of the Bill to Scotland and Ireland, the opinion of the Scotch local authorities has yet to be ascertained before it gets into Committee. As regards Ireland, that opinion has been already expressed to a considerable extent, and it is entirely in favour of the extension of the measure to Ireland. We note with surprise a statement contained in the *British Medical Journal* of last week as follows:—"We should be glad to see the scope of the Bill extended, but we cannot shut our eyes to the fact that there has been no demand for it in either country." Our contemporary is singularly badly informed with reference to the situation in Ireland. It might have been expected to know that, more than a year ago, every Poor-law Medical Officer in Ireland was asked his opinion as regards the extension of the Bill to Ireland, and that a verdict was recorded in favour of that extension by more than two to one. We furthermore beg to inform our contemporary, that so far as the views of Irish Boards of Guardians have been yet ascertained, about sixty of them have expressed their approval of the extension to Ireland, and only three as against that proposition, and that the answers, most of them favourable, are coming in daily. It is to be regretted that a statement was permitted by our contemporary in its columns which might have the effect of discouraging those who are working for the extension.

The Army Medical Competitive.

MR. WILLIAM STOKER, who recently formed one of the deputation from the Royal College of Surgeons, Ireland, to the Secretary for War, on this subject, has sent us the following memorandum in which he has "put in a nut-shell" his opinion as to the changes which he regards as most essentially necessary to restore popularity and prosperity to the somewhat dilapidated Army Medical Department:—

1. The obligatory subjects at examinations for commissions in the Army Medical Staff to be limited to those required for the qualifying examinations of the Medical Licensing Boards, viz., Medicine, Surgery, Midwifery, and Applied Anatomy.

Advantages claimed:

- i. Subjects requisite to practise alone retained, a higher standard of knowledge would be reached.
- ii. Candidates would go up directly from the qualifying examinations without being delayed or deterred by the necessity for cramming chemistry, physics, physiology and materia medica at which they have not worked for

three to five years. (Pathology and hygiene not included as instruction in these subjects is provided at Netley.)

2. Examining Board to be made representative of all the medical schools.

3. Examination in a subject not in any case to be relegated to a single examiner. *Vide* Regulations of General Medical Council.

4. A Royal Medical Corps is to be established with rank and command within it. *Vide* Report Camperdown Commission. Military titles are usual symbols of rank, but rank itself is the necessity, as shown in Army Service Corps, etc.

5. Numbers in Army Medical Staff to be so increased as to permit of (a) fair amount of furlough, (b) facilities for scientific work, (c) shorter tours of foreign service. *Vide* Report Camperdown Commission.

6. Pay and allowances on Indian Service to be brought into accordance with the conditions of the last Royal Warrant.

7. Instruction to be provided on medical subjects for the Army Medical Staff as for the other scientific corps.

Mr. Stoker ought to be able to express a competent opinion on this subject, at least from the Irish point of view, for there is no man in Ireland who has served a more close apprenticeship to the teaching of Irish medical candidates, many of whom have offered themselves at the Army competitive, and many now hold Her Majesty's commission. As a very distinguished statesman once said, that "it passed the wit of man" to please all parties to a certain political controversy, it is not within human capacity to bring to a level the varied aspirations of various classes of Army medical officers, but in a general way Mr. Stoker seems to go as near to suggesting a reasonable *modus vivendi* as any one can be expected to do. What a pity our brethren of the Service cannot evolve, by organisation and mutual conference, some scheme which journalists and practical politicians could advocate with the certainty that it would satisfy the general feeling of the Service and be consistent with the military necessities of the Empire and the good of the soldier.

Indecent Journalism.

No one who reads the newspapers, especially the weekly journals, can entertain a doubt as to the necessity of placing further restrictions on the publication of indecent reports. Their columns abound with details of a grossly immoral character, culled from the "spicy" cases which have occupied judicial attention during the preceding week. We have, however, grave doubts as to the probable efficacy of the Bill which has just passed a second reading. The responsibility of prohibiting the publication of undesirable details would, under its provisions, devolve on the judges, a procedure which might conceivably be open to grave abuse, and would almost certainly fail to attain the object in view. It would, moreover, leave untouched cases heard before magistrates and at sessions. The only trustworthy plan would appear to be to prohibit the publication of reports of cases in the Divorce Court, and generally of all trials for offences against public morality. Nobody can pretend that it is to the public interest that the necessarily repulsive details of the evidence in such cases should be made public. It is not to be supposed for a moment that the publicity can act as an additional

detriment to offenders of this kind, while the tone of public morality is in consequence appreciably lowered. We willingly admit that most of our daily contemporaries show a prudent discretion in this matter, but, on the other hand, there is a section of the press which notoriously lends itself to the publication of reports, not only singularly unedifying, but distinctly immoral. It is to be hoped that the Bill will not pass into law in its present form, indeed, we would far rather matters remained as they are than that so insidious a power should be placed in the hands of the judges, unless indeed, an adequate court of appeal, by jury, be provided. It would, moreover, be necessary to exempt medical journals from the application of such a law, in view of the medico-legal interest which certain cases possess.

High Caste Women in India and Medical Attendance.

A GOOD deal of difficulty is experienced with the High Caste Women in India, in the matter of medical attendance. The admirable work done by the Countess of Dufferin's fund in affording medical and surgical relief to the women of India, has met with a large amount of appreciation, but its scope is limited by the action of the patients and their friends. The medical woman in charge of the Victoria Hospital at Calcutta assigns two reasons for this state of affairs (1) the fact that high caste women are not allowed to eat or drink away from their own homes, and consequently cannot be treated as in-patients, and, secondly, the almost universal lack of physical and moral courage on the part of patients when an operation is necessary. So strictly do these women adhere to their rules of diet that nothing will ever induce them to become in-patients of a hospital. Another trouble with the high caste patients is that they are apt to meet at the hospitals women of a lower caste than themselves, and the result frequently is, when this is the case, that they do not attend a second time, no matter how urgent the need. Despite, however, the difficulties encountered in ministering to the needs of these patients, the *Times of India* points out that the Bengal Branch of the Fund during the past year had an attendance of no less than 107,000 in and out-patients, an increase of nearly 7,000 over the total of the previous year. Of last year's total number of patients, it is interesting to note that 42,000 were children.

The Cost of Opposing the Midwives' Registration Bill.

WHEN a champion—enthusiastic and capable—undertakes the advocacy of a cause, and, without prospect of personal advantage to himself, devotes his time, labour, and mind to it, it is too much to expect that he will also expend his money in quantity for the advantage of those in whose interest he is working. For very many of our profession it is impossible to engage actively in medico-political propaganda, and, in fact, the working-up of an agitation usually devolves upon a few. It is, however, possible for everyone who sympathises to give effective aid by contributing to

the sinews of war, and thus showing his approval, and encouraging others. Too often, the workers find that there are very many who are well content to enjoy the benefits secured for them without helping to purchase those benefits by contributing a thought or a penny. Dr. Rentoul, of Liverpool, to whom the general practitioners of England owe a deep debt of gratitude for effectively resisting the invasion of the army of ill-educated women who are seeking admission, by back-door entrance, to the ranks of the profession, has experienced this aspect of human nature. He drew on his private resources for £322 to carry on the war against the Midwives' Registration Bill, and, though recouped to some extent by subscriptions, still remains £130 out of pocket. We trust that our brethren will not allow such a discreditable fact to be cast in their teeth. The midwives have had little difficulty in getting together nearly £1,000 to purchase their admission to quasi-medical diplomas, and it is surely not too much to ask the profession to spare a few shillings or pence to save Dr. Rentoul from monetary loss.

Water-Gas.

THE facility with which gas for illuminating and heating purposes can be made by the decomposition of water vapour, and the comparative cheapness of the resulting product, render it somewhat surprising that advantage should not have been more largely taken of this discovery for domestic purposes. One reason why the use of this water-gas has, so far, been virtually restricted to industrial pursuits is the extremely poisonous effects to which it gives rise when inhaled. The decomposition of the water is effected by passing the vapour over incandescent carbon, the oxygen of the water combining with the latter to form the oxides of carbon, which dilute the hydrogen thereby set free. It is practically devoid of odour, so that the usual warning afforded by an escape of coal-gas is wanting. In the United States, where water-gas is largely employed for domestic purposes, fatal accidents have been very numerous. This drawback can, to some extent, be overcome, either by mixing the product with coal-gas, the characteristic odour of which betrays its presence, or by adding some powerfully odorous substance, such as mercaptan, to render it recognisable by smell. The former precaution is to be adopted at Birmingham, where the process is shortly to be introduced on a large scale. In view of the convenience and cleanliness of heating and cooking by gas, any means of reducing the cost to the consumer will be welcome, and if the Birmingham experiment proves a success we may look forward to the example being followed in other large towns where the gas supply is under municipal control.

The Small-pox Lesson at Gloucester.

THE eyes of the whole country may be said to be turned upon the ill-fated city, Gloucester, whose anti-vaccinationist citizens have brought upon the community an epidemic of small-pox, which every day is exciting more and more alarm. The spread of the disease has assumed such proportions that a veritable

panic has set in, and parents are sending their children away to different parts of the country. In two instances children were sent to some friends in the Forest of Dean, but soon after their arrival they were found to be suffering from small-pox, and they were, therefore, promptly returned to their parents. Meanwhile, there is no saying how many healthy persons they did not infect during the course of their transit. The Medical Officer of Health for Bristol, Dr. Davies, has published a timely warning in the local press urging upon the people of Gloucester to submit to vaccination. Of course, his communication has been followed by protests on the part of the anti-vaccinationist party, who still maintain that the outbreak has nothing to do with the neglect of the Vaccination Laws. Their last effort in this direction has not been more happy than their previous attempts to persuade persons, not faddists like themselves, to accept their statements.

The Presidency of the Royal College of Physicians of London.

It is stated that Dr. Wilks, yielding to the solicitation of his friends, has at last consented to serve as President of the Royal College of Physicians of London, and it is added that, considering the personal affection and esteem in which he is held by his former pupils at Guy's Hospital, the result of the ballot on the 30th inst., is almost a foregone conclusion. This is certainly very satisfactory, and the only possible difficulty seems to arise from the fact that the choice of President rests with the Fellows, and not with the students, past or present, of Guy's Hospital. Dr. Wilks has undoubtedly high claims to the office to which he aspires, but it will be remembered that when three years ago he placed himself unreservedly in the hands of his friends he was not elected. All such attempts to advance the claims of any particular candidate are a mistake, and not unnaturally lead to the suspicion that without such adventitious aids he could not stand alone. We have no doubt that Dr. Wilks will receive a fair measure of support, but if he is to become a strong candidate, he will find that it is absolutely necessary to rely on himself, and not trust to the "representations" of friends.

Immunisation against Serpents' Venom.

On the 20th inst., Prof. T. R. Fraser, delivered a lecture at the Royal Institution, on "Immunisation against Serpents' Venom and the Treatment of Snake Bite with Antivenene." The audience, which was a large and distinguished one, included Lord Rayleigh, Prof. Dewar, F.R.S., Dr. Franklin, Dr. Farquharson, Dr. Lauder Brunton, Dr. Murrell, Dr. C. D. F. Phillips, Sir J. Crichton Browne, Dr. Bevor, Sir William Priestley, and Dr. Playfair. The lecturer gave an interesting account of his recent experiments, demonstrating that animals can be rendered immune against the poison of venomous serpents by the administration of small and frequently repeated doses of the venom. This is probably the greatest advance which has been made in this interesting investigation and affords a ready explana-

tion of the impunity with which snake charmers handle cobras and other poisonous snakes in India and other countries where these animals abound. Dr. Fraser showed an interesting collection of dried venoms, one of which, weighing about twenty grammes, was stated to be sufficiently toxic to prove fatal to over six thousand human beings.

The Civil Rights Defence Committee and the Progress of its Work.

THERE is much evidence to show that the Civil Rights Defence Committee, so ably presided over by the Earl of Stamford, is now making its influence felt upon the public. The progress made with its important work during the past few weeks has been remarkable. The case of Mr. R. B. Anderson has been by its aid, clearly shown to be one in which constitutional privileges are involved, and that those who bring their influence and assistance to bear in furthering his claims for justice, are helping forward the rectification of a grievous constitutional wrong, in which the whole nation is concerned. We are glad to see that the matter is being brought under the notice of Members of Parliament throughout the country by their constituents. A very clear statement of Mr. Anderson's case appears in the current number of the *Westminster Review*, in an article entitled, "A Judicial Scandal," a further instalment of which is promised for next month (April).

Government and the Army Medical Department.

LAST week, the War Secretary, Mr. Brodrick, made an official statement which may cast a ray of hope into the dismal shades of the Army Medical Department. In the Committee of Supply on the Army Estimates in the House of Commons, he alluded to the falling off in the number of Army Medical Officers. He then went on to say that no stone would be left unturned in order to ascertain the cause of the grievances in regard to the Medical Department. This assurance is, to some extent reassuring, although it is to be regretted that Members did not draw more attention to the subject in the subsequent discussion. The want of adequate parliamentary representation of the profession is evidenced in a disastrous manner when a matter closely affecting the interests of a large body of medical men is brought before the House, and simply allowed to pass out of court for lack of proper support. Of one thing the War Office may be certain, namely, that when the time comes for inquiry there will be no dearth of evidence as to the slights, abuses, disadvantages, and, in not a few instances, the absolute injustices to which the medical branch of the Army Service for many years has been subjected.

THE question of experiments with germ-destroying filters is now under the consideration of the Government of India. Some large cantonments in which typhoid has been, or is, prevalent will probably be selected, and a complete installation of filters will be made in such places.

The Food and Drugs Act.

MEDICAL Officers of Health and Public Analysts have long had cause to complain of the shortcomings of the present law in regard to adulteration of food. Many of them have had an opportunity of stating their views before the Select Committee of the House of Commons, which has resumed its inquiry into the Food and Drugs Act. From the evidence already given it appears that the existing state of affairs allows adulteration to be carried on with impunity. A clear definition of food is required, and the administration of the Act should be made compulsory, if any widespread benefit is to result to the community. Another point is that a minimum penalty should be fixed as well as a maximum. Under the present system, for instance, as we have again and again pointed out in these columns, that a fraudulent milkman can well afford to pay fines *ad libitum* out of the relatively enormous profits of his fraud. Another deficiency of the Act is that the magistrate has no power to send an offender to prison, however hardened and gross his offence. There is some prospect that the Committee will complete the work during the current session. Should this be the case, one may hope that Government will lose no time in bringing forward a comprehensive Bill founded on their report, for hardly any piece of domestic legislation within the range of practical politics is likely to do so much immediate and lasting good.

Pathogenic Yeasts.

YEAST organisms have hitherto rejoiced in a reputation of freedom from pathogenic properties, but according to the researches of Busse and others seven, at least, out of fifty varieties that were examined gave evidence of disease-producing proclivities. One of them, the *monilia candida*, proved fatal to rabbits and mice, although guinea-pigs were in no way affected thereby. According to *Nature*, another yeast, pathogenic to mice, was obtained from some figs which had been allowed to ferment, while a so-called "wild" yeast, found on grapes, killed both rabbits and mice. Another variety of yeast, isolated by Prof. Delbrück from ale, was also found to be fatal to rabbits in about ten days and to mice in from four to six days, when injected subcutaneously. The abundant proliferation of the organisms in the blood and its presence in large numbers in the various tissues of the body points to the conclusion that the lethal effects are not due to intoxication from the products elaborated thereby, but are to be attributed to direct infection. This, at any rate, is the conclusion arrived at by Dr. Rabinowitsch, but we must confess to a difficulty in grasping the distinction between intoxication by secreted products and the so-called direct infection.

The Barker Anatomical Prizes.

Two prizes, of £26 5s. each, are offered for competition this year, and are open to any student whose name is on the anatomical class list of any school in the United Kingdom. The preparations entered must be placed in charge of the Curator of the Royal College of Surgeons, Ireland, before June 1st, 1896. One prize

will be allotted to a dissection showing the relations of the pleura, pericardium, and lungs to the anterior chest wall, the dissection to be planned with special reference to the operation of tapping or incising and draining the pericardium for pyocarditis. The other prize will be allotted to a dissection displaying the surgical relations of the lateral sinus, the mastoidal antrum, and the semicircular canals, as exhibited by a dissection through the bones from without; with the view of illustrating operations in the middle ear and lateral sinus. The exact conditions under which the competition is to be carried out can be had by writing to the Registrar of the College. The preparation must be sent to the Curator of the Museums, Royal College of Surgeons, Dublin, each being marked with a fictitious signature, and accompanied by a sealed envelope bearing outside the same endorsement.

The New Chief Inspector of Factories.

THE appointment of Dr. Arthur Whitelegge by the Home Secretary to the vacant post of Chief Inspector of Factories has been officially announced. His qualifications for this important post are great. He is M.D. of London University, a member of the Royal College of Physicians, and D.P.H. of Cambridge. His first public health appointment was in the borough of Nottingham, where he acted as Medical Officer from 1884 to 1889. From thence he went to the West Riding of Yorkshire. In 1894 he was appointed Medical Officer to the newly-formed West Riding Rivers Board, in which capacity he organised the survey of the rivers of the district, and the work of preventing their pollution. Lately, Dr. Whitelegge has been appointed Lecturer on Public Health at Charing Cross Hospital. It should be mentioned also that he has served on two Home Office Commissions; the first was one which sat two years ago to inquire into factory statistics; the second, which is still sitting, to report on dangerous industries. It will thus be seen that the new chief Inspector brings a ripe experience to bear on the duties of his post.

Edison and the Rontgen Rays.

NEWS has arrived from New York to the effect that Mr. Edison has made some important discoveries in the modification of Professor Röntgen's X rays. One detailed account telegraphed here states that the American scientist, after testing 1,800 different substances, at length succeeded in finding a potential one for the new rays. This particular substance is said to be a crystalline form of tungstate of calcium, and by its use an observer is said to be able to look through eight inches of solid timber, and with the naked eye to see the bones of the arm and hand. Should this news be confirmed it will considerably enlarge the immediate field of the new photography in its application to practical surgery.

DR. FELIX SEMON has been elected an honorary member of the Vienna Society of Laryngology, and of the Italian Society of Laryngology.

The Medical Service and the War in Cuba.

THE Cross of San Fernando has been conferred on Dr. Senor D. Urbane Orad for distinguished services with the Royal Army of Spain in Cuba. On more than one occasion Dr. Orad was seriously wounded whilst in discharge of his duties, and has been reported as killed. The honour conferred on him is a very gratifying acknowledgment that the Government is not indifferent to the zeal and skill of the medical officers in this much to be regretted war. From the latest published reports we learn that the mortality of the medical staff in Cuba is very high; within a short time there were twenty deaths: three from wounds, two from common fever, and fifteen from endemic fever. The endemic diseases of Cuba include dengue, malaria, yellow fever on the coast, and typhoid. Medical returns from the island, says our contemporary, *El Siglo Medico*, are very scant in information, and very seldom appear, a state of affairs probably more the result of Government interference than indifference to professional curiosity by the medical staff.

The Anti-Diphtheritic Serum Treatment.

OUR Berlin correspondent states that the result of a year's trial of the serum treatment at the Am Urban Hospital in Berlin has been to reduce the mortality from diphtheria from 41.90 per cent. to 28 per cent., the number of cases treated being 245. He also remarks that, in those cases where the remedy failed no ill results from its use were observed, and post-mortem examinations revealed no serious pathological changes.

The Huxley Memorial.

THE sum realised up to the present by the appeal for funds for a memorial to the late Prof. Huxley is £2,300, which enables the Committee to decide upon a statue for the Natural History Museum, and a medal for the Royal College of Surgeons of London. The Committee, however, hopes yet to receive sufficient funds to enable it to endow some means for the furtherance of biological research.

WE understand that the Countess of Warwick has established a home at Warwick for the surgical care and treatment of crippled patients. The home, which will contain accommodation for sixteen patients, has been established and will be maintained entirely at Lady Warwick's own cost. Two professional nurses have been engaged to attend on the inmates.

SURGEON-CAPTAIN F. W. HARRIS, of the Aldershot Medical Establishment, who has been selected for Egyptian Service, has been for some time attached to the Medical Dépôt and Training School, of which he is adjutant, and his addition will bring up the number of British medical officers in the Khedive's service to ten.

THE Director-General of the Army Medical Department has, by direction of the Secretary for War, com-

municated to Surgeon-Colonel Taylor, Surgeon-Captain Hilliard, and the other Medical Officers who had charge of the late Prince Henry of Battenberg, the Queen's thanks for their attention to him.

THE charge of wilful murder preferred against a Liverpool dentist, on account of the death of his wife, ended last week in an acquittal. The trial occupied two days, and turned entirely upon the medical evidence, several well-known members of the profession being in Court.

LORD BALFOUR of Burleigh, Secretary for Scotland has appointed Thomas Richard Fraser, M.D., (Professor of Materia Medica in the University of Edinburgh), to be Medical Adviser to the Prison Commissioners, in succession to Sir Douglas McLagan, resigned.

THE National Hospital for Consumption for Ireland, situated midway between Newcastle and Newtown mountkennedy, in the County Wicklow, was formally opened last week by the Marchioness of Zetland.

THE Committee of Visitors of the Essex County Lunatic Asylum, Brentwood, have appointed a medical woman as Third Medical Officer to the Institution.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

EAST LOTHIAN SANITARY AFFAIRS.—The motion about the Medical Officers of Health for the County was, as might have been expected, quietly shelved at the last meeting of the Eastern District Committee, until a report had been received from the Local Government Board. As the Board, however, has invariably discontinued the appointment of Medical Officers engaged in private practice, it is well-known what its answer will be, and appealing to it savours of procrastination. The Committee evidently felt that they must do something, and recommended the appointment of an Assistant Sanitary Inspector. The proceedings remind us of the fable of the mountain and the mouse. Meanwhile, Dunbar has introduced a new water-supply, at the cost of £3,000, but we are afraid that, for this year at least, the popularity of the town, as a holiday resort, will have suffered greatly.

THE PUBLIC HEALTH (SCOTLAND) BILL.—The debate on this Bill in the Lords was of an instructive character, and Lord Balfour was most conciliatory. If the Bill only were successful in rendering the tenure of office of Medical Officers of Health more secure, it would justify its introduction. After the second reading it was referred to a Select Committee, perhaps the best course to pursue, unless the Consolidation Bill which has been promised be brought forward too soon. In those circumstances, proceedings would be much simplified if the same Committee were given the larger Bill, with instructions to incorporate their suggestions as to the smaller into the provisions of the complete measure.

SERIOUS CHARGE AGAINST A MEDICAL MAN.—Medical circles have been somewhat shocked during the week by the arrest and committal for trial of an Edinburgh practitioner, whose name we forbear to mention as the case is *sub judice*, on a criminal charge said to be connected with an illegal operation, death having resulted therefrom. Sir Hy. Littlejohn and Dr. Joseph Bell were instructed to make the post-mortem, the girl being about eighteen years of age. On the strength of their report the accused was arrested and charged, but it is stated that he is prepared

with a satisfactory answer when the proper time arrives. We sincerely trust this may prove to be the case.

LORD RECTORSHIP OF GLASGOW UNIVERSITY.—A meeting of Glasgow University Conservative Club was held on the 18th inst. for the purpose of confirming the selection of a Unionist candidate for the Lord Rectorship, when the chairman announced to the members that their candidate was to be the Right Hon. Joseph Chamberlain. The announcement was received with great and prolonged applause. The Liberal students will have to bestir themselves if they purpose to oppose the Conservative candidate, but this appears to be somewhat doubtful; in any case, it is thought that any other candidate will stand a very poor chance of election against so strong a candidate.

GLASGOW HOSPITAL SUNDAY.—The second annual meeting in connection with the Glasgow Hospital Sunday Fund was held on the 17th inst. The report states that the income shows an increase of £423 2s. 11d., on the preceding twelve months; 330 churches and 222 Sunday schools took part in the collection, and the total sum contributed amounted to £4,069 2s. The sum set apart for the infirmaries was £3,852, and the division made in proportion to the number of beds in each infirmary:—Royal Infirmary, 550 beds, £1,980; Western Infirmary, 392 beds, £1,411; Victoria Infirmary, 128 beds, £480 16s. The next annual collection is fixed to take place on the last Sunday in November.

FILTER BEDS IN CONNECTION WITH BACTERIA.—An experiment is being carried out at present at the Dalmar-nock Sewage Works as to the efficiency of *filter beds*. Certain chemical experts have recently stated that the efficiency of a filter bed depends largely upon the presence of a certain kind of *bacteria*, which, however, are not discoverable until the filter bed has been in use for some time. A filter bed was considered formerly to be unserviceable and dirty as soon as it had become, or supposed to have become, the residence of bacteria, but it is now considered by these experts that a filter bed, which may ordinarily appear to be dirty, is only then in a higher condition of efficiency than when first brought into use, for which superlative state of efficiency the dreaded microscopical creature must, instead of curses, receive our thanks and our blessings.

MEDICAL SOCIETY OF LONDON.

The meeting on Monday evening last (March 23rd) was devoted to two papers by Mr. Harrison Cripps and Mr. Alban Doran, respectively, on the "Diagnosis and Treatment of Extra-Uterine Pregnancy," a class of cases which seems daily to be becoming more frequent, doubtless owing to greater facility of diagnosis. Mr. Doran had had four cases in less than four months. In one case of apparent rupture of an ectopic gestation sac it was thought proper to postpone operative interference, and ultimately the tumour disappeared or nearly so. He insisted on the diagnostic importance of sudden pain associated with the development of a tumour on one or the other side of the uterus, displacing that organ. Operation should always be undertaken except in cases in which there is a history of steady subsidence of pain and swelling after a single acute attack.

Mr. Cripps laid special stress on the frequency of the blood effused after rupture of a gestation sac becoming encysted in Douglas's pouch. Owing to slight oozing, localised peritonitis shut off the general peritoneal cavity before the great rush of blood took place. He discussed the difference in the symptomatology of the three varieties, and, basing his belief on some statistics published by Mr. Bland Sutton, he advised, in cases of extra-uterine gestation with a living fetus, that operation should be deferred until a short time after the death of the fetus.

Dr. Lewers mentioned a case in which the opposite tube to that containing the ruptured sac was found to be distended with blood.

Dr. Routh insisted on the importance of a coffee coloured or shredly discharge in the diagnosis of pregnancy, and expressed surprise that more use was not made of his binaural vaginoscope by the aid of which the characteristic souffle could be heard, thus supplementing or even replacing the other usual signs of pregnancy. He deprecated too implicit reliance on breast changes as indicative of pregnancy, and he questioned the view that hæmatocele was invariably due to rupture of an ectopic gestation sac.

Dr. Leith Napier called attention to the marked pulsation of the uterine arteries which had on more than one occasion enabled him to arrive at a correct diagnosis.

Mr. Marmaduke Sheild, Dr. Bruce Clarke, and Mr. Malcolm also joined in the discussion.

Correspondence.

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

THE ETHICS OF PROFESSIONAL ADVERTISING.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—As you alone of the medical journals have had the courage and honesty to open your columns to the discussion of this important question, I think that the fact should be made known that no less a sum than £500 was divided among the witnesses who appeared for the *British Medical Journal* in the recent trial of Kingsbury v. Hart. That is to say, that Sir Dyce Duckworth was paid upwards of £100 from the funds of the Association for evidence which practically decided the case against your contemporary. Who, I should like to know, sanctioned this payment? Who, again, "invited" Dr. Ward Cousins, another of the witnesses, to journey down to Manchester for the same purpose. Dr. Cousins is the chairman of the Council of the Association, and as an official of the Association, and, moreover, as being one of the reference committee having an editorial control upon the journal, he should have made no claim for his services. I trust that the whole matter will be brought before the annual meeting of the Association in July next, and that a full explanation be demanded by some influential member.

I am, Sir, your obedient servant,

A MEMBER B.M.A.

Liverpool, March 19th, 1896.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In a letter regarding a recent libel action, which appeared in your issue of the 11th inst., the writer, Dr. D. Campbell Black, of Glasgow, states that after being a member of the medical profession for over thirty years, he has found that the unwritten law of conduct which regulates gentlemen in their relations to one another is, in that profession, more honoured in the breach than in the observance. And, as if to prove the fact, he proceeds at once, I hope "in his haste," to cast a most unmerited slur on a number of his fellow-members by asking "for what purpose do all special hospitals exist, except for the purpose, primarily, of medical advertising?"

As one of the staff of a special hospital, which I helped to found, I can repudiate most warmly the insinuation that advertising was the object which my colleagues or I had in view. They, being on the staff of the infirmary, wished me to teach the students, and recognised that the opportunities for doing so successfully would be greater in a special hospital than in a special department of a general hospital. For my part, I wished for more abundant material on which to continue my studies in a branch of medicine which had greatly attracted me, and to which I had devoted my main attention. This is, I know, the feeling which has prompted several friends, in different parts of the country, to try to form clinics for the treatment of some special class of diseases. There is no question of philanthropy, primarily, in the matter, and we have our livings to earn; but we are quite capable of taking as great a scientific interest in our work as Dr. Black may take in physiology, and as much appreciate the advantages of working in a commodious hospital with abundance of material, as he would prefer a large and well-equipped laboratory to an ill-furnished room, with untrained assistants, in a crowded building. But as regards the advertising powers of the two classes of institution, it may be said without fear of contradiction, that the post of physician or surgeon to a general hospital, even if newly founded, is *in itself* a better medical advertisement than a post on any special hospital is ever likely to be.

It is to be hoped, therefore, that Dr. Black will be able, on maturer consideration, to withdraw an insinuation which not merely offends against the "unwritten law,"

but which is, moreover, in the sweeping manner in which he has made it, not only inaccurate but insulting.

I am, Sir, yours, &c.,
H. G. BROOKE.

Manchester, March 18th, 1896.

To the Editor of THE MEDICAL PRESS AND CIRCULAR

SIR,—It is satisfactory to find that the mask has at last been torn off, and that the authorship of the various little newspaper puffs has been brought home. The bread thus cast upon the waters has returned after many days—possibly rather the worse for wear.

All this angry protest, however, is to a large extent an idle expenditure of energy. Medical advertising is an offence against professional ethics, but in the form now under discussion it is an offence for which no punishment has been devised, and it therefore remains a dead letter in respect of those who occupy a position in the hierarchy which (they believe) places them beyond the reach of censure.

Might I suggest that the following, or some analogous, schedule of advertising offences be submitted to, and promulgated by, the Medical Defence Union, coupled with an intimation that the attention of the General Medical Council will be formally called to all infractions thereof? We should then, in due course, have a series of test cases, as to which the Council would have pronounced. We shall then know where we are, and even the more eminent will hesitate to expose themselves to the risk of being gibbeted.

Those of us who are members of the Royal College of Physicians of London have all along anticipated that the Censors would take the necessary steps to prevent the repetition of such scandals on the part of the Members and Fellows, but so far we have been disappointed. The inference is that the disciplinary powers wielded by these venerable gentlemen are so feeble that they fear to subject them to any strain. Moreover, to wield such powers in an effectual manner, the Censors themselves must be above suspicion, and this, with deep contrition, I am fain to admit is not always the case.

It is to the General Medical Council, *via* the Medical Defence Union, that we must look to place the matter on solid ground. With a little persistence we ought to be enabled to trace a line of demarcation separating what is admissible from what is forbidden.

I am, Sir, yours, &c.,
M. R. C. P. Lond.

Suggested Schedule as to methods of advertising to be regarded as unprofessional:—

- (1) Advertisements in lay journals of medical works.
- (2) The sending of medical works for review in the lay journals.
- (3) Announcements in the lay journals of absence from or return to town.
- (4) Furnishing information for publication (with name attached) concerning the condition of particular patients.
- (5) Allowing one's name and address to appear outside or inside hospitals and similar institutions.
- (6) Allowing one's name coupled with professional description and address to appear on prospectuses and advertisements of non-medical companies or societies.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Why do not the lawyers advertise? The answer is, I take it, because they belong to a profession that is shrewd enough to protect its own interests, and strong enough to enforce its corporate rules. Lawyers keep up their prices, control any black sheep in their own flock with a strong hand, and have reduced pirate practice to a mere nothing. Compare that state of things with our own professional ethics.

We, of the medical profession, have absolutely no corporate protection for keeping up prices at a fair average. Hence the visit and bottle of medicine for a few pence. We have a loose and uncertain control, wielded by the General Medical Council on a shifting code, against offenders in our own ranks. We have weapons so meagre and ineffectual against pirates that they practically batten on the public and profession at their own sweet will. Lastly, we have an unwritten code preached by the leaders

of the profession, but broken by them in a flagrant manner at every turn. The fact appears to be that theirs is the only trade union circle within the profession, a "ring," in short, that maintains prices and combines to exclude unwelcome competitors and rivals.

The thanks of the profession, Sir, are due to you for bringing the matter forward. For reasons that will be obvious to your readers I omit to sign my name, but enclose my card, and remain,

Faithfully yours,

A DISILLUSIONED PRACTITIONER.

Manchester, March 21st, 1896.

HOSPITAL REFORMERS AND ST. JOHN'S HOSPITAL.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Morgan Dockrell's letter was not needed by members of special hospital staffs—no doubt they are all more than satisfied as to the necessity of these institutions; and it will not be accepted as an answer by those who know what are the shameful abuses associated with the existence of unnecessary and sham special hospitals. The fact that that immaculate and impeccable tribunal of public and private morality, *Truth*, has approved of the "integrity of the financial arrangements of the hospital," puts this department, of course, above criticism, and we may be sure that at St. John's, at any rate, a vast percentage of the income is not wasted in paying collectors and in advertising.

I know nothing about the regenerated St. John's Hospital, and I do not dispute that it may now be—whatever its past history—one of the few special hospitals against which no charge can be made; but it is one of a very few.

I merely insist that it is an unnecessary special hospital and involves at least a waste of force and of public money. Many of these institutions have been started and are carried on for the sole purpose of enabling medical adventurers to advertise themselves and palm themselves off upon the public as distinguished specialists. Many of these men show by their daily practice either that they are ignorant of the speciality which they profess, that they are unable to diagnose simple cases of the maladies to whose treatment they devote themselves, or that they look upon their suffering clients merely as useful individuals from whom guineas are to be extorted. These are the gentlemen, for example, who find that every delicate child suffering perhaps from "growing pains," and having a weak frame, has spinal disease and needs long and costly treatment and supervision, and who discover diseased spots in the naso-pharyngeal regions which need local daily manipulations, the disease being perhaps aphonia due to hysteria, nervous debility, or some other affection having no possible relation to any local morbid condition if such condition (as it usually is not) be discoverable.

Special departments exist at all general hospitals, and can be enlarged, and their staffs can be increased to meet any demand upon them. The waste and abuses connected with separate establishments can be prevented; and the appointments of the members of the staff being controlled by professional opinion, and being based upon merit, or performance of first-rate scientific work, genuine specialists will have charge of the special departments. The character and tone of applicants for special appointments at general hospitals will be known to those having the gift of the posts, and the danger of the offices being filled by ignorant pretenders, as they now often are at sham special hospitals, will be reduced to the lowest possible point.

I am, Sir, yours, &c.,

HOSPITAL REFORMER.

March 21st, 1896.

PHARMACOLOGY AS AN EXAMINATION SUBJECT.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Your leader on the action taken by the Royal College of Physicians of London with reference to the omission of pharmacology as a separate subject from the examination of the Conjoint Board, and the erasure of the

Schedule of Pharmacology from the Regulations, expressed so exactly my view in the matter that I have little or nothing to add to what is there so excellently stated.

It was a matter of great regret to me that I could not be present at the adjourned College meeting to protest against this retrograde step, one which will very materially retard the progress of scientific therapeutics, and encourage the student of medicine to neglect this most important branch of his education. Surely, it is as essential to test whether a student's knowledge of the action of remedies in health and disease is accurate as to examine him in elementary biology and in the natural history and preparation of drugs. If treatment is not to be empirical, it seems to me that a knowledge of pharmacology is absolutely essential. The aim of those who have been responsible for the education of medical students has been to make them cultivate their reasoning qualities, and not to trust to memory alone, and pharmacology, which is the stepping-stone from physiology to therapeutics, is an excellent subject for this purpose.

Now that laboratories and excellent teaching on the subject are provided in most medical schools, there is no excuse for its omission from the examination schedule, and my hope is that if the Conjoint Board does not see proper to rectify what I venture to call its mistake, the General Medical Council will step in and insist upon the inclusion of the subject in all examinations recognised by it.

I may add that the University of Cambridge has for years required of all its candidates for medical degrees a knowledge of pharmacology and therapeutics, and that one of the papers in the second part of the Third M.B. Examination is entirely devoted to this subject.

I am, Sir, yours, &c.,
J. B. BRADBURY, M.D. Cantab.,
Downing Prof. of Med. in the Univ. of Camb.

Cambridge, Mar. 21st, 1896.

EXAMINATIONS FOR THE DIPLOMA IN PUBLIC HEALTH.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you allow me to offer a few remarks for the purpose of further comparison of various examinations for the Diploma in Public Health?

First, as regards special regulations:—

University of Oxford:—The examination is only held once a year. There is no regulation as to attending the clinical practice of a hospital for infectious diseases, but candidates are examined on the cases in the hospital. Candidates in Part II must send certificates showing that their D.P.H. work has been done since registration and that their names have been on the Medical Register of the United Kingdom for a period of at least twelve months, not merely that they possess a registrable qualification.

University of Cambridge:—A candidate must have attained twenty-four years of age before he presents himself for a second part; he must produce evidence of having, before or after obtaining a registrable qualification, attended the clinical practice of a hospital for infectious diseases. No time is fixed, a two months' course has been accepted, but it is safer to take a three months' course as that is required for the M.B. New regulations come into force this year increasing the time devoted to practical work in the examination and the fee is raised to £8 6s. 0d. for admission or re-admission to each part.

University of Durham:—The examination for the D.P.H. is the same in every respect as that for the B.H., the degree is given on payment of £8 6s. 0d. extra to those gentlemen possessing a degree at a recognised university. The examination is not divided into two parts. The candidate must give evidence of three months attendance on the clinical practice and instruction at a hospital for infectious diseases of not less than fifty beds, subsequent to the attainment of his first registrable qualification. If this regulation is not altered it will mean, in many cases, a second attendance at such a hospital, as such a course is now part of the general medical education. The candidate is also required to pass an examination on medical clinical cases at the "City Hospital for Infectious Diseases," or elsewhere; to describe the construction and use of instruments employed in meteorology, hygienic apparatus, and sanitary appliances.

Victoria University Diploma in Sanitary Science:—The examination is held yearly in July, in two parts. candidates before entering for either part must have held for not less than twelve months a registrable qualification. The fee for each part is £4 4s., and for any subsequent examination in the same part £2 2s. No attendance at a Fever Hospital is required. The examination only extends over four days. Only two hours is allowed for the written examination on chemistry, warming, ventilating, and the use of meteorological instruments, and four hours for the practical and oral examinations for the same subjects.

Royal College of Physicians of London and Royal College of Surgeons of England:—The regulations as to age and attendance at the clinical practice of a hospital for infectious diseases are the same as those of the University of Cambridge.

There is no regulation preventing a candidate rejected at one place presenting himself at another in the course of a week or two. A man may present himself at Durham, and failing, may go to Cambridge within a fortnight and pass; this occurred at the recent examinations. Failing at Durham late in September, he might try Cambridge in October, Oxford in November, and London early in January, thus getting four chances in four months. Such a state of things is calculated to bring more discredit on our present system of examinations. The Conjoint Boards of Scotland recognise this, and do not allow men to present themselves who have been rejected elsewhere during the previous six months.

Regulations of the Conjoint Boards of Scotland:—

This must mean at least 150 hours in a chemical laboratory, and another 150 hours in other laboratories; certainly none too much for the work mentioned in their synopsis of the subjects of examination, which I ask you to publish as worthy of imitation.

Synopsis of the Subjects of Examination.

FIRST EXAMINATION.

- I. The Laboratory work shall embrace the following:—
 1. Analysis of Air—Temperature, Pressure, Humidity, Carbonic Acid, Ozone, Micro-organisms, Organic Matter, Noxious Emanations.
 2. Analysis of Water for Drinking Purposes, including qualitative and quantitative estimation of total solids (Lime, Magnesia, Chlorides, Sulphates, Nitrates and Nitrites, Ammonia, and Lead), and loss on ignition of solids—determination of Hardness, of Organic Impurities, and of Acidity and Alkalinity—Physical and Biological Examination.
 3. Examination of Foods—Milk, Butter, Margarine, Flour, Bread, Starchy Foods, Sugar, Honey, Butcher Meat, Fish, Vegetables, &c.
 4. Examination of Beverages—Tea, Coffee, Cocoa, Alcoholic Beverages, Aerated Waters, &c.
 5. Examination of Condiments—Salt, Pepper, Mustard, Vinegar, and Preserves, &c.
 6. Gases, their Physical and Chemical Properties—Anemometers, Manometers, Barometers, Thermometers.
 7. Detection of Poisons in articles of dress and decorations.
 8. Sewage—Analysis of Sewage and Effluents after treatment, and Chemistry of Sewage treatment.
 9. Soils—Temperature, Humidity, Permeability, Chemical Composition, Gases of the Soil, Micro-organisms.
 10. Disinfectants and Deodorisers—Chemical examination of the Materials, Determination of their comparative power.
 11. Building Materials—Chemical and Physical Properties.
 12. Bacteriology—Micro-organisms in relation to Epidemic and other Diseases.
 13. Examination of Parasites and other Organisms infecting the Body and Human Food Stuffs.

II. Physics and Meteorology:—

- (a) PHYSICS.—Gases—Pressure, Volume, Temperature, Solubility in Liquids, Absorption of Solids, Diffusion, Movements of Air in relation to Ventilation, Instruments employed in relation thereto.
- Liquids—Effects of Variations of Temperature, Capillarity, Osmosis, Solution, Vapour, Pressure of Liquids, Movements of Liquids.

Elements of Dynamics of Solids and Fluids.

Heat—Temperature, Latent Heat, Specific Heat, Fusion, Boiling, Evaporation, Radiation, Conduction, Convection.

On reference to the examination papers published by the University of Cambridge and by the London Conjoint Board, we find that candidates have only been expected to perform elementary water and air analysis, for which they could be easily coached up in twenty-four hours. It is to be hoped that now, at Cambridge, as at least one day will be devoted to practical laboratory work, something more will be expected of them. It is true we do not expect Medical Officers of Health to be of necessity competent analysts, but they should at least have such a training as would enable them to understand and check analytical reports, such training is, in my opinion, as necessary for them as mechanical training is for the Engineer. The number of men seeking employment in the Public Health Service justifies the opinion that there will always be plenty who will bring themselves up to the required standard.

As regards the oral examination in Chemistry and Physics, there was none at Oxford; but at Durham, there was an oral examination in each of the following subjects:—Chemistry, Physics, Bacteriology, Sanitary Legislation, Statistics, Meteorology, and the Practical Use of Meteorological Appliances, Sanitary Medicine, and Practical Hygiene. There were thus eight *viva voce* examinations, the examiners having in most cases the candidate's written paper before him. Such an examination is most helpful both to the examiner and examinee, especially in Practical Chemistry, where the candidate's practical work is sometimes done under great disadvantage, working as he does in a strange laboratory, often badly equipped, and ill-adapted for examination purposes.

"Out-door Sanitary Work."—Candidates are usually started out alone to make the inspection, and afterwards return to the Examination Hall to write their reports; but at Oxford, last November, each candidate was visited by the examiner, and had a quarter of an hour's *viva* there and then. This is a most valuable innovation, but one which it would be hardly possible to carry out with the large number of men who present themselves at Cambridge.

Practical work in Bacteriology appears to be equally insisted on, and admirably carried out at all the centres.

The papers on the other subjects speak for themselves, they are, I think, fairly equal. In some quarters there appears to be the opinion that more mathematical work is required at Cambridge, and that candidates avoid Cambridge in consequence, as a matter of fact the failures are more numerous, as far as I have been able to ascertain, at other centres, and published lists show that, whereas 423 gentlemen possess the Cambridge D.P.H., only 241 have that of the Conjoint Board of London, and fewer men take this qualification every year. I believe the following to represent the numbers of diplomas issued, but some gentlemen hold more than one diploma—one has registered five:—Cambridge 423, Conjoint Board of London 241 (this number does not include the ten who passed in January last), Durham 56, including 5 C.S.Sc., 35 L.S.Sc., 13 B.Hy., 3 D.P.H. (two of these were granted *in absentia*, so only one is registered), Victoria 37, Oxford 4 (?) Then at London University 20 gentlemen have taken the M.D. in State Medicine, and 7 others have been examined in Public Health.

Practical Chemistry, Practical Physics, and Practical Sanitation appear to me to be the subjects most neglected by the two popular Examining Boards, and unless a more thorough knowledge of sanitary appliances is demanded from future Diplomates, they can hardly be expected to command the confidence of Sanitary Inspectors, whose superior officers they should be.

I am, Sir, yours, &c.,
W. H. SYMONS, M.D.(Brux.)

60 Holmdale Road,
West Hamptstead, N.W.

MIDWIVES' BILLS OPPOSITION EXPENSES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I wish through your journal to ask practitioners to subscribe to the above fund.

Since the first of the five so-called Midwives' Bills was introduced into Parliament in 1890, I have expended, up to October 25th, 1895, out of my private means, £321 15s. 9d. In 1891, when I had expended £180, Dr. H. Woods established a fund to repay my out-of-pocket expenses, and so refunded me £50. In 1893, Mr. Colin Campbell started a similar fund, and so refunded me £30. In 1894, the Committee of the Lancashire and Cheshire Branch refunded me £37 13s. 2d., opposite expenses incurred by me in connection with that Committee. The vouchers for the £180 I submitted to Dr. Collins, Manchester, those for the £37 13s. 2d., to Dr. Chamberlayne, Stalybridge; while those for the remainder were submitted to Dr. O'Sullivan, Southport.

Thus, of the total expenditure only £117 13s. 2d. was refunded up to October, 1895, leaving me then out of pocket and liable for £204 2s. 6d. Since that date, £75 2s. 6d. has been repaid, leaving me now £130 out of pocket.

When the first Midwives' Bill was introduced in 1890, the Midwives' Institute obtained no less than £985 in subscriptions and guarantees, and since then the Midwives' Registration Association has collected more. I think we also should have a guarantee fund. In 1895 there were 27,395 practitioners resident in the United Kingdom, and if each of these gave a few pence, a large amount would soon be subscribed.

It is to be remembered that all the Midwives' Bills proposed to establish an inferior order of singly qualified midwifery practitioners who (as it is not proposed to make it an offence if any practised medicine, surgery, or pharmacy and vaccination) would be if not *de jure de facto* medical practitioners also; thus aiming at the repeal of the Medical Act, 1886.

I shall be glad to acknowledge subscriptions, and as Mr. Skewes-Cox, M.P., intends to ask the House of Commons to read his new Midwives' Bill on May 6th next, I shall be glad if those in sympathy with our opposition will help to wipe off the above debt.

I am, Sir, yours, &c.,

ROBT. R. RENTOUL,

78 Hartington Road, Liverpool.

Literature.**JAKOB'S ATLAS OF THE NERVOUS SYSTEM. (a)**

Of the many devices attempted in order to attract the medical reader, the system of book illustration, which has become so diversified of recent years, is the most remarkable. Few books, so far as their letter press is concerned can claim to more than a moderate share of originality, for they simply repeat and reiterate much of what has been discovered and described before. Some books have an obvious market as soon as they appear, but this can only be said of a few. The book now under consideration can not be charged with the crime of repetition or plagiarism, and except in its latter part, it is more given to illustration than to literary exposition. It contains a reproduction of results obtained by the author himself, representing a large collection of histological and macroscopic preparations. The atlas is almost entirely the work of Dr. Jakob himself, and the method adopted is as true to nature as illustrations can be. By means of superimposed layers, which are movable one from another, the anatomy of the brain can be studied as if it were being done on the actual specimen in the post-mortem room, with this difference, however, that some of the names of parts are printed, and very little additional reading is required. The subject of pathology and therapeutics dealt with in the last section of the work is succinct, but some of its statements, especially in the domain of therapeutics, are unnecessarily brief. A short chapter is given on anatomy and physiology, but here also there is a brevity which is perhaps worse than a too copious description, and the attempt to define the tract of the will, considering how much the fact of the existence of a will is in dispute at the present time, is, to say the least, hazardous. These drawbacks, notwithstanding, the coloured plates are sufficient in them-

(a) "An Atlas of the Normal and Pathological Nervous Systems." By Dr. Christfried Jakob. Translated by J. Collins, M.D. London: Baillière, Tindall, & Cox. New York: Wood & Co. 1896. With 73 plates. Price 10s. 6d.

selves to make the book popular, as no other book on the subject can boast of such a wealth of illustrations, or compare with it in the moderate price at which it is issued.

Literary Notes and Gossip.

WE understand that at the next Convocation of the University of Oxford, the degree of M.A. (*honoris causa*), will be conferred on Dr. J. A. H. Murray, editor of "The New English Dictionary."

"TECHNIC" is the latest orthographical barbarity with which a medical journal, published in Philadelphia, embellishes its pages. Presumably the editor means "technique."

THE formation of the library of the New York Academy of Medicine was begun in 1847, and now contains 33,100 volumes and 13,000 pamphlets. The medical department of the public library of Boston was founded in 1882 and now includes 19,600 volumes.

THE editorship of the *Annals of Surgery* has just undergone some modification. Instead of the names of four editors appearing upon the cover, there are now only three, namely, those of Dr. MacEwen, of Glasgow; Dr. White, of Philadelphia; and Dr. Pilcher, of Brooklyn. The London editor has passed out of the list.

WE hear that it is the intention of Mr. Noble Smith to discontinue the issue of *Clinical Sketches* after the present number. This monthly has appeared regularly for some time past, first as a shilling, then as a sixpenny journal, but support has not been forthcoming from the profession that the enterprise of its editor deserved, and we regret to have to record its decease.

THE *Photogram* for March contains an article bearing the somewhat awkward title "Stereophotomicrograms." The term is a new one, which has been applied to a new process for lighting microscopic objects in micro-photography, by which the objects are shown up in bold relief. Mr. Iles, the inventor, not content also with merely finishing his transparencies in monotone, has worked out a process of local toning, which in his hands has yielded excellent results.

DR. R. B. WILD, Assistant Lecturer on Materia Medica and Therapeutics in the Owens College, has been awarded the Parkin Prize for his essay on "Charcoal as a Therapeutic Agent." The prize, which is of the value of one hundred pounds, and is open to competitors of all nations is offered triennially, for the best essay on some subject connected with medicine, in terms of a bequest made to the Royal College of Physicians of Edinburgh by the late Dr. Parkin.

WE have received a copy of the first number of the *Intercolonial Medical Journal of Australasia*, a monthly periodical which has arisen out of the amalgamation of the *Intercolonial Quarterly Journal of Medicine and Surgery* with the *Australian Medical Journal*. Dr. David Grant, of Melbourne, is the Editor-in-chief, and with him are associated, editors for each of the other colonies concerned in the enterprise. The first number is certainly a good one, the contents being varied, and of a high class description. We wish this journal every success.

AMONG forthcoming literary ventures, Messrs Wright and Co., of Bristol, announce for publication in May a "Text-Book of Histology," with 176 coloured figures. Messrs. Churchill announce for publication in book form the Lectures recently delivered at the Royal College of Surgeons, England, by Prof. Hill on "Cerebral Pressure and Cerebral Circulation." Messrs. Baillière, Tindall, and Cox announce the second of the "Hand-Atlases," with 78 plates, mostly in colours, entitled "The Normal and Pathological Nervous Systems," by Professors Jakob and Strümpell, translated by Dr. J. Collins, and a new work on "Dental Surgery," by Mr. Woodburn.

WITH reference to our recent remarks on American piracy of English authors, Messrs. Lea Brothers, publishers, of Philadelphia, write us that the "New System of Surgery by American Authors" is not a plagiarism, the

names of the contributors to that work being a sufficient guarantee of honest authorship." They add that the sale of the work "was forbidden in Great Britain because of the inclusion of a few illustrations from English works, which were redrawn and re-engraved for use in the 'American System of Surgery.'" In justice to Messrs. Lea, it affords us pleasure to give space to their explanation, but we have it on good authority that plagiarism did not stop at "a few illustrations."

THE new issue of Kelly's *London Medical Directory* for 1896 shows the further accumulation of details which is a sure sign of vigorous growth. One or two suggestions may, perhaps, be permitted as to future editions. In a casual survey, we have come across the names of men long since dead, besides frequent cases of inaccurate description. For instance, the senior surgeon of a leading hospital is described as "M.R.C.S. 1862, L.S.A. 1862," which would, if correct, disqualify him for the post. Would it not be well to revise such entries from other available sources of information? The *Directory* would be a preentable and convenient volume for all who want a London reference to medical men, but for these preventable errors.

MR. ERNEST HART has just published a new edition, the second, of his well-known work, "Hypnotism, Mesmerism, and the New Witchcraft." The book, he tells us in the preface, had been for some time out of print, and he had not intended to republish it because of the more or less ephemeral interest of its contents. However, he found that a considerable demand for it still existed, and he came to the conclusion that a new edition should be brought out. This was a wise decision to have arrived at, for there is no publication of the kind which, in a small compass, gives so good an account of hypnotism as that under discussion. It is a book which everyone interested in the subject should not fail to read.

MR. CLAY, of Edinburgh, has just published a translation of Unna's "Diseases of the Skin," by Dr. Norman Walker, and a new edition of Byrom Bramwell's "Diseases of the Spinal Cord." Messrs. F. A. Davies & Co., of Philadelphia, have sent us a new edition of Shoemaker's "Materia Medica and Therapeutics." Messrs. J. & A. Churchill, "The Theory and Practice of Hygiene," founded on the well known work of the late Dr. Parkes, by Messrs. Notter and Lane. Messrs. Kegan Paul & Co., "The Diagnosis and Treatment of Skin Diseases," by Dr. Van Harlingen. Messrs. Sampson, Low & Co., the fourth volume of "Twentieth Century Practice," Messrs. Longmans, A Translation of Angelo Mosso's "Fear," and Messrs. Wright & Co., "The Medical Annual for 1896."

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last monthly list:—Text-Book of General Pathology and Pathological Anatomy, by Prof. R. Thoma, of Dorpat, translated by Alex. Bruce, M.D., F.R.C.P. Ed. Traumatic Infection, by C. B. Lockwood, M.D., F.R.C.S. Deaf-Mutism, A Clinical and Pathological Study, by J. K. Love, M.D., and W. A. Addison, A.C.P. Handbook of the Diagnosis and Treatment of Skin Diseases, by A. Van Harlingen, Ph.B., M.D. Yale. A Practical Treatise on Materia Medica and Therapeutics, by John V. Shoemaker, M.D., LL.D. Aseptic Surgery, by C. B. Lockwood, F.R.C.S. The Schott Methods of Treatment of the Chronic Diseases of the Heart, by W. Bezley Thorne, M.D. A Hand-Book of Leprosy, by S. P. Impey, M.D. Manual of Practical Anatomy, by D. J. Cuming Hart, M.D., LL.D., F.R.S., vol. I. Report of the Scientific Study of the Mental and Physical Conditions of Childhood. Transactions of the Obstetrical Society of London, vol. xxxvii. Twentieth Century Practice, edited by Thos. L. Stedman, M.D., vol. iv. Histopathology of Diseases of the Skin, by Dr. Unna, translated by Norman Walker, M.D., F.R.C.P. Ed. Youthful Eccentricity a Precursor of Crime, by Forbes Winslow, D.C.L. Oxon, M.B. Fear, by Angelo Mosso, translated by Messrs. Lough and Keisow. The Medical Annual and Practitioners' Index for 1896. Appendix to the Catalogue of Specimens in the Royal College of Surgeons of England. Researches into the Anatomy and Pathology of the Eye, by E. Treacher Collins, F.R.C.S. Colour-vision and Colour-blindness, by J. Ellis Jennings, M.D.

Laboratory Reports.

APENTA (APERIENT) WATER.

By CHARLES R. C. TICHBORNE, F.I.C., F.C.S.,
Dip. in Public Health and L.R.C.S.L.; Analyst to the County of
Longford; Author of "Mineral Waters of Europe," &c.

THE Apenta Water was submitted to careful analysis, and the figures given below represent the composition of this water as bottled by the Uj. Hunyadi, Company Limited, at the Uj. Hunyadi Springs, Buda Pest.

Apenta Water belongs to that large class of aperient waters which come from the neighbourhood of Buda Pest, commonly known under the generic name of Hunyadi, such as Hunyadi Matyas, Hunyadi Janos, Hunyadi Lajos, Hunyadi Ferencz, Hunyadi Alajos, &c.

We learn that the Uj. Hunyadi Springs, from which the Apenta Water is drawn, have been placed under the control of the State Chemical Institute of the Ministry of Agriculture of Hungary, and the bottling of the Water takes place subject to the direct supervision of this Department.

The writer examined this water many years ago, and finds that it is constant as regards its general characteristics. This water, on careful analysis, gave the following as its composition in parts per 10,000:—

	Parts per 10,000.
Magnesia (MgO)	70.2
Lime (CaO)	11.5
Iron (Fe ₂ O ₃)	0.43
Alumina (Al ₂ O ₃)	0.30
Silica (SiO ₂)	0.32
Potash (K ₂ O)	0.45
Soda (Na ₂ O)	92.45
Lithia (Li ₂ O)	0.20
Sulphuric Acid (S O ₂)	259.66
Chlorine (Cl)	10.81
Bromine (Br)	0.10
Carbonic Acid (C O ₂)	3.94
Fluorine	trace
Ammonia	trace

When arranged and calculated, according to their affinities, these results give the following as the composition of the Apenta Water:—

	Grns. per Gal.	Parts per 10,000.
Magnesia Sulphate	1474.2	210.6
Magnesia Carbonate	12.8	1.82
Magnesia Bromide	0.85	0.12
Sodic Sulphate	1307.9	188.84
Calcic "	184.31	26.33
Potassic "	5.92	0.84
Lithic "	5.31	0.75
Sodic Chloride	123.80	17.69
Fluorine	traces.	—
Sodic Carbonate	33.47	4.78
Calcic "	8.20	1.17
Ferrous "	5.42	0.77
Ammonia (free and albumenoid) traces	0.004	0.0005
Alumina	2.10	0.30
Silica	2.24	0.32
Total (Anhydrous) Solids	3166.56	452.3

Carbonic Acid Gas not determined.

The above salts are all estimated in their anhydrous condition, and the carbonates of lime and magnesia directly determined in the precipitate obtained on boiling. This water is practically free from organic matter, and when examined bacteriologically with nutrient gelatine, seemed to act almost as a preservative when placed in the incubator—rather than as a carrier of germ life.

The Apenta Water is a strong purgative water, containing the two valuable aperient salts known as Epsom salts (or sulphate of magnesia) and Glauber salts (or sulphate of soda) in large proportions, the former preponderating in a very marked degree, and thus giving to the water the right to be styled a bitter water, and one which for the same reason is most pleasant to the palate, and is highly valued by the medical profession. The result

is a purgative combining a secretion-promoting and peristaltic action.

The tumbler (10 ozs.) of this water would contain—
Purgatives. Antacids. Salines.
370 grains. 3.6 grains 8.5 grains.

This Apenta water, however, possesses special properties which are found combined in very few natural mineral waters, and which specially marks it out for the treatment of gouty patients.

First amongst these peculiarities is the large amount of lithia, which is almost unique amongst strong purgative waters. The lithia sulphate was directly estimated after separating it by alcohol. It is also markedly chalybeate, although not excessive in astringent properties.

When examined with litmus paper, it shows a faint acid reaction, due to free carbonic acid. On boiling this off, it is found to be alkaline, chiefly from the presence of sodium carbonate. This alkalinity is a most desirable adjunct to a water of this character. The presence of a small proportion of bromine is of some therapeutic value.

To sum up my remarks upon the Apenta water, we may say that, taken as a whole, we could hardly wish for a more happy combination for a strong aperient water, both for general use, and as a special remedial agent. From a bacteriological point of view, it is everything that can be desired.

Medical News.

Pasteur International Memorial.

A MEETING of the Provisional Committee of the British Section of the Pasteur International Memorial was held in London on Friday last at the Royal Society's Rooms, Sir Joseph Lister in the chair. It was unanimously decided to apply for subscriptions towards the erection of a monument to Pasteur in Paris from persons in the United Kingdom, India, and the Colonies interested in science and the various industries which have benefited by Pasteur's labours. An Executive Committee was formed, consisting of Sir Joseph Lister, Sir John Evans, Sir Henry Roebecq, Dr. Thorne Thorne, and Professor Percy Frankland (hon. secretary). Subscriptions can be sent to Sir John Evans, who will act as hon. treasurer, at the Royal Society, Burlington House.

Belgrave Hospital for Children.

LAST week a special meeting of the Governors of the Belgrave Hospital for Children was held at Grosvenor House to consider the question of rebuilding the hospital. Sir John Tilley (Vice-President) occupied the chair. Dr. Farquharson, M.P., moved, "That it is desirable that the hospital should be reconstituted as a Hospital for Children in South London." Colonel Haygarth seconded. The Rev. R. D. Storr moved as an amendment that the hospital should be reconstituted in its present neighbourhood, and this Mr. H. Porter seconded. After some discussion the amendment was carried by 38 votes to 25. A further resolution was then carried appointing a Committee to reconstitute the hospital in its present neighbourhood, and the proceedings came to an end.

Society of Apothecaries of London.

THE following candidates passed during March, 1896, in:—

Surgery.—F. L. Anglor, H. Clapham R. Goulden, A. J. Hayes, T. Jones, C. H. Nicholson, W. A. Pierce, W. J. Woodman.
Medicine, Forensic Medicine, and Midwifery.—E. C. Hope, S. Langton, J. Winder.
Medicine and Forensic Medicine.—F. L. Anglor, P. O. Higgins.
Medicine and Midwifery.—A. Hilton, J. M. A. Lamb.
Medicine.—H. H. Monckton, A. Robinson, D. D. Stewart, T. W. Wakem, W. B. Welch.
Forensic Medicine and Midwifery.—W. O. Piper.
Forensic Medicine.—B. Goulden.
Midwifery.—D. A. Main, S. E. H. Martin.

To Messrs. Goulden, Jones, Lamb, Stewart, Welch, and Winder was granted the diploma of the Society entitling them to practice medicine, surgery, and midwifery. Enabling the holder to compete for medical appointments in the Army, Navy, and Indian Service, also for Poor-law appointments.

Notices to Correspondents, Short Letters, &c.

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

READING CASES.—Cloth board cases, gilt-lettered, containing twenty-six strings for holding the numbers 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.

INTERNATIONAL PERIODICAL CONGRESS OF GYNÆCOLOGY AND OBSTETRICS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I regret to inform you that Prof. Vuillet, President of the International Congress to be held at Geneva in September, died last week.

I am, Sir, yours, &c.,

LEITH NAPIER.

March 19th, 1896.

DR J. SHAW MACKENZIE'S paper on "The Prognosis of Syphilis" is marked for early insertion.

STUDENT.—Special classes are given to prepare for the Preliminary Scientific Examination of the London University at the University Tutorial College, Red Lion Square, W.C. You can obtain all information from the Principal, Mr. Briggs.

A. D. S.—We are quite unable (and are certainly unwilling) to prevent the lay papers quiting from our columns articles of general interest. While we avoid as far as possible giving undue prominence to individuals there are occasions on which to abstain from "naming the name" would be to take the point out of our remarks.

SHAM OYSTERS.

ONE might imagine that shell-fish would be about the last edible to attract the adulterator's attention, yet we are credibly informed that a Frenchman is now manufacturing artificial oysters which are so natural, both in appearance and taste, that, unless they are subjected to a chemical test, they cannot be distinguished from genuine ones. Natural shells are used, and after having been filled with certain substances they are fastened together with isinglass and immersed in a liquor that speedily covers them with a thin delicate deposit. These sham oysters are being sold freely in Paris, at a price greatly below that which is charged for blue-points.

STUDENT.—We should advise our correspondent to take no further notice of the incident.

X. V.—Stammering is usually a remediable functional irregularity, especially so when it is dependent upon spasmodic contraction of the diaphragm or a want of co-ordination between the various factors of articulate speech. Stammering, however, must not be confounded with hesitation, which is a psychical phenomenon less amenable to training. Mr. Emil Behnke, of 18 Earl's Court Square, S.W., *inter alia* undertakes the cure of this distressing condition.

Meetings of Societies, Lectures, &c

WEDNESDAY, MARCH 25TH.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND.—5 p.m., Dr. Eddowes: Warts on the Feet. Dr. Savill: Morphaea Nigra. Cases by Drs. Abraham, Eddowes, and others.

SOCIETY OF ARTS.—8 p.m. Prof. J. Long: Our Food Supply, as Affected by the Farming of the Future.

HUMERIAN SOCIETY.—Clinical Evening (Living Cases). Dr. Arnold Chaplin: Bronchiectasis treated by Cresote Inhalations. Mr. H. P. Dean: Injury to Elbow in a Child. Cases have been promised by several other Fellows.

ROYAL COLLEGE OF SURGEONS.—5 p.m. Prof. J. A. Couits: Infantile Syphilis.

FRIDAY, MARCH 27TH.

CLINICAL SOCIETY OF LONDON.—8.30 p.m. Dr. F. J. Smith and Mr. Bidwell: A Case of Tubercular Kidney. Mr. Mayo Robson: A Series of Cases of Enterocystitis, with Remarks on the various Methods employed in Securing Union of Divided Edges of the Hollow Viscera. Mr. L. A. Dunn: A Case of Successful Suture of a Duodenal Ulcer. Mr. E. J. Goddard: Two Cases of Acute Abscess of the Liver.

ROYAL COLLEGE OF SURGEONS.—5 p.m. Prof. J. A. Couits: Infantile Syphilis.

Vacancies.

Ancoats Hospital, Manchester.—Resident Junior House Surgeon. Salary £50, with board and washing. Applications and testimonials to the Secretary on or before March 31st.

Bradford Infirmary.—Dispensary Surgeon. Salary £100 per annum, with board and residence. Also Junior House Surgeon. Salary £50 per annum, with board and residence. Both candidates must be single. Applications and testimonials to the Secretary on or before March 30th.

City of London Hospital for Diseases of the Chest, Victoria Park, E.—Pathologist. Salary 100 guineas per annum. Applications, with testimonials, to the Secretary not later than April 5th.

Counties Asylum, Carlisle.—Junior Medical Assistant. Salary £90 per annum, with board. Applications, with testimonials, to Dr. Campbell, Garlands, Carlisle, on or before March 28th.

Donogal District Lunatic Asylum.—Assistant Medical Officer. Salary £100 per annum, with furnished apartments, board, washing, &c. (See advert.)

Dundee Royal Lunatic Asylum.—Assistant Medical Officer. Salary £100 per annum, with board, lodging, &c. Applications and testimonials to Dr. Korie at Asylum on or before 4th April.

London Lock Hospital.—House Surgeon, Male Hospital. Salary £50 with board, lodging, and washing. Also Assistant Surgeon, Female Hospital, Harrow Road, with board, lodging, and washing. Applications, with testimonials, to the Secretary, not later than March 30th.

Sunderland Infirmary.—House Surgeon. Salary £80, rising £10 annually to £100, with board and residence. Applications, with testimonials, to the Chairman of the Medical Board on or before April 2nd.

University College, Bristol.—Faculty of Medicine.—Medical Tutor. Salary £125. Applications and testimonials to the Dean not later than March 31st.

Worcester General Infirmary.—Assistant House Surgeon and Dispenser (unmarried). Salary £70 per annum, with board, residence, and washing. Applications, with testimonials, to the Secretary on or before March 30th.

York Dispensary.—Resident Medical Officer (unmarried). Salary £150, with furnished apartments, coals, and gas. Applications and testimonials to W. Draper, Esq., De Grey House, York, not later than March 31st.

Appointments

HOPKINS, W. K., M.R.C.S. Eng., L.R.C.P. Lond., Senior House Surgeon to the Western General Dispensary, Marblebone.

JOLLY, S. A., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., Medical Officer for the Acton Sanitary District of the Brentford Union.

JONES, W. B., M.D., B.S., and Physician to the Bathing Establishment at Llangammarch Wells, Central Wales.

JONES, E. T., L.R.C.P., L.N.C.U. Ed., Deputy Medical Officer for the No. 1 District of the Landovary Union.

KING, H. D., M.D., B.Sc. Ed. Medical Officer to the St. Leonard's Hospital, Sudbury.

MACKENZIE, J., L.R.C.P., L.R.C.S. Ed., L.F.P.S., Glasg., Medical Officer for the Parish of Kirby-in-Ashfield, Notts.

MASON, W. J., L.R.C.P. Ed., M.R.C.S., Medical Officer to the St. Leonard's Hospital, Sudbury.

MESSENER, A. F., L.R.C.P. Lond., M.R.C.S., Medical Officer for the Belton Sanitary District of the Thorne Union.

PORNELL, E., J.P., M.D. St. And., M.R.C.S., L.S.A., Medical Officer of Health for Wells, Somerset.

RUSSELL, J. B., M.D. Edin., M.R.C.P. Lon t., Pathologist to the National Hospital for the Paralyzed, vice Dr. W. S. Colman appointed Assistant Physician.

SANDERS, C., M.B. Lond., M.R.C.S. Eng., Medical Officer for the West Ham District of the London and India Works.

SORLEY, J., M.B., C.M. Ed., Senior Assistant Medical Officer to the Sheffield Workhouse.

THOMAS, F. W., M.R.C.S., Medical Officer for the Rindry Sanitary District.

Births.

BURGHARD.—March 20th, at 46 Weymouth Street, London, W., the wife of Frederic F. Burghard, M.S. Lond., F.R.C.S., of a son (still born).

FLECK.—March 14th, at 39 High Street, High Wycombe, the wife of William Fleck, M.D., of a daughter.

PINCOOT.—March 14th, at Calverley Parade, Tunbridge Wells, the wife of James C. Pincoot, M.R.C.S., L.R.C.P., &c., of a daughter.

Marriages.

PIERCE-RICE.—March 15th (by special dispensation from the Holy See) at St. John's Church, Tralee, by the Rev. M. McCarthy, P.P., Causeway, assisted by the Rev. J. Crowley, C.C., Tralee, Gerard J. Pierce, M.D. B. Ch., B.A.O., R.U.I., Mecnophane, Causeway, Co. Kerry, to Miss Mary youngest daughter of the late Mr. Justice D. Rice, Bushmount, Co. Kerry.

Deaths.

BRABAZON.—March 13th, at Darlington Street, Bath, Anthony Beaumont Brabazon, M.D. Aberd., aged 74.

GAYNOR.—March 17th, at 15 Upper Pembroke Street, Dublin, John J. Gaynor, M.D., eldest son of the late James J. Gaynor, Esq., J.P., Roxborough.

JONES.—March 20th, at Shrewsbury, Thomas J. Jones, M.R.C.S., L.R.C.P., aged 88.

MANVILLE.—March 14th, at Castellain Road, W., B. E. Manville M.R.C.S., aged 61.

MYLES.—March 14th, at Colehin, Co. Longford, Dr. Henry G. Myles, Medical Officer Abbeystemple Dispensary District, aged 38.

WILLIAMS.—March 17th, at Mentone. William Henry Williams, L.R.C.P. Lond., and M.R.C.S. Eng., aged 51.

NOTICE.—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

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Original Communications.

NAUHEIM AND THE SCHOTT TREATMENT OF DISEASES OF THE HEART. (a)

By ROBT. L. BOWLES, M.D., F.R.C.P. LOND.,
Consulting Physician to the Folkestone Hospital.

AFTER referring to the revolution which had taken place in the public mind on the subject of rest in the general treatment of diseases of the heart, the author stated that twenty-two years ago Dr. Hermann Weber had transferred to his care at Folkestone a serious case of heart disease, with general dropsy, effusion into the pleural and peritoneal cavities, and enlarged heart and liver. The usual treatment had been previously fully carried out with no benefit whatever. As a last resource, a course of sour milk was resorted to, and all dropsy disappeared, except from the abdominal cavity, where effusion still remained, notwithstanding all efforts for its removal, including five tapplings. On Dr. Weber's advice, the patient was then sent to Nauheim, and in a month he returned perfectly cured. Recent writings had again drawn his attention to Nauheim, and, with an open and somewhat sceptical mind, he went there to judge for himself whether it were possible that the diminution of the heart's size (when pathological) could be so uniformly brought about in a short time as to be always accurately measured in centimetres.

He had long ago been convinced that hearts, healthy and diseased, constantly varied in size, and, like the iris, the uterus, the arterial system, the abdominal viscera and all parts supplied with involuntary muscular fibre, were subject to the influence of specific medicinal agents, and to physics, such as heat and cold, light, electricity, and so forth. During thirty years he had collected a large number of observations germane to the subject, and especially on localised and changing dilatations of the larger vessels. While at Nauheim last year, he had ample material and every possible kindness and assistance from Dr. Schott and Dr. Heineman. These gentlemen never attempted to influence his observations in any way; indeed, they insisted that he should take his own course and judge for himself. He directed his attention strictly to main points—

1st. Was it possible to reduce the size of a dilated, enlarged, and diseased heart (a) by baths, (b) by exercises?

2nd. Was this reduction, if produced, beneficial, and could it be rendered permanent?

3rd. The state of the heart before and after a course of treatment.

It was of the first importance to define well the size of the heart and its relations before and after baths and exercises, and before and after a course of treatment; these points were the subject of careful experi-

ment. Cases of all these conditions were related, and tracings shown of the actual relations of organs at the time of the respective observations.

CASE I.—Mr. L., a Russian. Chronic myocarditis, with marked dilatation of both ventricles, slight effusion into both pleural cavities, general anasarca, albuminous urine, suspicion of incipient tabes, heart much enlarged, apex beat $5\frac{1}{2}$ centimetres left of the nipple, area of cardiac dulness enormous.

After twenty minutes exercises, remarkable diminution of area of heart dulness and shifting of its apex $2\frac{1}{2}$ centimetres nearer to the left nipple and 1 centimetre lower down. This was distinctly appreciable to the finger. After a month's treatment all signs of dropsy disappeared, the albumen had gone, the area of cardiac dulness was normal, the patient could walk freely uphill, and said he felt perfectly well.

CASE II.—Before bath of 10 minutes. Marked mitral stenosis, with extreme dilatations of auricles; a previous history of rheumatism and pleurisy. Apex beat $8\frac{1}{2}$ centimetres to left of nipple, after bath only $5\frac{1}{2}$ centimetres distant, and slightly at a higher level. The general area of dulness was also considerably reduced.

CASE III.—Rheumatism in the preceding winter. A young girl, *æt.* 14, stenosis and insufficiency of the mitral valve. She had been treated at Nauheim by a medical man for two months by baths alone, and was no better; then, under Dr. Schott, she was treated with baths and gymnastics, the local conditions were very much improved, the marked dyspnoea and all precordial pains disappeared, and she considered herself perfectly well. Before an exercise of 15 minutes the apex beat was $4\frac{1}{2}$ centimetres to the left and below the nipple; after the exercise it was only $2\frac{1}{2}$ to the left and below.

CASE IV.—Fifth season at Nauheim, generally much improved, area of dulness normal, apex beat 4 centimetres below and just to inside of nipple line; after six movements of the exercises apex was distinctly felt 2 centimetres nearer median line. *Diagnosis:* Aortic stenosis and slight mitral regurgitation.

All the cases now reported had been of the most unpromising type and carefully treated by the best physicians before going to Nauheim, and all those, which the author had observed there, made surprising improvement in the general symptoms and in the recovery of compensation.

Great stress was laid on the point that such immediate and prompt changes are not ordinarily to be expected after a single sitting or a single bath, nor ought they to be sought for, as they may mislead the doctor into using stronger efforts than would be wise; the improvement should come about gradually and in its own proper time.

Another point to be remembered was, that the bath treatment especially, gives rise to quite a degree of weakness, which is often very discouraging to the patient and leads him to believe that he has received no benefit. To the physician the disappearance of the bad signs, such as *cedema*, *dyspnoea*, and the changes in the heart, afford sufficient indications for him to recognise how his case is progressing.

(a) Paper read before the Harveian Society of London, March 19th, 1896. The discussion will be found in another column.

NAUHEIM AND THE SCHOTT TREATMENT OF DISEASES OF THE HEART. (a)

By H. NEWTON HEINEMAN, M.D.,

New York.

As Dr. Bowles, with singular and exceptional originality, has himself better said, he was prepared by his own observation to accept the possibility of such changes in the heart and circulatory system as have been described at first by others, but was rather sceptical of the fact that these therapeutic processes could produce such definite and decided changes as had been claimed for them.

Dr. Bowles was extremely fortunate in being able to see cases in which it was possible to see these changes that only occasionally occur within a very short space of time. This good fortune was in part the result of mere chance, but also the result of a more than usual earnest desire upon the part of Dr. Schott to demonstrate to a sceptical colleague what the system accomplished in most properly adapted cases sooner or later.

Then, too, the well-known zeal, earnestness, fairness, and amiability of your colleague, was an additional support to ransack the whole of Nauheim in a determined hunt to find suitable cases. Here I would remark that the result of the treatment in a given case, however successful it might be in the end, does not by any means manifest itself after a single bath, or after a single application of the muscular exercises. Often a week, or even a fortnight, of treatment may be required to effect changes in the heart that are beyond any doubt. In determining these changes I have made use of the following precautions:—Percussion of the heart, its relative and absolute dulness (flatness); the determination of the level of the diaphragm; the lower border of both lungs, laterally and posteriorly; the upper and lower limits of the liver, more or less often even the upper and lower limits of the spleen; the circumference of the chest in the sub-axillary and sub-mammary lines, the circumference of the abdomen; and, occasionally, the antero-posterior diameter and transverse diameter of the thorax; all these being made both before and after the treatment. When all these precautions are taken the fact of the diminution in the size of the heart still remains. The direction of this diminution depends upon the condition of the ventricles and auricles. Sometimes the auricles, at times the right ventricle, again the left ventricle, manifest this diminution most markedly, but occasionally it is uniform, though this is comparatively rare. The maintenance of this diminution is a matter of interest. As a matter of fact, we find that by the following day, before the renewed treatment, it has been lost for the most part, but something remains, and to this is added the improvement of the succeeding treatment. On the morrow again, we have a diminution of the total gain, though the permanent remainder is greater than it was upon the previous day. In this manner the diminution proceeds towards a more or less complete recovery of compensation. Occasionally, however, as the result of indigestion on the part of the patient, sometimes from the nature of the case itself, a relapse occurs which permits the heart to go back to its original size before treatment, sometimes even a little beyond this, but this is almost always recovered from within a

short period of time (requiring medicinal aid at times, however), but ultimately, all goes well, and the improvement referred to ultimately takes place.

Physiology.—Physiology and clinical medicine often work in parallel grooves for a long time without meeting. So it has been in this case. While the clinical teacher has been wondering whether such things are possible, the physiologist has proven it not only possible, but actual in the lower animals, in whom the heart has been shown to be an exceedingly variable quantity, so that its probability in mankind from the physiological standpoint should be beyond question. It is well here to note that gross differences in the size of the heart of $\frac{1}{2}$ or $\frac{3}{4}$ centimetre are not taken into consideration by me, since such minute changes must be considered within the limits of error. In observations made for several years upon day labourers, examining them before and after the day's work, and in examinations of other persons leading more or less sedentary lives, I have learnt to recognise and appreciate the normal diurnal variation, the result of position, work, mental labour, strain and other causes so that the above measurements of the heart are taken with the full knowledge of these facts.

Indications.—It is fully recognised that many cases of heart disease require treatment for the heart condition, likewise the association of a disordered stomach, or liver, or other slight intercurrent ailments are often sufficiently well treated, when this secondary disease is alone disposed of. So far as the nature of the valvular lesion is concerned, these afford less certain indications for the application of this treatment, than does the condition of the heart muscle itself, to wit, the question of the degree of myocarditis, and more especially the amount of loss of compensation.

Contra-Indications.—Arterio-sclerosis when in an advanced stage; aneurism in every but its initial stage, acute Bright's disease and the atrophic form of chronic Bright's disease.

Indications from Condition of Patient.—In feeble patients or in cases in bed, moderate exercise may be administered with decided benefit, until by this agency, with possibly the aid of medicinal agents, the patient is able to be up. The question of bath or exercise or both, must always be determined to some extent from the nature of the individual case.

Prognosis.—I have seen numerous cases which have been enabled to return to Bad Nauheim every summer for periods of from three to ten years. In many cases the patient who was on the point of giving up his ordinary occupation, has been enabled to continue in it for many years, simply as the result of this treatment.

While in Berlin this winter the courtesy of Geheimrath von Leyden enabled me to apply the exercises daily for a period of nearly three months to a number of cases. Unfortunately the cases were of the kind that come under the category of those contra indicated. But as the Charité Hospital afforded no others, I proceeded in my work with the idea that if any improvement, even temporary, could be effected it would imply so much more for the cases properly suited for the treatment. I am happy to say the results exceeded my expectations.

General Remarks.—The treatment should not be considered *ab initio* a panacea for every case of heart or circulatory disease, but there are few forms of this disease, of which some cases will not, more or less often, receive greater or lesser benefit. If we always keep in mind exactly what we may expect in cardiac disease, this plan of treatment will more than fulfil our anticipations.

(a) A contribution to the Discussion on the paper of Dr. E. L. Bowles, before the Harveian Society of London, March 19th, 1896, which will be found in another column.

THE OBJECTS AND LIMITS OF OPERATIONS FOR CANCER. (a)

By W. WATSON CHEYNE, F.R.S.,

Professor of Surgery at King's College; Surgeon to King's College Hospital.

In this lecture I shall begin by discussing the following points with regard to cancer of the pharynx: (1) The question of preliminary tracheotomy; (2) the control of the bleeding; (3) the removal of the glands; and (4) the methods of gaining access to the primary cancerous mass. After considering these points, I shall refer to the after-treatment and the results.

I.—THE QUESTION OF PRELIMINARY TRACHEOTOMY.

It is, of course, an advantage, if one can manage it, to avoid preliminary tracheotomy, for that adds additional complications in several ways. In the first place, it means another wound which must become septic; it means irritation of the trachea by the presence of the tube and the admission of cold air; and it also means very distinct interference with coughing and the power of expelling any discharges which may have entered the larynx. Where the external carotid artery is ligatured, and the bleeding is consequently very small, there is not much chance of blood entering the trachea, especially if the head is thrown well back; and in cases where the jaw is divided, and more especially where a portion is taken away, it may also be possible to avoid the risk of blood passing into the lung. Where, however, an attempt is made to remove the tumour without division of the jaw, or without ligature of the external carotid artery, and where the mass fills up the throat, and more especially where it runs down towards the entrance of the larynx, and on to the tongue, the necessary manipulations cannot be carried out without interfering with the breathing, and exciting so much effort on the part of the patient, that there is very great risk of septic discharge and blood being drawn into the lungs; and besides, it is very necessary in these operations, in order to insure that the disease is as thoroughly removed as possible, that there shall be no haste in their performance, and that the surgeon shall be able to see exactly what he is doing. Some prefer to do the tracheotomy three or four days before the major operation, but I fail to see the advantage of this; on the contrary, it must be remembered that after three or four days the discharge from the tracheotomy wound has become more or less septic, and consequently, in introducing a big tube such as Hahn's, some of the pus may be pushed before it into the trachea. It is well to bear in mind that where septic pneumonia occurs by direct entrance of materials into the air passages, and not as the result of general infection, it is not the entrance of pure blood which sets it up, but of blood mixed with the septic discharges from the throat, or of pure blood in the first instance fouled subsequently by the inhalation of the putrid materials from the wound.

II.—CONTROL OF THE HÆMORRHAGE.

In most of my cases I have tied the external carotid artery so as to have the seat of the primary tumour free from bleeding, and as regards this point the result has been extremely satisfactory. In none of the cases had I to tie or clamp any vessels with the exception of one or two veins. Practically no blood was lost, and the area of the operation being more or less bloodless, one could remove the disease with precision and feel pretty sure that one was cutting wide of it in all directions. The control of the bleeding in this way is of the greatest importance from the point of view on the one hand of the immediate danger of the operation, namely, the entrance of blood into the air passages, and on the

other of the radical removal of the disease; but there are very serious objections to it, and I doubt if it is an advisable practice as a general rule. Working so much with aseptic wounds as one does nowadays, one is apt to forget that there is such a thing as secondary hæmorrhage, and that where a wound becomes septic, ligatures around large vessels very commonly ulcerate through, and then the main obstacle to hæmorrhage is the clot in the vessel. In the case of the external carotid artery little or no clot forms on the proximal side of the ligature, and therefore if it separates too soon there is practically no barrier, and bleeding is very apt to occur. Hence it has happened that in most of the cases in which the external carotid artery has been tied severe, and sometimes fatal, secondary hæmorrhage has occurred from the artery. It was partly with the view of avoiding this risk that I divided the operation into two stages in Case II, and in that instance there was no trouble whatever with the ligatured artery, and the result as regards hæmorrhage during the second operation was perfectly satisfactory. Whether this division of the operation into two stages is a good thing or not I shall discuss by-and-by; it certainly gives us a means of avoiding secondary hæmorrhage from the ligatured external carotid artery, and at the same time gives us a bloodless wound. Failing this division of the operation into two stages, I am inclined, much against my will, to give up the preliminary ligature of the external carotid artery in most cases, and either tie its branches, or control the bleeding by temporary compression of the artery during the removal of the tumour. That, however, introduces another problem, namely, division of the lower jaw, for without that, where the disease is situated in the tonsillar region, one might have difficulty in getting proper access to the bleeding points, while I think it is an advantage if possible not to interfere with the jaw. Where, however, for any reason the jaw has been divided, one can get good access to the bleeding points and need not tie the artery previously.

III.—THE REMOVAL OF THE GLANDS.

The remarks made with regard to the removal of the lymphatic area in cases of breast cancer apply with equal force to these cases. It is seldom indeed that no enlarged glands can be felt, and in most instances they are of very considerable size. Whether glands are felt or not, however, the lymphatic area ought to be cleared out, and as I have already said, one of the great advantages of the cervical region is that a very large glandular area is accessible, and not only can a large portion be cleared out at the time of the operation, but also glandular recurrences beyond the anterior triangle if seen early can be freely and hopefully dealt with.

Most surgeons look on the presence of enlarged malignant glands in the neck—unless they are quite small and non-adherent to the vessels, and only one or two in number—as a contraindication to operation in these and in tongue and laryngeal cases, or, at any rate, as a very grave complication. For my own part, I do not at all agree with this view unless the glandular enlargement is very extensive, or adherent to a variety of structures in the neck and not merely to the sheaths of the vessels, and I see no contraindication to operation in their presence; on the contrary, I think the operation will be more thoroughly done and the patient will have a better chance of recovery and cure if enlarged glands are already present; for in the first place, where the glands are already enlarged it is much more easy to remove the whole glandular area in one mass than it is where there are no enlarged glands to be felt; and in the second place, the presence of enlarged glands in the anterior triangle renders it imperative to remove the neighbouring lymphatic area, especially that under the sterno-mastoid muscle, so that if glandular recurrence subsequently takes place, it will in all probability be in the posterior triangle,

(a) Abstract of the Third Letchian Lecture, delivered before the Medical Society of London, Feb. 24th, 1894.

that is to say, in a part which is easily accessible for future operation. Where there is no noticeable enlargement of the glands, on the other hand, it is a very difficult matter to take away all the glands and fat in the anterior triangle, while one is very apt in an extensive operation to leave the material under the sterno-mastoid alone, and yet the glands in that situation are very early infected. Where an attempt has been made to remove this lymphatic area, and where it has not been successful and glandular recurrence subsequently takes place in the anterior triangle, we have in the second operation to deal with glands lying in scar tissue, and their subsequent satisfactory removal is a very difficult and sometimes almost impossible matter. These statements are not in any way theoretical, but are founded on considerable experience in cancer of the tongue and other regions in that neighbourhood, and also on a very extensive experience of radical operations for tuberculous cervical glands.

With regard to the removal of the jugular vein, I may say that it need not give rise to the least anxiety; it does not add anything whatever to the danger of the operation, and I have often had to do it in cases of operation for tuberculous glands without any harm resulting. I have never seen reason to regret having taken it away, but I have more than once regretted that I had not done so, recurrence having taken place in small glands which had been left attached to the sheath and overlooked, but which would have been removed if the vein, sheath, and everything in front of it had been taken away in the manner described. Besides, I think that there is another advantage in removing the vein in these pharyngeal cases, for if a septic thrombus should form in one of the small veins about the wound—as may very likely happen—it cannot get any further, and I have been much surprised at the small amount of septic disturbance in my cases.

[The lecturer then referred to objections against dividing the operation into two stages.]

IV.—ACCESS TO THE PRIMARY DISEASE.

There are many ways in which access has been obtained to the tonsillar region, but it is unnecessary for me to discuss them all. The essential point centres round the question as to whether it is necessary or not to divide the lower jaw, and, as regards this, we have again two points for consideration—namely, whether it is sufficient to divide the lower jaw as in Langenbeck's operation, or whether it is not better to remove the ascending ramus altogether as in Mikulicz's plan. Division of the lower jaw or removal of the ascending ramus are, of course, procedures which it is desirable to avoid if possible. In the first place, the division of the bone must add considerably to the septic risk by leaving a compound fracture in a septic wound, and it also must add to the shock. In the second place, the divided ends of the bone have in several instances failed to unite, and a false joint has been left. Not that this is always a disadvantage, for where the disease involves the mucous membrane in front of the fauces, between the upper and lower jaws, the subsequent contraction of the wound is very likely to lead to more or less closure of the jaws, which, however, does not cause any very great inconvenience if there is a false joint in front. And lastly, necrosis of the divided ends of the bone has more than once occurred. On the other hand, there are great advantages to be gained by division of the jaw, and in some cases it is absolutely necessary. When the jaw is divided in front of the masseter and the two parts pulled aside, especially after division of the posterior belly of the digastric and the stylo-hyoid muscles, and with a skin incision running from the angle of the mouth to the upper part of the oblique incision in the anterior triangle, the whole region of the tonsil and side of the pharynx is completely exposed to view, and can be dealt with as precisely as if one were operating on a

cutaneous surface, and if this is done there is, of course, no necessity for ligature of the external carotid artery, the bleeding points being easily secured. Where the disease involves the periosteum over the jaw, necessitating removal of a portion of it, or of the ascending ramus, the view obtained is still more perfect.

[The lecturer then referred to the after-treatment of the cases and the mode of feeding, laying special stress on the careful cleansing of the mouth, and especially of the teeth, before the operation, and on free drainage of the wound.]

INTESTINAL CANCER.

I shall confine my remarks to cancer of the rectum. Up till now I have been speaking of cancer in parts where practically the only object in operation was with the view of curing the disease; but here we have a region where on the one hand the conditions as regards cure are not so favourable, while on the other, alternative procedures have to be considered which, while they do not aim at cure, often prolong life markedly, and what is more, remove a great deal of the agony of the disease.

In cases of intestinal cancer we have to do with a disease which, as elsewhere, varies much in malignancy, but is, on the whole, less malignant than cancer in the situations which we have been considering. More especially is this true as regards the glandular and metastatic deposits, in which the disease sometimes progresses very slowly, and if only the risks attending the situation of the primary disease can be avoided, the patient may, in the less malignant forms, live for a very considerable time. In accordance with this lesser malignancy, recurrences after operation are not uncommonly late, a considerable proportion taking place after several years. Thus in Czerny's statistics, 10 were well after three years, but 4 of these (40 per cent.) subsequently showed disease. Metastases are also late in occurring, and as regards the latter point, Iversen states that in 47 post-mortem examinations of long-standing cancer of the rectum (he does not say of how long standing) he found 21 in which there were no metastases. As regards the hope of cure, however, the glandular area is not nearly so accessible as in the breast or the throat, and therefore, when the disease is of the rapidly advancing form, there is little chance of getting beyond it by operation. Hence the radical operation cannot be so thorough, and were it not for the fact just mentioned as to the lesser malignancy of the disease the chances of benefit by removal of the disease would be very slight. Further, the operations necessary for the removal of the primary disease, more especially where it is high up, are accompanied by a considerable mortality. And lastly, the functional result after operation often leaves much to be desired, both as regards continence on the one hand, and stricture with its troubles on the other. On the contrary, we have in colotomy an alternative procedure which removes the immediate risk to life (obstruction), and thus prolongs life often very considerably, while it also rids the patient of much of his pain and discomfort, by relieving the impending obstruction and by getting rid of the inflammatory condition at the seat of disease, which not only adds much to the patient's discomfort, but also no doubt increases the rapidity of growth of the disease.

Thus we have in these cases a choice of procedures, and it is no longer, as in the former instances, a question of a radical operation or nothing; and further, as the palliative procedure offers much relief, and as only a small proportion of radical operations give any hope of permanent benefit, there is not the same urgent need for the radical operation. Hence the question of selection of cases and our mode of advising the patients is much altered. We shall find that in a large proportion of cases

the hope of benefit from a radical operation is so very slight that we can, without hesitation, exclude them from the radical procedure and at the same time help them much by colotomy; and thus the cases in which the choice of an operation has to be left to the patient are comparatively few. We can in most instances say definitely that the case is suitable for the one or the other procedure; there are only a few on the border line that we need leave to the patient to decide.

[A number of statistical and other facts were then referred to in support of the foregoing statements.]

Medico-Chirurgical Items.

By GEORGE FOY, F.R.C.S.,

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FEMORAL CYSTOCELE.

M. THIERIER, of Brussels, reports a case of this very uncommon disease. The patient, a man, *æt.* 51, presented himself with a well-marked femoral hernia, which was easily reducible, and he was anxious to have a radical operation performed. On cutting down on the tumour something unusual was recognised, and the protruding sac opened. A free flow of urinous-like fluid followed "upon the incision, and by passing a catheter by the urethra it was plainly demonstrated that the tumour consisted of the bladder. Femoral cystocele is one of the least common of tumours.

Ruysch, in 1737, reported some cases of inguinal cystocele, and cautions the surgeon that a hernia may contain any of the contents of the abdomen. Baron Haller, in 1755, copies the advice and cases of Ruysch, who, though he appears to have recognised the possibility of femoral cystocele, does not appear to have ever seen one.

Pott, whose treatise on ruptures was published in 1756, writes: "A hernia formed by a protrusion of a portion of the urinary bladder through the opening in the abdominal muscle into the groin, or scrotum is a disease sometimes, but not very frequently, met with."

He describes two cases of inguinal cystocele that came under his own notice. Cystocele, perineal, inguinal, and femoral, is mentioned by Mr. Samuel Sharp (1740), M. C. Verdier (1784), Morgagni (letter 42), Petit, Bonetus, and Bartholin, who credits Dom. I. Sala (1623) with being the first to describe inguinal cystocele.

PERFORATING GASTRIC ULCER.

Dr. Garling (*Bir. Med. Rec.*) states that the moment of perforation in a case of gastric ulcer is marked by extreme pain, usually in the left upper part of the abdomen, with collapse. Abdominal rigidity, speedily follows with thoracic respiration and subnormal temperature.

Without surgical interference such cases are—(a) Acute, with rapidly developing general peritonitis and death in 12 or 48 hours; (b) sub-acute, with subsidence of the first symptoms, and a further attack in a few hours or a day or so, as a result of renewed leaking from the stomach, or the spread of what was at first a local peritonitis, and death in four or five days; (c) chronic—in which case the escaped fluid forms an abscess, almost always, between the left lobe of the liver and the diaphragm.

It is not necessary to excise the ulcer. In eight of eleven recoveries recorded no excision was attempted, and the perforation was simply closed, Lembert style. The importance of an early operation is evident. Nine of the eleven successful operations were performed in less than ten hours after the perforation.

EQUINO-VARUS.

In an unusually bad case of equino-varus Dr. R. H. Sayre has obtained good results by removing a wedge

of bone from the tibia, the base of the wedge being in front, and about an inch broad. A corresponding piece was removed from the fibula, and the foot was brought to a right angle with the leg, and retained in position by plaster-of-paris dressings, which were worn for eight or nine weeks, when they were removed for a time, to be re-applied, as the union between the broken bones did not seem sufficiently firm to prevent a slight recurrence of equinus when wearing ordinary shoes. "He can now walk two miles, and is gaining steadily. The feet are flat on the floor and at right angles to the leg." (*Am. M. & S. Bull.*)

INSERTION OF THE URETERS IN THE RECTUM.

At the last general meeting of the Medical Society, in Cracow, Poland, M. Keynskey exhibited a patient in whom he had inserted the ureters into the rectum. The anal sphincter retained the urine which collected in the ampulla of the rectum for three or four hours at a time. The patient was in good health, and the urine was considerable in amount.

Rectal tolerance of urine has been known for many years. Bonetus reports (*Sepulchretum*) the case of a man who, from childhood till his fiftieth year, had uniformly passed urine through the anus. "For a lithotomist having extracted a calculus from him when a boy had so far injured the bladder, that after death, an aperture a digit wide was found between the bladder and the rectum." And he also mentions the case of a boy whose ureters were found, on examining the body, to have opened into the rectum. "The bladder was not perforated, and urine was discharged from the anus."

Reusnerus relates a curious case of a child: "That on the seventh day of complete suppression, . . . voided urine from the intestines, which in colour, smell, and quantity, resembled that which is naturally excreted."

Ureters are not unfrequently abnormal in number and position (Dr. Baker, *N. Y. M. J.*, 1878.). M. Scheyron found in one case that the ureters opened into the vagina. In 1685, Tyson drew the attention of the Royal Society of London to the abnormalities of these ducts. Mr. Reed, in 1892, published an account of his experimental research on the implantation of the ureters into the rectum; the theory he advocated has been borne out by the case of M. Keynskey.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, MARCH 27TH, 1896.

The President, Dr. BUZZARD, in the Chair.

MR. MAYO ROBSON ON A

SERIES OF CASES OF ENTERECTOMY, WITH REMARKS ON THE VARIOUS METHODS EMPLOYED IN SECURING UNION OF THE DIVIDED EDGES OF THE HOLLOW VISCERA.

The author remarked that the whole of his personal experience of enterectomy was furnished in the table of cases, twelve in number, which he handed round; and that by the kind permission of his colleagues he had been able to add the whole of the enterectomies which had been performed in the Leeds Infirmary to the table, which thus represented a series of 26 cases, on which his arguments were based. He divided the series into three classes.

1. Those operated on by simple suture, nine in number, of which five died, yielding a mortality of 55.5 per cent.
2. Those operated on by the Murphy button, five in number, of which one died, giving a rate of mortality of 20 per cent.; two had had fistulae and a retarded convalescence, and in one the button had not passed while the patient was under observation.
3. Those in which a decalcified bone support in the shape of a button or some similar contrivance was employed to support the sutures,

of which there were twelve cases with one death, giving a rate of mortality of 8.3 per cent. After remarking on the disadvantages attending simple suture, such as multiplicity of stitches required, the danger of stenosis and the fear of infection through the needle punctures, and after mentioning the advantages of Maunsell's method in intussusception and its disadvantages in other forms of enterectomy. The author referred to the use of the Murphy button, which he said he preferred for cholecystenterotomy and for short circuiting in intestinal obstruction, but which he thought had great disadvantages in enterectomy. He mentioned cases where the button had caused ulceration, where it had produced obstruction, and where it had never passed; he also dwelt on the necessary pressure-necrosis, and the fear of gangrene spreading beyond the parts embraced, leading to perforative peritonitis, or in case of recovery to after-contraction in the newly-established fistula. Mr. ROBSON said that before all other methods he preferred to suture the intestine by a continuous stitch and to support the line of union by a hollow decalcified bone bobbin, the safety of which, he thought, he had proved by the list of cases given in the paper and by the rate of mortality being reduced so low as 8 per cent. The advantages he claimed were a saving of time from the use of only one, or at most, two stitches; the prevention of subsequent stricture by the establishment of a continuous mucous canal; the perfect security against leakage; the absence of a foreign body in the intestine, as the bone dissolves when its work is done; the prevention of infection of the line of suture; the immediate continuity of the newly-made canal; and lastly, the applicability of the bobbin to any of the operations required for the establishment of continuity of the intestinal canal. After describing by the aid of diagrams and models the operation, he generally adopted, he said, that, though it might be more ideal to do without any mechanical aids in these operations, it was incumbent on the surgeon to carefully study the advantages and disadvantages of the different procedures before adopting any method because it was supposed to be the ideal one.

Mr. BOWREMAN JESSITT observed that not so many years ago operations of this class were almost uniformly fatal, but thanks to the labours of Senn of Chicago, Paul of Liverpool, Maunsell, and finally Murphy, they had been rendered comparatively safe. The operation with Murphy's button was certainly simple and ingenious, but though simple, the manœuvre required considerable delicacy of manipulation or it might end in disaster. During a gastro-enterostomy he had seen the button drop back into the stomach, a contingency which necessarily entailed great risk of subsequent ulceration and perforation. He, himself had used Maunsell's method in three cases, and Mayo Robson's bobbin in two. Maunsell's operation appeared to be better suited for enterectomy than for operations on the colon. All his bobbin operation cases had recovered as did two of the other three. He recalled the case of a demented girl who, after removal of the ovaries, suffered from fecal fistula for which she had been operated on several times without success. He opened the abdomen and after removing several inches of intestine he joined the ends by Maunsell's method. She made excellent progress, and six weeks after was about to go home when suddenly the abdominal wound reopened (i.e., was reopened by the patient) and a second fecal fistula formed. He then cut down, removed four inches more of intestine and joined the ends of the divided gut by means of Mayo Robson's bobbin, this time, thanks to the precautions which he took to avoid interference with the wound, with permanent success. It seemed, therefore, that either procedure was satisfactory.

Mr. W. G. SPENCER asked whether the author had never thought of some simpler plan for joining the ends of intestine. He pointed out that a decalcified bone bobbin might not always be available and suggested that a bobbin might be constructed of simpler material such as potato or turnip. Perhaps the author would consider the desirability of putting this suggestion to the test. He asked if the author had used his bobbin in any operation on the descending colon where the gut was not covered by peritoneum.

Mr. H. ALLINGHAM referred to the paper read by him before the Medical Society in which he had shown that

intestinal resection practised on distended intestine was very likely to prove fatal, in fact, all his operations done under such conditions had proved unsatisfactory. He commented on the curious dislike that certain surgeons manifested for decalcified plates of every description. Personally, he thought that they greatly assisted in carrying out the operation, acting as a splint while repair was taking place. He had tried Murphy's button but had made up his mind in future always to use a bone plate of some kind. He mentioned that all the cases at St. George's Hospital in which Murphy's button has been used had terminated fatally.

Mr. BERGHARD said he had used Murphy's button in four cases, two of them dying immediately from shock, so that no opinion with respect to the button could be based thereon. He had employed Maunsell's method in two cases. When there was plenty of mesentery there was no difficulty, but when, as in an operation just above the sigmoid flexure, the mesentery was short, the operation was attended by considerable difficulty. The difficulty arose in endeavouring to approximate the ends of the gut when the bowel is greatly distended and thickened. In one case the button did not come away until the thirty-sixth day, but it gave rise to no trouble.

Mr. BOWLBY said that the operation described by the author was exceedingly ingenious and simple, but in operating for gangrenous gut from strangulated hernia, he had found it very difficult. When the one part of the gut was distended, and the other part contracted, the invagination of the ends was extremely difficult to effect. His patient had died, and after death, they found a considerable amount of the lumen of the intestine excluded by the inturned walls of the bowel. He had come to the conclusion that the method was good in cases of undistended intestine, but not in others. The bobbin was certainly useful as furnishing a passage for feces and flatus immediately after operation.

Mr. CLUTTON suggested that in many of these cases lateral anastomosis offered certain advantages. His own experience with Murphy's button, however, had been very satisfactory. Possibly the cases referred to by Mr. Allingham were instances of operations undertaken on distended intestine. The trouble with Murphy's button was that it did not pass through, and he referred to a patient of his own who had one in her intestine since November last, and the same calamity had happened to various surgical friends. All his cases of lateral anastomosis had been successful, whereas with other methods, he had had a certain proportion of failures. It was especially in distended intestine that the lateral operation might prove useful.

Mr. MAYO ROBSON, in reply, said his object in reading this paper was to bring before them the results of personal experience, both hospital and private, at the Leeds General Infirmary. He mentioned that his regretted colleague, Mr. McGill, had sketched out to him Maunsell's operation many years ago, and had he not prematurely died, he had no doubt that this procedure would have been known under his name. He had heard that Czerny was employing sutures alone with great success, but he pointed out that with the continuous suture there was always risk of subsequent stenosis. This method appeared to be peculiarly applicable to operations on the colon. There was indubitably great danger in operating on distended intestine, but they were not always free to choose, and whenever it was possible to dispense with the preliminary colotomy, he thought, for the patient's sake, that this should be done. He explained that lateral anastomosis really involved an extra and unnecessary amount of suturing, but when indicated, it, too, could very well be done by the aid of two bobbins. In view of the difficulty which was sometimes met with in inserting the end of Murphy's button into the distal gut, he had suggested to him to make the flange somewhat larger.

Mr. L. A. DUNN reported the case of a man who had been the subject of a

PERFORATING ULCER OF THE DUODENUM.

The patient whilst at work, felt a sudden pain in the epigastrium, attended with nausea and faintness. He was taken home, and subsequently brought to Guy's Hospital on August 2nd, 1895. The abdomen was distended and remarkably tympanitic. The normal hepatic dulness

was absent. He was suffering great pain, and had an anxious expression of countenance. The abdomen was opened by a median incision above the umbilicus, which allowed of the escape of a quantity of gas and yellowish fluid. A small perforation was found in the anterior wall of the first part of the duodenum. This was closed with fine silk Lembert sutures, and the abdominal cavity flushed out with boiled water. The flushing process interfered with respiration, and so could not be thoroughly carried out, hence a Keith's tube was put into the upper parts of the wound for the first twenty-four hours. The patient progressed well for ten days, when his pain returned, and his temperature was raised. He became worse till August 27th, when the abdomen was opened a second time, on this occasion along the right costal margin, as it was thought that a collection of pus had formed between the liver and the diaphragm. Nothing was discovered except a few adhesions in this region, chiefly beyond the reach of the finger. An exploring needle passed through the eighth intercostal space was felt to traverse the abdomen and perforate these adhesions. A drop of pus was evacuated by this method. The wound was closed, the intention being to open and drain the abscess through the thorax at a later date. This was not, however, required as the temperature fell immediately after the operation, and remained low till the sixth day, when the wound was found to be distended with pus. The removal of two sutures sufficed to evacuate this, after which the recovery was rapid.

Mr. BLAND SUTTON said that years ago he had come to the conclusion that duodenal ulcer was pathologically quite different to the gastric ulcer met with in chlorotic girls. Though not mentioned in text books, these patients seemed always to have been persons addicted to spirit drinking, and were consequently bad subjects for surgical treatment. It occurred to him that the interference with respiration noted in the author's case when the abdomen was flushed with water might have been due to the temperature having been too low. In his opinion the temperature should not exceed 115°, nor fall below 110°, otherwise shock might be caused.

Mr. DURN, in reply, said the patient was not addicted to spirit drinking, though he was not altogether temperate. He had often used injections at 100° F. before, but had never noticed any such interference with respiration, as in this instance.

HARVEIAN SOCIETY.

MEETING HELD THURSDAY, MARCH 19TH, 1896.

Dr. WM. HILL, Vice-President, in the Chair.

NAUHEIM AND THE SCHOTT TREATMENT OF DISEASES OF THE HEART.

Dr. R. L. BOWLES read a paper on the above subject, a full abstract of which will be found in another column. In the discussion which followed,

Mr. EASTES thanked the author for his interesting paper, which would direct increasing attention to the subject. He asked those who had seen the treatment carried out at Nauheim (of whom many were present) to what cases the Schott method was especially applicable, and if all cases, whether of lesions of the valves or substance of the heart, and, amongst the former, cases of stenosis as well as incompetency, were all equally benefited by the treatment? One heard much of the successes, but were there no failures? Ordinary methods of treatment—rest, digitalis, iron, &c.—were usually successful, though occasionally failing to relieve. Similarly, the Schott method doubtless gave good results generally; did it always do so, particularly when treatment by the older and more generally adopted methods had failed of success?

Dr. BEZLEY THORNE said that he could not be surprised at the scepticism with which the merits of the Schott methods are regarded by those who have not themselves enjoyed opportunities of observing their demonstrable results. The names of Broadbent, Grainger Stewart, and Saundby had been mentioned. Those physicians and scientists had each one approached the subject in a spirit of reasonable and scientific unbelief, and, in the event, had become converts and advocates. He, himself, had

been a sceptic of the most advanced order, for he had been, in the first instance, unable to accept the evidence of his senses, but he had been compelled to yield to the persuasive eloquence of striking results. With regard to the case of L., he had watched it in the first few days of treatment, and had entertained serious misgivings as to the ultimate result on account of the extreme gravity of the symptoms, and yet they had the evidence of Dr. Bowles as to the remarkably satisfactory recovery, of which he had been an eye-witness. The case of Capt. B., had, for like reasons, inspired him with similar forebodings. As to unsuccessful cases, very few had been recorded for the reason that they had been rare. He called to mind one which he had reason to believe had been quoted as an instance of a man having been killed by the Schott treatment. The patient had been treated in England for aneurism, and after having been unable to perform his official duties for a period of something like two years, had left his bed to repair to Nauheim. He (the speaker) had seen him for the first time, some three weeks later. On that occasion, the patient had walked a distance of about a mile, part of which was up a steep incline, and after spending more than an hour in conversation, had walked back again. He expressed himself as feeling better than he had done for years. Shortly afterwards, he had contracted a severe chill from sitting in the open air in the course of a cold evening which had succeeded on a singularly hot and sultry day, which resulted in pleuro-pneumonia and in death. A post-mortem examination had been made by the pathologist attached to the University of Giessen, and revealed the existence of aneurism of the heart and calcification of the coronary arteries. Such cases of failure could not be held to offer evidence against the system. That particular one was the more interesting as it was one, among others, which had led Dr. Schott to modify his dictum as to the non-applicability of his methods to cases of aneurism. He, himself, could not help thinking that a system which induced repair of atheroma, and of other degenerative processes to which the cardio-vascular structures are liable, and which, by relieving peripheral resistance, reduced hydrostatic pressure on the walls of the heart and great vessels, was worthy of a cautious trial even in cases of aneurism. He added that long-standing cases of myocardial degeneration, and of Graves' disease would be found to require prolonged treatment.

Dr. WETHERED said that, about two years ago, he paid a visit to Nauheim, and was much astonished by the results of the special treatment for chronic cardiac disease which he saw there. He felt deeply grateful to Dr. Schott for the trouble he had taken in affording him opportunities for observing patients under treatment. He (Dr. Wethered) fully corroborated the remarkable statement made by Dr. Bezley Thorne that all forms of chronic heart disease derived benefit from the baths and exercises. But it was a little difficult to answer the question asked by a preceding speaker, as to what cases proved most successful under treatment, because it all depended upon what was meant by "successful." If "cure" was meant, a large number of cases sent to Nauheim were unsuccessful; but if "relief," and often very great relief, was synonymous with successful, then nearly all cases were successful. He had seen cases there, which in England would have been regarded as hopeless, and in which digitalis and all ordinary treatment had been tried in vain, yet, under the Nauheim treatment, the improvement was marvellous; but as soon as the treatment was discontinued, these patients began to relapse. Yet, some of the worst cases during the months they were at Nauheim seemed to reap sufficient benefit to carry them over the winter months until they could return to Nauheim and receive a new lease of life. He considered that, in a great measure, the success at Nauheim depended upon the strict *regime* which the patients were compelled to follow. If patients in England would consent to submit themselves to the same rigid rules of life, he saw no reason why the treatment should not be adopted in this country, more especially with regard to the exercises, but they were useless unless properly carried out for some time. He thought the cases which were most suitable were those of dilated heart without valvular mischief, and neurotic cases, although many cases of valvular disease obtained much benefit. Cases of Graves' disease were not so satisfactory.

Dr. CAONEY said that he desired to learn all he could concerning this remarkable treatment, and he intervened at that point so as to get the benefit of the knowledge of speakers yet to come, and especially of Dr. Heineman's eight years' study and experience. Dr. Bowles' paper did not profess to be exhaustive. It was a most interesting account of clinical observation, and what he saw himself, but it suggested inquiries which many would like to have answered. Dr. Bezley Thorne, who followed, spoke no less decidedly than Dr. Bowles in favour of the Naheim treatment, and they were glad to hear that it could be practised successfully without going to Germany. For most of them, however, the important question was, in what class of patients to advise this treatment, and what prospect of relief, at what cost of time, money, and inconvenience to extend to them. The impression left upon his mind by Dr. Bowles was that, given a case of cardiac enlargement a cure was to be found at Naheim, and in the Schott treatment. This idea is obviously too crude to be of use. They were all in the habit of thinking a case of cardiac enlargement in connection with its cause, and his first inquiry was, how far the prognosis depended upon the cause? Dr. Thorne had incidentally given a part answer by excluding aneurism and arterio-sclerosis, and (one might perhaps infer) heart disease secondary to kidney mischief from the operation of the cure. It then remained probable that it was valvular disease of the heart which yielded the most promising cases. Was this true of all forms of valvular disease, and was the prognosis equally good in all? Mention had been made by Dr. Wethered of benefit derived in Graves' disease and neurotic tachycardia, and while he admitted that an easy and effective treatment for these troublesome complaints was a boon to be thankful for, relief in such cases would give no support, from the sceptic points of view, to the contention of a cure in valvular disease. It had been made plain that the results of failing compensation—albuminuria, œdema, venous congestion, were removed. His next inquiry would be, did the cure consist in this? If so, in the case of valvular disease, it would be no cure at all, only a temporary relief, since these conditions must return. If it is upheld as a cure for heart disease, it will be necessary to give it pathological relevancy, and the remedy of the original lesion has to be accounted for. A point of equal interest, and one which surprised him, was involved in Dr. Thorne's statement that degenerating vessel walls and atheromatous arteries underwent repair, and renovation of tissue as a result of the treatment. This also was a matter of great pathological interest, but difficult of proof, and he would like to hear more in favour of the contention.

Dr. C. W. CHAPMAN doubted the possibility of so accurately defining the variations of cardiac dulness, as the drawings we were accustomed to see in papers on the Schott treatment, would appear to indicate. He pointed out the fallacies in auscultatory percussion, and stated that the note varied with the distance between the chest piece and the part struck, irrespective of what was beneath, and that firm pressure on the chest piece made sometimes a difference of a semitone. He remarked on the toning down by the last two speakers of the optimistic view of Dr. Bezley Thorne.

Dr. LESLIE THORNE THORNE, in answer to the question as to the possibility of the Schott treatment being successfully carried out in England, said that he had treated a number of cases of heart disease by this method, both at Llangammarch Wells, in Wales, and also in London, and out of 30 cases so treated, 29 had given excellent results, the unsuccessful case being one in which calcareous degeneration of the vessel walls played a prominent part in the circulatory trouble. He had made careful examinations as to the results of the baths and exercises upon the area of cardiac dulness, obtaining similar results to those of Dr. Bowles. He had studied the effect of the baths and exercises upon the pulse, and found as an almost constant result that the pulse was slowed in rate, increased in volume, and rendered more natural in tension, both by the baths and the exercises. Among his cases were several of valvular disease, of various forms, and although he did not maintain that the diseased valves returned to their normal shape and consistency under the Schott treatment, still the disappearance of such symptoms as œdema, albuminuria, dyspnoea, &c., indicated an improvement which could not be disregarded even by those who were most sceptical

with regard to the diminution of cardiac dulness brought about by this treatment.

Dr. ALEXANDER MORRISON acknowledged that benefit was to be derived from the use of the baths and exercises carried out at Naheim. He considered that the justification for sending patients to that watering place lay in the large supply of carbonic acid naturally evolved in the baths there, and the mental stimulus imparted to the patient who betakes himself to a Bethesda where he devotes himself conscientiously to his "kur." The exercises based upon the eternal principles of physiology could, of course, be carried out anywhere. He criticised the degree of cardiac shrinkage related by many advocates of the method, and referred to Dr. Leith's paper on the subject, with the views in which he agreed. The benefits arising from the system he attributed to the exaggeration of the peripheral and pulmonary aids to circulation, as well as to direct stimulation of the heart, and considered that those who regarded lung encroachment on the cardiac area as one of the causes of the apparent shrinkage of the latter, really spoke in favour of the system, which was initiated by Stokes, of Dublin, has been elaborated on the Continent by the physicians at Naheim, on the lines of Zander's gymnastics, and adopted by Oertel, of Munich, and elucidated by him in a work of the highest scientific order.

Dr. JOHN BROADBENT agreed with the previous speaker that one of the important contributing agents to the beneficial results obtained in the treatment of heart disease at Naheim was the regular routine life led there, with freedom from worry and excitement of all kinds. While admitting that the treatment by baths and exercises was of great service in suitable cases, he wished to protest against the idea that it was advisable or beneficial in all varieties of morbus cordis, or that equally good results could not be obtained by other methods in many cases. He instanced the rapid recoveries that take place every day in hospital as a result of rest and suitable treatment, by mercurial purgatives and digitalis, in cases of valvular disease where compensation has broken down in consequence of overwork or imprudence on the part of the patient, or in consequence of an intercurrent attack of bronchitis. He had not found the Schott treatment of service in advanced cases of valvular disease with complete failure of compensation where drugs and rest had not been of avail to alleviate the symptoms; nor did he consider it safe or advisable in cases of aortic regurgitation of any severity, as he had twice known of syncopal attacks occurring while the patient was in the bath. He thought that its employment was indicated in mitral disease, more especially in mitral stenosis, when compensation has not actually broken down, but is maintained with difficulty; in such cases, digitalis, though it might for a time appear to do good by increasing the energy of the systole of the right ventricle, was not of permanent or real service. One such case he had known to derive great benefit from a visit to Naheim. He also thought that the Schott treatment was often of service in cases of tachycardia, or of loss of tone of the heart after influenza, but he deprecated its employment in cases of cardiac dilatation, the result of overstrain from football or rowing, in young adults, for they would recover without it by abstaining from violent exercise; in fact, in such cases, gentle walking exercise had the effect of bringing in the apex of the heart in the same way as the Schott movements, and had similar good results. He thought its employment in such cases, and in the case of many of the numerous class of patient who complain of a "weak" heart, was inadvisable as a regular course of treatment certainly, for heart disease, would be liable to make them nervous and over anxious in the future, and encourage a tendency to cardiac hypochondriasis.

Dr. HEINEMAN, of New York, followed with "Notes on the Treatment," which will be found in another column.

Dr. BOWLES replied to the various points raised, and the meeting adjourned.

THE deaths from alcoholism are stated to amount in Stockholm to 90 per 1,000. This is the highest rate in the world.

ROYAL ACADEMY OF MEDICINE IN IRELAND.
SECTION OF SURGERY.

MEETING HELD FRIDAY, FEBRUARY 21ST.

The President, SIR THORNLEY STOKER, in the Chair.

In reference to a case of ligature of the second stage of the subclavian artery exhibited by Mr. Croly, Dr. CRAWNY asked why the artery was ligatured in the second stage?

Prof. BENNETT inquired whether or not the wound was healed?

Prof. FRASER asked what was the nature of the ligature? Surgeon-Major DALY wished to know whether the patient was a soldier, and whether he had syphilis?

Mr. CROLY said he tied in the second stage because he could not tie the artery in its third stage, which was involved in the aneurysm. The wound had healed, but re-opened slightly, probably owing to a small ligature. The ligature was one of gold-beater's skin, steeped in a solution of perchloride of mercury, and warmed in a 20 per cent. solution of carbolic acid. He could not trace a history of syphilis.

LEPROSY.

Prof. CUNNINGHAM exhibited a series of casts which had been taken from living lepers in the Lazaret of New South Wales. They had been sent to him by Professor Anderson Stuart, of the University of Sydney. Two of the casts were taken from patients suffering from lepra tuberosa; the others from typical cases of lepra nervosa.

Mr. DALLAS PRATT said he had seen 300 cases of leprosy in Norway. On the question of infection, he thought a person could contract leprosy after a long residence, say five years, in a place where the disease existed.

Prof. McWENNEY said he met Prof. Kitasato in Berlin in 1892. He believed that leprosy was due to a bacillus, and he, the speaker, concurred. He had made pathological examination in Dr. O'Carroll's case, and had no difficulty in discovering enormous masses of bacilli. He also found cells analogous to tubercle cells. He agreed with Prof. Kitasato when the latter expressed the opinion that he saw no reason why leprosy should not be curable by the antitoxin or serum treatment.

A NEW METHOD OF LOCALISING BRAIN-LESIONS.

Mr. ROBERT COX read a paper on "A New Method for Localising Brain-lesions," and exhibited the necessary apparatus for its employment. He pointed out that there was need for a more perfect method of locating the important areas of the cerebral cortex on the overlying surface of the scalp, seeing that most, if not all, the methods generally employed are either limited in their scope, or complicated in their application, while many give rise to error by the use of a standard measure—the inch or the centimetre for varying surfaces. He thought the method which he was about to describe would be found devoid of these objections. For its use two things were necessary—(a) an instrument which he had invented and called a cerebro-graphometer, and (b) a diagrammatic map of a hemisphere of the brain, prepared from readings made by the use of the same instrument on the cadaver and casts of the brain *in situ*. This map might be substituted, or augmented, by a list of indices made in the same way. The instrument consisted entirely of the mechanical device, technically known as "lazy tongs," formed into a circle with two accessory loops attached to the circle by their ends in such a way that they arch over it at right angles to each other. One loop bears the numerals, beginning at each end with 1, and ending in the middle with 10; while the other loop has the letters A and V in consecutive order from before backwards. That bearing T forming the junction with the circle behind. The map is made on a gnomonic projection, with the radii or longitudinal lines marked by letters, and the semicircles or lines of latitude by numerals. In using the instrument it is necessary to extend it in all parts, and apply it to the head with the rivet, forming the junction of the lettered loop with the circle in front; on the glabella and the rivet-marked V, at the other end to the occipital protuberance; then press down the loop between these two points in the middle line, and close the circle round the head on such a plane that the numeral 10 will rest on the lettered band. The instrument is then

in position, when, to find any given point—say Broca's lobe—it is only necessary to consult the map or list of indices for the bearings, there given as "C4, left side," and place the 10 of the numbered loop on the C of the lettered loop, when the numeral 4 will lie over the part. Having thus shown the simplicity of the method, for the carrying out of which no recourse need be had to any science, and the almost automatic action of the cerebro-graphometer, he proceeded to explain its accuracy, showing that it was applicable to all sized heads, and formed its own unit of measurement for each, thus eliminating the errors due to the use of a standard measure for a varying surface. The two fixed points taken, the glabella and the occipital protuberance, place the circle on that plane considered so important by Prof. Fraser as bearing a fixed relation to all important parts of the brain. His opportunities of testing its accuracy were very few, but in those it gave excellent results, while, with regard to Rolando's fissure, perfection seemed to have been reached. In conclusion, he added that the instrument was simple, compact, durable, and capable of being rendered aseptic by boiling, and was made by Messrs. Arnold and Sons.

CANCER OF THE BREAST.

Mr. WILLIAM THOMSON read a paper on cancer of the breast, and discussed the question, its curability by operation, and shortly detailed the advances which had been made in the thoroughness of operative procedure. He had shown a case within the past three months from which he removed an undoubted scirrhous seven years ago, and he had seen another some years since in which six years had elapsed without any sign of return. Two others are at present living two and a half years after operation; there was no indication of reappearance of disease. He advocated complete clearing of the axilla, of the fascia, and removal of portion of the pectoral muscles if these were at all suspected. He believed that cancer was curable in a fair percentage of cases when operation was early and thorough. He expressed his belief that cancer was a local disease, afterwards infecting the whole body; that infection, however, being delayed by the line of defence provided by the lymphatic glands. He admitted that in some instances a line of heredity in cancerous patients provided a condition in which cancer, beginning locally, was likely to spread with greater rapidity. The paper was followed by a lengthy discussion, and Mr. Thomson replied.

THE HUNTERIAN SOCIETY.

MEETING HELD WEDNESDAY, MARCH 25TH, 1896.

The President, DR. G. E. HERMAN, in the Chair.

CLINICAL CASES.

SIR HUGH BEEVOY showed for Dr. Woods a case of "Spasmodic Tremor in the Right Hand and Forearm," which had been treated by short hypnotic sleeps for about six weeks. Gradual recovery took place; also another case of a man, *et.* 43, who was successfully treated by the same means for localised headache and giddiness.

Dr. F. J. SMITH showed a man, the subject of "Addison's Disease," treated by supra-renal extract twice daily. The pulse had improved, and the vomiting was less.

Dr. ARTHUR DAVIES brought before the Society a case of "Imperfect Closure of the Left Upper Eyelid in a patient who suffered from Mitral Regurgitation."

Suggestions as to the cause of the imperfect closure of the eye were made by the President, Dr. F. J. Smith, Sir Hugh Beevor, Mr. Rawes, and Mr. Tubby.

Dr. DAVIES finally expressed his opinion that the cause of the apparent projection of the eye was spasm of the left orbitalis muscle.

Dr. ARNOLD CHAPLIN presented the case of a man, *et.* 46, by occupation a seaman, the subject of "Bronchiectasis of the Lower Lobe of the Left Lung." He was placed in a room 8 ft. in each of its dimensions and subjected to the vapour of creosote for from a half to one hour daily. After some weeks the following results were noticed:—The temperature fell to normal, the factor of the breath was less; there was a decrease in the moist sounds of the chest; the patient had gained 5 lbs in weight.

Sir Hugh Bevor, Dr. Davie, Dr. F. J. Smith, and Mr. Tubby joined in the discussion which followed, and Dr. CHAPLIN replied.

Dr. GLOVER LYON showed a patient, the subject of extensive "Painful Glandular Growths," probably due to lymphadenoma.

Dr. DAVIES inquired if bone marrow had been given. In his reply, Dr. LYON stated that there was no anemia present.

THE LARYNGOLOGICAL SOCIETY OF LONDON.
ORDINARY MEETING HELD MARCH 11TH.

Dr. FELIX SEMON, President, in the Chair.

CASES.

Dr. CLIFFORD BEALE showed a man, *æt.* 38, who stated that he felt something at the back of his tongue, but felt no other inconvenience. Examination showed a soft vascular tumour, about the size of a cherry, attached by a broad base to the left glosso-epiglottic fold. Marked for a decision as to the best method of treatment.

Dr. BOND suggested the use of the galvano-cautery and currette; The PRESIDENT, a free incision; Mr. SYMONDS, cutting off the top of the cyst.

Dr. CLIFFORD BEALE also showed a man who had been before the Society at a previous meeting. He had been kept under pot. iod., and good diet for three months, and latterly, under Mr. Steward's advice, with local applications of zinc chloride. The swelling from under the left ventricle had become much smaller and less red. The vocal cord was less thick, and the movements were not impaired. Dr. Beale was of an opinion that the case was one of chronic tuberculous infiltration.

Dr. BOND showed a case of maggots in the nose, with specimens of the larvæ and flies. They were pronounced to be "Piophilæ Casei." Cases of this description were extremely rare in this country. Dr. BOND also showed a man, *æt.* 50, who had hoarseness and loss of voice for twenty years. Examination, on January 18th, showed a growth, the size of a pea, on the right cord. It was removed on February 15th. Microscopically, it seemed to be a pure myxoma.

Dr. A. CLAIR THOMSON showed a woman, *æt.* 38, who had a partial loss of voice for the last three months. A small growth, about the size of a pin's head, was found in the right vocal cord. The growth was removed, and section showed it was a myxoma.

The PRESIDENT having remarked that in a comparatively short space of time three cases had been shown at the Society, although, until recently, only six cases had been recorded.

Dr. KANTHACK stated that he thought most of these cases were rather more ones of myxomatous degeneration, which was comparatively common, than pure myxomata, which were extremely rare. He suggested that the growth should be sent to the Morbid Growths Committee for report.

Mr. S. LAWRENCE showed a girl, *æt.* 11, with a flat warty-looking growth springing from the mucous membrane of the hard palate. Mr. Lawrence also showed a specimen of growth removed from the naso-pharynx of a patient shown to the Society at the end of last year.

Dr. DUNDAS GRANT showed a patient, *æt.* 19, who complained last October of an inflamed swelling in the neck. It was fluctuating, thinly covered at the anterior margin of the right sterno-mastoid. To the inner side was another similar swelling with which it communicated. There was an enlarged gland near the angle of the jaw, and a firm cord could be felt running from the lower swelling to this gland. An incision was made and the lining scraped. Dr. Dundas Grant also read notes of the sequel of a case shown at the January meeting. Death had taken place twenty days after operation for thyro-tomy.

Mr. SPENCER showed a case of chronic hoarseness in a girl, *æt.* 19. The vocal cords did not meet properly, and there was a chronic dry rhinitis and pharyngitis with crusts.

Dr. H. TILLEY showed a woman, *æt.* 33, who complained of a stifling sensation in the throat since January. Examination showed a large ovoid swelling on the posterior

wall of the pharynx. There was a distinctly syphilitic history.

Dr. W. HILL showed a case of tuberculosis of the nose. The specimen was referred to the Morbid Growth Committee.

Mr. STABB showed a case of lupus of the palate and larynx.

Dr. M'BRIDE tried the galvano-cautery and chromic acid in these cases.

The PRESIDENT, when the parts were easily accessible, used the curette and strong lactic acid. He would not use it in the larynx from fear of stenosis resulting.

Mr. STEWART had a case under treatment where arsenic was administered internally only, and the patient was getting well.

Mr. STABB also showed a case of tumour of the palate.

BRADFORD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD TUESDAY, MARCH 17TH.

The President, Dr. BRONNER, in the Chair.

CLINICAL EVENING.

Dr. MAJOR showed the following cases:—

(1) "Sporadic Cretinism greatly benefited by Thyroid Feeding." The patient was a girl, *æt.* 6, who, on admission, presented a typical picture of a cretin. The improvement was both mental and physical; the child being now able to walk and to speak, and was attending school. (2) "Splenic Leukæmia: with Microscopic Demonstration of Blood." The patient was a woman, *æt.* 38, whose spleen extended down to the iliac fossa. (3) A man, *æt.* 23, who for many years had disease of the left ear. For two days before admission he had severe headache and giddiness. There were also Jacksonian convulsions affecting the right arm, face, and leg. He appeared to be dying. Mr. Appleyard trephined over the left temporo-sphenoidal region and explored the left hemisphere of the brain with a needle, with a negative result. Patient made an excellent recovery and was now able to work.

Mr. Crawford, Dr. H. Bronner, and the President discussed the cases, and Dr. Major replied.

Dr. CAMPBELL showed the following cases:—

(1) "Peripheral Neuritis" in a man, alcoholic in origin. (2) "Congenital Pulmonary Stenosis" in a child. (3) "Interstitial Pneumonia" in a child. (4) "Pericarditis." (5) "Progressive Muscular Atrophy."

The cases were discussed by Drs. Major, Rabagliati, and H. Bronner.

Dr. H. BRONNER showed:—

(1) A case of extensive "Lupus of the Face" treated with tuberculin. (2) A girl, *æt.* 12, who had recovered her sight under treatment with mercurial inunction and iodide of potassium internally. (3) Cases of "Congenital Specific Choroido-Retinitis."

Drs. Rabagliati and Greenbury spoke, and Dr. Bronner replied.

Dr. S. LODGE demonstrated the use of "Kirstein's Autoscope" for larynx and trachea—without mirror; and also showed a man, *æt.* 57, on whom he had operated in 1891, removing a cataract from the right eye by MacNamara's method. The patient had done well, and at the present time could read $\frac{5}{6}$ with + 8.0 D app. and with + 12.0 D could read $\frac{J. No. 1.}{33 cm.}$

Mr. WILMOT showed a patient with a "Congenital Malformation of the Forearm;" probably an intra-uterine amputation below the elbow-joint.

Drs. Crawford and Monkwell spoke on the case.

Dr. H. BRONNER showed a case of "Ophthalmoplegia Interna."

Dr. CRAWFORD showed a man with an "Aneurismal Varix of the Right Thumb."

SIR JOSEPH LISTER, F.R.S., has been elected an Honorary Member in the Department of Science, Royal Irish Academy, of which the Earl of Rosse F.R.S., is the newly-elected President.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, March 28th, 1896.
APPENDICITIS.

At the Académie de Médecine, M. Le Dentu spoke on the indications for operating in cases of perityphlitis. He said that if it were true that the greater number of these cases required active interference, there are some which can be treated medicinally, those in which peritonitis does not exist. On the other hand can be seen cases in which the inflammation causes no bad symptoms in its evolution towards suppuration requiring no interference until the abscess was properly defined. In these an early operation might be attended with danger, as the agents of infection concentrated at first in one point might be scattered and septicæmia be provoked.

In the following circumstances, however, an operation should not be delayed:—When the affection threatens to provoke general peritonitis; when great prostration is present, marked by absence of pain, with the temperature normal, or almost normal, with small and frequent decrease of the urinary secretion, abdomen retracted, face pinched, blueish colouration of the extremities, and especially of the nails, and the respiration accelerated. There is always danger in abstaining from all intervention when symptoms of appendicitis recur several times, while the operation is inoffensive. The best time to operate is six weeks after the attack, for at this moment adhesions have generally disappeared. Success is certain, and the patients are for ever delivered from a constantly threatening danger, and but too often realised.

INFANTILE BRONCHITIS.

M. Renaut, of Lyons, communicated his method of treating infantile bronchitis. There exists, he said, a simple and entirely inoffensive therapeutic means for preventing general bronchitis in infants from developing into the much dreaded capillary form—that of warm baths. During the last ten years that he had adopted this method he never saw one case of ordinary bronchitis, treated from the second day, become capillary. Every three hours night and day, the rectal temperature is taken, and each time that 102° are reached, the child is placed for five minutes in a bath of 100°, the head covered with a folded handkerchief. If the little patient shows symptoms of congestion, a stream of water of the temperature of the room is poured on the head. When the child is two or three years old a little champagne, or brandy and water, is given him while in the bath. When taken out, he is quickly dried with warm towels, and put back to his bed. Frequently, after the third or fourth bath, the fever falls, the râles diminish, and the affection assumes the character of a slight and superficial bronchitis. At other times the efforts must be prolonged, but the result is always the same. Concurrently with the baths, M. Renaut orders suppositories of quinine, three to five grains.

In general, these means are sufficient without having to resort to blisters or painting with tincture of iodine. However, when he was only called in at the end of several days, and that he found the chest of the patient full of râles, he administered a vomitive with advantage.

When at his first visit he found that capillary bronchitis had already set in, he continued the baths until the fever had shown signs of abating. Where the capillary bron-

chitis provokes symptoms of cyanosis, he directs slowly, a current of oxygen on the face of the patient and then puts him in the bath from which he emerges transformed and delivered for an hour or two from impending danger.

M. Renaut said in conclusion that the bath acted by influencing the nervous centres and preventing the incessant germination of the bacteriæ contaminating the bronchial mucous membrane.

The difficulties of practice in France by Englishmen and other foreigners are becoming more pronounced. The French students are raising an agitation because they say that the Faculty of Medicine is becoming overcrowded with foreign pupils, and efforts are being made to induce the Government to exclude foreigners from practice. It seems likely that it will be increasingly more difficult to obtain the necessary authorisation for practice by Englishmen in France.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, March 27th.

THE BALNEOLOGICAL CONGRESS.

THE 17th Balneological Congress was held here from the 6th to the 9th of March. Prof. Langold, in a paper on Argon, showed that this new element was of no therapeutic importance. This paper was followed by one on the Treatment of Chronic Myelitis by Dr. Schuster, of Aachen. On the basis of his own experience he recommended hot baths and mercury. Prof. Winternitz, of Vienna, thought hot baths had not such a stimulating influence on the organism as cold, and that lukewarm baths had a bad influence on cases of central nerve affection.

Prof. Winternitz then spoke on

CURATIVE SERUM.

He first of all pointed out that infective diseases could of themselves get well. How this came to pass was not yet known, but the fact stood fast that toxins and anti-toxins played a part in the process of recovery, without question also the energy of the body as opposed to the poison of the disease. They must attempt to strengthen this natural energy on the one hand by curative serum, and on the other by tissue juices. Both these methods at present ruled clinical thought, and both ran in the line of oxidation treatment. But the most efficient excitor of oxidation in the system was cold water bathing, the essential result of this in infective diseases is its influence on the nervous system and the fever. Hydratic treatment led to increase of both red and white blood corpuscles as well as increase of the hæmoglobin and the specific gravity of the blood. The interchange of tissues became more active, the toxins were more quickly eliminated and the alkalinity of the blood was increased. Hydratic treatment heightened the bacterioid action of the blood and in this sense was auto-serum therapeutics. In the course of an active discussion that followed this paper a proposal was made to petition the Prussian House of Deputies to institute a Professoriate of hydro-therapeutics in Berlin. The serum treatment of diphtheria came under review, one party maintaining that it was a complete failure, and the other party the opposite. It was pointed out that in the Charité Klinik for Children's Diseases, Prof. Heubner combined hydro-therapeutics with the serum treatment and obtained better results than by the serum treatment

alone Prof. Liebreich said this combination was only justified when the specific action of serum had been proved and this was not the case.

Prof. Strasser read a paper in which he maintained that the alkalinity of the blood was increased by cold and diminished by warm applications.

Dr. Klemperer, Berlin, then spoke on

HYDROTHERAPEUTICS AND TUBERCULOSIS.

He said it had been shown that the bodily processes were influenced by baths; that leucocytosis and the alkalinity of the blood were increased. The action of baths did not lie here however, but in their property of stimulating the nervous system. Hydropathic treatment was only an adjunct, and it had its limits of usefulness. In von Leyden's Klinik, bath treatment had only proved of service in disturbances of innervation, in neurasthenia, asthma, nervous cardiac affections. It might act favourably in organic heart disease as well, but one need not expect it to influence the morbid process itself. In gastric and intestinal diseases, it acted very well, as these were generally associated with nerve disturbances. A discussion was followed by an address on an allied subject,—

HYDROPATHY AND PULMONARY CONSUMPTION

by Prof. Winternitz. He said that pulmonary tuberculosis was a curable disease. Encapsulated tubercle were found in half the sections of tuberculous bodies, and these were signs of cured tubercle. It was the duty of the physician to support to the utmost of his power this curability. In this endeavour he had turned to hydratic treatment, and had seen considerable increase in the power of resistance of the system. He had seen recovery take place in from 27 to 30 per cent. of all recent cases of tuberculosis. The treatment, however, did harm in the chronic and advanced cases. He asked his hearers to put the method to the test, it possessed the advantage of sometimes arresting bad cases, and of at least exciting some hope.

Dr. Kaatzer, of Rehburg, then gave the results of a five years' experience with

TUBERCULIN IN PHTHISIS.

From December, 1891, to January, 1896, he had treated 70 cases of tuberculosis with Koch's tuberculin. Of these, 31 died, 21 recovered, 12 were improved, and 6 were unimproved. The average number of injections was 42 per patient, and the period under treatment varied between 7 and 51 weeks. He said the patients must be watched for weeks, and the condition as to fever and nutrition determined. If there were no complication, and the phthisis was without fever, good results would always follow. With caution, the injections were entirely free from danger. Mixed forms of the disease demanded a combined method of treatment, hygienic, dietetic and climatic. Treatment in institutions secured the greatest certainty. The rejection of tuberculin treatment was not justifiable. The speaker concluded by saying that in a short time Prof. Koch himself would probably issue a larger publication on the subject.

Dr. Hansemann and Prof. Liebreich were opposed to the views of Kaatzer. The former said that natural recovery from tuberculosis was more frequent than was imagined. Recovery from tuberculous peritonitis and tuberculous ulceration of the intestine was very frequent. Tuberculin did not bring about recovery, it merely led to breaking down of the tuberculous nodules and making them mobile, and herein lay the great danger.

At the Medical Society (March 4th) Hr. Rosenheim described

A NEW GASTROSCOPE.

After an introduction in which he recapitulated what had already been done in gastroscopy, he said that his own instrument was only an enlarged cystoscope with additions to it that were demanded by the nature of the part to be explored. It was a straight instrument and not curved like that of Mikulicz.

The most important improvement in his apparatus was the employment of various prisms. In addition to rectangular ones he used some with angles of 60 to 70 degrees. If one wanted to look at the pylorus, and that could be seen, this was difficult with a rectangular prism, but it was quite different with an acute-angled one. One should be able to change the prism quickly, and in his instrument this could be done. The instrument was not difficult to use. The difficulties on the part of patients were not great when the cases were suitable. Most of the cases in which he had hitherto used it were ambulatory ones in the polyclinic, who were able to return home afterwards. A certain amount of pressure in the throat was the only thing complained of, and this disappeared within twenty-four hours. He had lately had a thinner and more simple instrument constructed, with a diameter of only 10 ctm. The optical parts were the same size as in the larger instrument, and the reduction in size had been obtained by omitting the cooling apparatus. It had, therefore, to be used more quickly than the other. The light could be on from 10 to 12 seconds without raising the temperature to a disagreeable or injurious height.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Mar. 27th, 1896.

APPENDICITIS SIMPLEX.

FOGES read to the Gesellschaft a paper in which he discussed the causation of appendicitis, and expressed a strong disbelief in its cæcal origin, as taught by Sahli and Sonnenburg. There are still, he remarked, a few who believe in a typhlitis stercoralis origin, with whom he sympathised, as he had seen cases where the lumen of the appendix was distended with fæces and mucus, with a large fecal concretion of the same character lying in the cæcum. He was now convinced, from recent experience, that the primordial causes might be arranged in three classes: (a) by a transportation of any inflammatory thickening of the mucous membrane of the large intestine, (b) an abnormally long appendix, (c) sharp bending or twisting of the organ with subsequent adhesions.

The author then related two cases of colica appendicularis which were so obscure in diagnosis that an accident by laparotomy only revealed the typical morbid condition present in the appendicitis.

The colic pain in the iliac region was, he said, always a favourable guide to the morbid lesion, but, in many cases, it is misleading, owing to the remoteness of the pain from the site of the disease, which is sometimes referred to the umbilicus, and at others, to the opposite side of the median line, not infrequently leading to a false diagnosis.

CRABOISIS VULVÆ.

Neumann showed a patient to the same society with a dry harsh condition of the vulvæ that Briesky, in 1885, described as a characteristic disease recognised by a shrinking of the cutaneous coverings of the genitals. The natural folds of the skin disappear, the mucous membrane

becomes dry and brittle with a white shining surface. Histologically examined, the papillary bodies are found to be sclerotic and contracted with an apparent atrophy of the rete mucosa. Ohman Dumenil records eleven cases varying in age from twenty to thirty years, while seven were between 55 and 65 years. Several authors have attributed its origin to blennorrhoea and complicated carcinoma. Clinically and histologically the process resembles vulvitis with simultaneous atrophy of the integuments. The patient before them was 28 years of age, had always been healthy till two years ago, when she consulted a physician for a vaginal discharge, and was treated with tampons. She is now very sclerotic, the subcutaneous fat of the labia absent, the skin lax and dry, and the inner surface of a bluish colour. From this absence of the margins the space is left as a shallow opening with the clitoris lying exposed. The vaginal mucous membrane is pale but normal. The microscopic examination revealed a thick epidermic layer lying in wavy bands; the nuclei of the deeper layers could hardly be observed, while the sebaceous glands were nowhere to be found. The vessels were greatly thickened and contracted in their lumen.

From the great thickening of the epithelial layer or external covering it might be inferred that the cause is external. In all the cases recorded only two are stated to be virgins, which may have been induced in these by masturbation or eczema, the latter often occurring in advanced years.

Craurosis differs from senile atrophy in its anatomical changes; from scleroderma it is differentiated by the increase of the deeper tissues lying in bands along the paths of the vessels.

LARYNGEAL STENOSIS.

Chiari showed a patient who, two years ago, was murderously attacked in Rotterdam. He was taken to hospital in a senseless condition, where he was fed for three weeks through a tube, and was finally dismissed with a fine canula in the opening. Soon after this, a fistula appears to have been established through which mucus, sputa, and food were ejected. He was again admitted to the Warsaw hospital, and dismissed with no improvement. He was received in the Vienna Clinic about the beginning of December last, with a granulating fistula, and a foreign body moving in the orifice, which proved to be one of the arytenoid cartilages. The operation was conducted in two stages. The cartilage was removed; the edges of the wound freshened and closed with sutures. After union, a flap of skin from the surrounding orifice was brought round, and the fistula quite closed.

INNERVATION OF THE RECTUM.

Pal related the result of seventeen experiments with the object of discovering how far the splanchnic, vagus, or spinal cord was involved in the movement of the bowels. These experiments were prompted by the results of Ewald, who assured the Medical Congress at Berne last year that he had removed the lower part of the dorsal column, and all the lumbar portion of a dog, with the result of checking defæcation.

No physiologist believes in a splanchnic origin for the bowel movement which would be annihilated by this proposition, although it would appear to be partially true. Langley and Andersen have shown by experiments that the innervation of the pelvic organs is confined to the anterior roots of the lumbar and sacral region of the spinal cord. This assertion specially applies to the anus and rectum, which are undoubtedly supplied

from this source. The circular muscle of the rectum is supplied by a branch of the nervi hypogastrici, while the longitudinal fibres are innervated by branches of the nervi erigentes. Pal found by irritating the splanchnic in dogs he could produce contractions in the length of the descending colon and rectum, raising the gut and causing the sphincter ani to contract at the same time. This confirms Ewald's assertion that defæcation is an act of the spinal cord whose centre is located somewhere in the upper half of the lumbar region.

DIPHTHERITIC SERUM.

From the report of the Diphtheritic institution we learn that 429 operations and 255 control operations have been performed. That the future filling of the tubes will be regulated on the basis of one cubic centimetre containing 200 immunising units, instead of 100 to 150 as hitherto practised. The tubes will be labelled:—No. 0 (yellow label), containing 0.8 cubic centimetres = 200 immunising units; No. I, (green label) 2.4 cubic centimetres = 600 immunising units; No. II, (white label) 4 cubic centimetres = 1,000 units; No. III, (red label) 6.0 cubic centimetres = 1,500 units. The manufacture is carried on in the special laboratory of Meister Lucius and Bruning, at Hoescht, on the Maine, under the control of Professors Behring and Ehrlich. The preparation of the serum, the determination of its activity, and the bacteriological examination is further subject to State control. Behring's remedy can be obtained in London at 6 and 7 Cross Lane, London.

The Operating Theatres.

CITY OF DUBLIN HOSPITAL.

NEPHRECTOMY.—Mr. HENRY GRAY CROLY removed the right kidney from a man, *æt.* 25, who suffered previously from a very tight organic urethral stricture and was operated on by external urethrotomy. The wound in the perineum had healed, and the patient passed urine in a good stream. A week before the present operation he complained of pain in the region of the right kidney and subsequently was attacked with severe rigors. Mr. Croly cut down on the kidney by the lumbar incision, and on passing in the needle of a hypodermic syringe found pus. The kidney was then incised, and about 8 oz. of pus escaped. On exploring with the finger two calculi were found, and as the kidney was much enlarged and contained large cysts, Mr. Croly removed it, having ligatured the renal artery vein and the ureter. The ureter was secured to the lower margin of the wound.

The patient is going on well and is passing urine freely.

ST. THOMAS'S HOSPITAL.

CHOLECYSTOTOMY.—Mr. BATTLE operated on a woman, *æt.* 28, a patient under the care of Dr. Ord; she had had symptoms pointing to the presence of gall-stones for several months, and these included attacks of biliary colic. She was a stout woman with a slight tinge of jaundice, but she stated that her attacks of colic had not been followed with jaundice. The liver was somewhat enlarged and in the region of the gall-bladder there was a well-marked tumour about the size of a cocoonut. At the operation a vertical incision was made in the right linea semilunaris over the tumour. This was found to be caused by distended gall-bladder, liver, and omentum. The gall-bladder formed a comparatively small part of the swelling; the omentum was adhering to the gall-bladder covering

most of the fundus and extending to the liver, which was lifted so as to make a considerable portion of the rounded swelling which had been felt through the abdominal wall. The area of operation was packed around with sponges and the omentum separated from a portion of the fundus of the gall-bladder, this was then tapped, partly emptied of its contents, and incised. A quantity of thick bile came away, and, as the bladder became more empty, a quantity of purulent fluid; there were several gall stones of varying size present which were removed with a scoop and by syringing, but it was found that the cystic duct was blocked by a stone which proved very difficult to disimpact. It was a long way from the surface, and the gall bladder made a sudden bend not far from the stone, which rendered it very difficult to apply forceps for the purpose of extraction. Ultimately, the whole of this stone was removed, being considerably broken up in the process. The wound was carefully cleansed, the parietal peritoneum stitched around the opening, a large drainage-tube passed into the gall-bladder, and the external wound closed around the tube. Mr. Battle said that the condition found at the operation, whilst it indicated that there had been rather acute inflammation of the wall of the gall-bladder was not unfavourable to a successful operation for, by the adhesion of the omentum to the gall-bladder, the general peritoneal cavity was to some extent shut off. The chief difficulty in the operation was that presented by the removal of the stone in the cystic duct; this was caused so by the bend in the gall-bladder near the duct, a fold of mucous membrane fell down like a curtain, and it was difficult to get forceps of a shape adapted to pass under it, and it bled rather freely when rubbed by any instrument.

It is satisfactory to state that a month after the operation the woman is convalescent.

REMOVAL OF NEEDLE AFTER LOCALISATION BY THE NEW METHOD OF PHOTOGRAPHY.—The same surgeon operated on a police constable, *et. about 38*, a robust man, who had run a needle into the inner side of his right hand when brushing his uniform. A portion of the needle had remained in his hand and could not be localised. A photograph was taken, which showed that the portion of the needle was lying across the metacarpo-phalangeal joint of the little finger. About a week after the foreign body got into the hand, an attempt was made, following the indication in the photograph to remove the needle, but it was unsuccessful; eight days later, a second attempt was made, the patient being under ether (whereas cocaine was employed in the first instance); a very careful search was made, and the patient was under the anæsthetic for about two hours, but this attempt was also unsuccessful. The patient was admitted to the hospital, and as a second photograph showed the needle to be still in the same position, and the man wished to have it extracted, Mr. Battle operated, using the incision which had been employed by the former operator. This cut was explored right away to the back of the metacarpal, and the surgeon felt some metallic point with a steel director, but in order to remove the needle, an incision had to be made through a greater part of a very thick glenoid ligament at a point behind the flexor sheath, which had been opened in the previous operations. The eye portion of the needle was exposed, but an attempt to remove it with forceps broke off the tip, and it was necessary to expose the needle more fully before it could be extracted. It was about $\frac{3}{4}$ of an inch in length, and had become quite black as usual. It was com-

pletely buried, and very difficult to find. The wound was perfectly aseptic. Mr. Battle considered that this case showed the usefulness of this method of discovering foreign bodies, as without it no surgeon could have undertaken an operation involving such extensive interference with the palm of the hand, for he would have been without the certainty, which could alone justify such procedure. The hand was a very large one, and the needle quite beyond reach, excepting through a deep incision. The former operator had evidently passed close to the end of the needle, but had not kept the line of incision sufficiently over the needle itself.

ROYAL FREE HOSPITAL

REMOVAL OF NEEDLE AFTER LOCALISATION BY THE NEW METHOD OF PHOTOGRAPHY.—The patient was a woman, about 40 years old, who, a few days before she applied at the hospital, had run the end of a needle into the palmar aspect of her right forefinger. There was considerable pain after the infliction of the injury, and when she applied for relief, there was a subcutaneous abscess. The senior resident medical officer, Mr. Bottomly, had a photograph taken of the hand, and this showed that the needle had passed away from the point of entry, and that the broken off portion, about half an inch in length, was lying to the outer side of the second phalanx away from the abscess. At Mr. Battle's request, Mr. Bottomly opened the abscess and washed it out with antiseptics, and then cut down upon and removed the needle.

In both the cases, the one at St. Thomas's and that at the Royal Free, the photographs were taken by Mr. Sydney Rowland, and in both instances showed admirably the position of the foreign body.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 1, 1896.

THE PLEA OF PRIVILEGE.

THE trial which has absorbed so much public attention during the greater part of the past week, is not without its important professional lessons and warn-

ings. The very suddenness with which the disclosures made before the jury and Mr. Justice Hawkins were sprung upon public attention only further tended to increase the interest which the trial excited. The high professional standing of the defendant, and the social position of the plaintiff's family also contributed to heighten public curiosity as to the result. The medical facts of the case are already so well known to our readers that it is not necessary to recapitulate them here. There are, however, some few undisputed points of medical moment, which are outside the main issue on which the verdict of the jury was arrived at, that it may be well here to recall to mind. The plaintiff was a woman who had apparently acquired a "habit" of miscarrying, and had been subjected to a variety of medical treatment for uterine troubles. The last miscarriage occurred at the close of 1892, and there was no legitimate source of conception from that time to the date of the discovery of some placental tissue in the uterus in the early part of 1894. During this interval it would appear that there were constant symptoms of uterine trouble present such as one might expect in a hyperplastic womb enlarged from repeated previous abortions. Finally, the train of symptoms led to the interference which brought about the discovery of an enlarged and patulous os uteri, with the other signs of recent or remote pregnancy to which we have referred. Examination of the substance removed appeared to confirm the operators belief that the pregnancy was of a comparatively recent date. In other words, portions examined were said to be composed of fresh placental tissue. But it would seem that before the crucial test of microscopical examination was applied, even at the time of operation, the conclusion that the conception was recent was arrived at, and the course was taken which finally brought about the deplorable consequences of a possibly somewhat hasty decision. It is a fact of common obstetrical observation and experience that in a woman of middle life who has borne children, and who has had repeated miscarriages, followed by hyperplastic uterine changes, considerable enlargement of the womb, with or without intra-uterine formations, may persist for years. Nor does such a condition prevent the possibility of conception occurring, to be frequently followed by miscarriage, and the increased risk of further degenerative changes, with retention of placental and embryonic remains. In all such cases it is hardly necessary to insist on the caution with which the *onus probandi* should be assumed by any medical man of asserting that the woman has been guilty of unchastity. We have constant proofs of the fallibility of pathological reports, even when sustained by microscopical experts. And if there be a suspicion of doubt, unquestionably the woman should be given the benefit of it.

But now we turn to the vital question, so largely affecting the honour of the profession at large which is involved in the consideration of this case, and which, so far as the jury were concerned, was described with no uncertain voice. We prefer, in dealing with this point of professional privilege, to do so with broad and unbiassed views, quite independently of the side issues

involved in this particular instance. In the recent trial the question of the guilt or innocence of the plaintiff, though incidentally raised during its progress, was not before the jury. Having come to a conclusion as to whether the alleged words were uttered under the belief that they were true, they had to decide whether they were maliciously spoken, and with an indirect object, hostile to the plaintiff. Arising out of this latter question, came the plea of privilege, viz., that, under certain conditions and circumstances, either to his wife, in a court of law or otherwise, a medical man is justified in revealing secrets that have been reposed in him or discovered in his professional capacity as the confidential adviser. In this particular instance the plea, if it had been accepted, would not alone have covered the right of the medical adviser to disclose a secret thus acquired to his wife, but also the exposure of it to a third party in the person of her brother.

It has always been regarded as a sacred and inviolable right appertaining to the profession of medicine, that the trust reposed in its members by those who consult them for their physical ills should never be betrayed. And it is one of its proudest traditions that this principle of honour should require no written law for its enforcement, and no judicial declaration to protect those who are guided by it. In the privacy of a consulting-room, questions have to be asked and answered under a tacit pledge of mutual confidence, that it would be dishonourable and cruel in the highest degree to disregard or break. It is most dangerous to try to make exceptions to this universally recognised rule. On its strict observance depends in great measure the peculiar relation that the physician holds under all circumstances to his patient, and on it also depends, to a large extent, the respect in which the profession generally is held by the public. Each medical breast is the repository of family secrets unknown to any other. To the "doctor" alone is that dreaded "skeleton in the cupboard" revealed, and rare indeed must be the occasions, and most exceptional the circumstances, that can justify a betrayal of that knowledge, even to a wife, much less to any interested or inquisitive outsider. And if in the hour of her extremity the tortured Magdalen should come to him for advice and comfort,

Not his the thankless task to lure
His trusting victim to her doom,
Her secrets bare upon the rack
Of dread expectancy and shame.
The privilege rather his, to stand above
All threats of law, all "doctrines damnable."
Of false expediency and social lies,
Her solitary confidant and friend.

This is the unwritten law of medical honour and medical charity. As Judge Hawkins well said, "the medical profession" (in this instance the College of Physicians) "might discuss among themselves the rules they made for their own guidance, but they had not the power to impose those rules upon the public." The fact is, as pointed out by his lordship, there is no hard and fast rule which can be drawn. There may be cases and

circumstances under which it would be perhaps justifiable for a physician to communicate with the authorities, or with some near relative of the patient, or possibly with his own wife or children in order to protect the latter. But it must be absolutely clear that any such communication in this last instance is only made where such protection is imperatively demanded, and where every possible safeguard is taken to prevent any ill consequences ensuing from the disclosure to the person through whom the knowledge of the facts has been acquired. We do not desire to see the medical profession of this, or any other country, converted into a huge detective agency, and, so far as evidence in courts of law is concerned, judges have, as a rule, respected this plea of privilege. To do otherwise would be to act contrary to every idea of English justice and fair play. We have no fear on this score, nor do we think that any upright medical man would be forced to sacrifice his honour by the threat of contempt of court. We know of instances where, even in the face of a subpoena, refusal to give evidence has been persisted in. The most importunate solicitor rarely persists at the cost of dragging an unwilling and protesting witness into court. Public opinion and sympathy will ever be on the side of such men, and we may safely leave the paramount considerations of the safety of the state and society to such public opinion, influenced by its recognition of the obligations of a great profession, and its respect for the higher demands of the law. Among the minor lessons to be learned from this trial, there are three that we would particularise. The imprudence has been shown of making any comments bearing on the nature of a case while a patient is recovering from the influence of an anæsthetic. This precaution is often forgotten, with the consequence that the half-conscious person may have distorted recollections from the impressions received during the dreamy state of semi-anæsthesia. No reference whatever should be made at this stage of an operation to the case. Again, we learn the need for extreme care on the part of the ordinary medical adviser when called upon to furnish any report that may be used in a court of law, more particularly if he is sounded by the side opposed to his patient's interests. Any hesitation in this respect is sure to redound to his discredit. Neither directly nor indirectly should he by hint or suggestion play into the hands of those who are conducting the case for the opposite side. Every sense of honour forbids this. And lastly, the attitude of the judge and the verdict of the jury prove how dangerous it may be to multiply weak medical evidence in a court of law, evidence that, no matter how distinguished the source from which it is derived, serves only to prove to the court and the public that medical men, even when the position is clearly a weak one, will, as is popularly said, "hang together." Never was this made more manifest than in the trial of Kitson *versus* Playfair.

WHEN DOES SCARLATINA INFECTION CEASE ?

A CASE of considerable importance, not only to

medical men, but also to the public generally, has lately been decided in the Birmingham County Court. The facts brought before his Honour were simple enough, and do not appear to have been seriously disputed. They established the case of the plaintiff, who brought an action for damages against the Birmingham Corporation for neglect on the part of the authorities of the Fever Hospital in discharging one of his children before being completely cured of scarlet fever. After his child had been under treatment for six weeks in hospital, the father was notified that the lad might be removed home. Plaintiff accordingly took him away, but noticed that the boy had a discharging sore behind the ear, and was still "skinning." Next day he called in a doctor, who certified that the lad was still suffering from scarlet fever, and was in an infectious condition. Every possible precaution was thereupon taken to prevent the spread of the disease, but, unfortunately, several other children were infected, and one of them died. On these facts the jury did not hesitate to grant damages to the full amount claimed, £50, and, while they absolved the Medical Officer of the Infectious Hospital from blame, they expressed an opinion that the institution was under-staffed. The line of the defence was, in the first place, that six weeks was the usual time for a patient to be kept at hospital. This period, in our opinion, if meant to include the whole period of the disease, is too short for the average detention of a convalescent. It is obviously impossible, however, to lay down any absolutely hard and fast line as to the exact number of days a patient should remain, as much must always depend on the circumstances of the individual case. Then the defence went on to prove, on the evidence of medical men experienced in the treatment of infectious diseases, that desquamation was useless as a test of infectiveness. Now, whether that is or is not the case, we nevertheless confidently claim that the majority of medical men would not venture to act on the assumption that the desquamating epithelium of a scarlet-fever convalescent was non-infectious. Further, we hold that in our present stage of knowledge, for men to pose as experts in the witness box and to assert that "peeling" is no test, and by inference that it is not infectious, is to place themselves in a false position. Where is the scientific proof of their contention? One single instance, let us remind them, of specific infection conveyed by desquamated scales would scatter their theory to the four winds of heaven. Moreover, as pointed out in the *Birmingham Mail*, doctors have always drummed into the heads of the public that desquamation indicates a peculiar liability to communicate infection. Nor, let it be remarked *en passant*, do we see any definite reason so far why the belief should be drummed out of their heads. Then the same journal pertinently refers to a police court prosecution of the same date where two parents were fined for sending their children to a National School while "peeling" from scarlatina. How is desquamation a danger in the one case and not in the other? Perhaps the medical experts for the defence in the Birmingham trial will point the way out

of this dilemma. The subject of the prevention of the spread of scarlet-fever is one of national importance, and affects every inhabitant of the British Islands to their remotest corner. But there is all the more reason on that account that all preventive measures should be undertaken only after a careful and cautious review of the situation. In our opinion it is extremely hazardous to make public assertions as to the infectivity or otherwise of scarlet-fever desquamations before the matter has received decisive scientific proof. It is especially needful that Medical Officers of Health should secure and retain the full confidence of the public, for without support of that kind there can be no real enforcement of sanitary measures. It is plain enough that to send back patients to reinfect households with scarlet fever is to invite the wreckage of the present preventive system. It may be hoped that the Birmingham Corporation will appeal on the ground that medical men cannot be held legally responsible for professional acts committed in absolutely good faith and in accordance with the principles of current medical knowledge.

THE BACTERIOLOGY OF OYSTERS.

THE repeated assertions that oysters have been the medium by which the infection of typhoid fever has been conveyed renders the subject of the bacteriology of these molluscs an important one. At one time the whole of the evidence seemed to point to the fact that raw oysters were guilty in this connection, and that a considerable risk was, in consequence, run by everyone who ate them uncooked. Then, towards the end of last year, an outbreak of fever among thirty guests who were present at a ball at Stirling was attributed at first to the oysters which were eaten. The matter was made the subject of an exhaustive inquiry; every pains was taken in order to ascertain the truth of the allegation. Thus the oysters, for a second time, suddenly acquired an unenviable notoriety. Previously, however, to this unfortunate occurrence, public confidence in them, after having been thoroughly destroyed, leading almost to the annihilation of the oyster industry, had begun to become re-established, but no sooner had the announcement of the outbreak at Stirling been made, than most persons with common sense felt that there was no other alternative than to cease eating the molluscs. Despite, however, the deep-rooted conviction which found expression among a large section of the public that the oysters, in this instance, were to blame, it cannot be said that the investigations of the experts were altogether able to show that this was the case. That is to say the evidence was conclusive that the guests who contracted the disease became infected at the ball, but no clear and unequivocal proof was forthcoming to show that the oysters were the medium of the infection. The scare thus excited, however, was more than sufficient to cause considerable damage to the oyster trade, and many persons have in consequence persistently denied themselves the luxury of uncooked oysters from that period. All these facts, then, as we have observed above, distinctly add to the importance of investigations under-

taken for the purpose of determining the bacteriology of oysters. Freytag, for example, has found that the typhoid bacillus will live in a concentrated salt solution for five months. Again, Giaxa was able to detect typhoid bacilli in unsterilised sea-water nine days after infection, and in sterilised water twenty-five days after infection. Some further experiments have been recently made in the same direction by Dr. Foote, of the Yale University. He observed that a low temperature preserved the life of the bacillus, and that its vitality was not injured by freezing. Again, he carefully examined the stomach and liver of a series of oysters, and he found that living microbes were frequently present in both organs. He then conceived the idea of testing how long the typhoid bacillus was able to retain its vitality in the oyster itself. In order to carry out this experiment he inoculated some oysters with typhoid bacilli, and subsequently examined at various intervals the oyster juice as well as the oysters themselves. The results of these experiments were to the effect that the typhoid bacillus lives readily in oyster juice, and possibly multiplies therein, and that it penetrates the stomach of the mollusc. A most significant point, moreover, was that many of the bacilli were found in the oyster juice and in the stomach of the oyster a month after infection. Thus it would appear that typhoid bacilli may live even longer in the oyster than in the water which surrounds it, inasmuch as, unless fresh infection takes place, their vitality only lasts about three weeks, when they have not the oyster for a host. It is clear, then, from these experiments that the oyster is not only a carrier of typhoid bacilli, but a means of preserving them, compelling the conclusion that the use of uncooked oysters is really more dangerous to health than the use of water which is liable to pollution. It would be interesting if further experiments were made in this direction, and the bacteriology of the oyster made the subject of an exhaustive inquiry.

Notes on Current Topics.

A Life Sacrificed to Guardians' Economy.

THE economists of the Downpatrick Board of Guardians, have, we should hope, been brought to their senses by the facts stated at an inquest, recently held upon the body of a man who had died without medical attendance within their bailiwick. The circumstances were as follows:—Dr. Olpherts, the Dispensary Medical Officer, had been summoned to attend to give evidence at the assizes. He, in due form, notified his peremptory absence to his Committee, who, thereupon, nominated a *locum tenens* at a payment of a guinea a day for the few days of Dr. Olpherts' absence. This appointment was reported to the Guardians on the same day, and they intimated that they would not pay the substitute, but that the doctor should do so. Accordingly, the *locum tenens*, who had been nominated, refused to attend, and Dr. Olpherts had no alternative but to go to the Relieving Officer and instruct him to be on the look-out for dispensary cases and, if any presented themselves to make provision

for their medical care by calling in any one he pleased. After Dr. Olpherts departure, an urgent case did at once turn up, but the Relieving Officer, being apparently afraid to call in any one after the refusal of the Guardians to pay, did not do so, and consequently the patient died. An inquest was held and a verdict was returned that "the Board of Guardians was culpably negligent for not providing proper medical assistance for the Downpatrick Dispensary District during the absence of the Medical Officer at the assizes." On this occasion Dr. Olpherts acted in strict conformity with his duty, and no one is to blame for the man's death save the Guardians and the Local Government Board, the former for refusing to allow the Dispensary Committee to provide for the care of the district, and the latter for not having the strength of mind to say candidly and at once that the Guardians are bound under such circumstances to pay the substitute. That department informed the Guardians that "they understand that in a somewhat similar case it has been decided by a court of law that the Guardians are bound under such circumstances to pay the substitute." This method of expression conveyed, and perhaps was intended to convey, to the Guardians the hint that the law on the subject is ill-defined, and that they might probably succeed in doing the *locum tenens* out of his fees if they liked to try to do so. The Local Government Board is appointed and paid to know the law which it administers, and to give explicit instructions thereon to Guardians who do not know it, and we say that the Local Government Board is morally responsible for any death which may occur by reason of its omission to state plainly and honestly the law which it well knows governs such questions.

Spartan Justice upon an Indian Medical Officer.

A SURGEON-MAJOR in the Indian Medical Service has been dismissed the Service because he asked a married lady for a kiss. So far as we are in possession of the facts, we must certainly say that in this case the "punishment does not fit the crime," and has been, in fact, unnecessarily severe and cruel, and unjust. If there be any other circumstances to justify such a punishment the public knows nothing about them, and they should not influence anyone. It goes without saying that the officer erred gravely in making such a request, almost as much as if he had snatched the osculatory bliss, and we admit that he left himself open to a very serious reprimand, and perhaps to some visitation of disciplinary penalty. But we have not been accustomed to observe that it is a hanging matter to take a kiss, nor have we observed that the military service has hitherto been particularly straight-laced in its professional morality. The records of the Divorce Court have made the world familiar with the fact that the sons of Mars have occasionally been more than suspected of straying from the path of virtue, and yet we have not noticed any Rhadamanthine determination on the part of the Horse Guards to vindicate the morality of the Army by expelling officers who have thus erred. On the contrary, the spectacle has been

presented to the public of the administrators of the Service quietly ignoring such peccadilloes, even when forced to see them in the newspapers, and calmly permitting the culprits to retain every position, social and professional, which they possessed. Truly, "that in the captain's but a choleric word, which in the soldier is flat blasphemy," and it seems probable that if the sinner in this case had been anyone but a d—d doctor he would have been let off with a mild indication of the displeasure of his superiors.

Vice-Guardians' Assessment of Medical Fees.

WE note that the Vice Guardians appointed to supersede the Guardians of the Killarney Union have adopted a resolution that "the maximum fee to be allowed to medical officers for assisting other medical officers shall be £2 2s." We apprehend that the assistance here referred to is in the nature of a consultation or help at an operation upon a particular case, but, whatever it may mean, we take leave to say that the Vice-Guardians have no more power to make such a rule or to enforce it than we have, and we submit that it would be wiser for them not to assume authority which they do not possess, and which can be laughed at by anyone who feels disposed to treat it with disrespect. How often must we repeat that Guardians or Vice-Guardians must pay for medical assistance the market price. They may proclaim their own estimate of the value of the services rendered, but that estimate binds no one, and, in any case, they cannot make a general rule as to fee to govern particular cases. If the consultant gives his services with full knowledge that he will only receive a definite fee he must, of course, be content with that fee, but if he is called upon to attend without such specific contract he must be paid the market price, regard being had to the distance he has had to travel, the time he has lost, the hour of his attendance, and the nature of the services rendered. They may vapour as they please, but they must pay. It is worthy of notice that the Vice-Guardians who have thus sought to clip the fees of the Medical Officers are the representatives of the Local Government Board, and this episode, coupled with the recent refusal of the Athlone Vice-Guardians to approve of the Superannuation Bill will serve to illustrate the attitude of the Local Government Board towards its Medical Officers. It seems to us that no opportunity is lost by it to discredit and injure those Officers, and we fail to recollect a single instance in which the Board has taken the side of its medical officers in any controversial question.

Amateur Diploma Granting.

SOME months ago we called attention to the fact that certain local representatives of the Medico-Psychological Association in Ireland had taken upon themselves to hold examinations of asylum attendants—to issue certificates of competency—and to found upon the certificates so granted a claim that the holders should be entitled to higher pay and privileges than non-holders. It seemed to us that the issue of such semi-official certificates of qualification was very much

on all fours with the grant by Societies, Hospitals, and irresponsible individuals of *soi disant* Midwifery Diplomas which the General Medical Council has denounced *ex-cathedra*, and which the holders and granters are now trying to get recognised as legal qualifications to practice. We emphatically warn the profession against encouraging or even tolerating an extension of amateur diploma granting either in psychology or in any other direction, for, if the principle be once acknowledged that a self-elected group of specialists can issue recognisable documents testifying to special competency, there is no limit to the extent to which the practice may run. It is equally permissible for the Ophthalmological Society, the Dental Association, the Laryngological Society, or any other special organisation, to institute an examination, to delegate one or two of their number to hold it in any part of the Kingdom, to issue, thereupon, a flaring certificate of competency in the speciality, and to insist that such certificate shall confer upon the holder at least a moral right to superior position and higher pay. We return to this subject now because we notice that this system is being extended to the speciality of Hygiene. The Belfast Corporation has set up an examination of its own for Sanitary inspectors, and has delegated two members of the Public Health Committee to hold such examination in the Council Chamber, the subjects including, amongst others, Hygiene and Elementary Chemistry, and any candidate not up to the mark in these subjects is to be excluded from the competition. We entertain the gravest doubt that such exclusion would be lawful, but in any case the establishment of such a precedent would be most objectionable. As well might every Board of Guardians direct a couple of their number to question the candidates for an Apothecaryship, upon Pharmacy, and thereupon issue to the successful answerers pseudo-diplomas of competency.

Counter Prescribing.

THE gradual development of the system of prescribing by chemists has been brought under notice recently by an inquest held in Dublin by Dr. Kenny, M.P., upon the body of a child who had died after it had swallowed some medicine prescribed by a pharmaceutical chemist named Allen, without seeing the patient. This gentleman on being asked in the witness box whether he thought it legal for him to prescribe, though not holding any medical qualification, said he thought it was legal "in minor cases" and that, in his opinion, the person who brings the case to him is the judge whether it is a minor or a major case. The jury adopted a condemnatory verdict. We regret to say that, in Ireland, no law exists which can be used to put a stop to this sort of thing. The Medical Acts do not forbid illicit prescribing, as long as the prescriber does not represent himself to be a registrable medical practitioner, nor can the College Charters reach anyone save their own licentiates. The Irish Medical Association can find no law under which it could successfully prosecute, and the only authorities which

might exercise control are the Pharmaceutical Society, of which this practitioner is a licentiate, and the police. The police can only intervene when there is evidence to show that the prescription hastened the death, of which proof can seldom be had. It seems to us that the Pharmaceutical Society owes it to itself to put down this sort of malpraxis with a strong hand. We are aware that some years ago it strongly discouraged counter prescribing, and we would suggest that occasion exists for further consideration of the subject and for the infliction of such disciplinary penalty as may be within its power. In London this practitioner might be prosecuted under the old Apothecaries' Act of 1815, but that law has, unfortunately, no validity in Ireland.

Medical Practice in Spain.

MEDICAL organisation is greatly wanted in Spain, every week the medical journals report lists of vacancies for district medical officers for the poor, appointments of a similar kind to dispensaries in this country; but the appointment is made for a term of years; when no term is fixed the doctor is liable to dismissal at any moment. The payment is, as a rule, very small, as the following will show:—District C, population 1,021, salary, 995 pesetas (£39 17s. 6d.). But the advertisement naively states that the doctor shall be at liberty to attend wealthy families in the neighbourhood. For the district of P., population 5,411, the salary is 875 pesetas, and there is no mention of any wealthy families being in the neighbourhood. District V., population 593, salary 150 pesetas for attendance on 17 poor families, and liberty granted to attend the 156 wealthy ones in the neighbourhood. The contract to be for a term of four years. By the termination of contract the district of A, which includes three towns, offers 3,000 pesetas (£120), the contract to be for four years. The advertisement states that there is a good road connecting the towns, and that the country is very beautiful. In all cases the application is to be made to the alcade. Such conditions are not likely to advance medicine and they have undoubtedly been injurious to the people. Under the startling heading "Dinamiteros," *El Siglo Medico* has published a series of long articles on the present condition of Spanish society, which that journal states, is being undermined by drunkenness and clandestine prostitution, and appeals urgently for a better system of education, which it looks to as a remedy capable of raising Spanish women to a sense of the worth of purity.

The Queen's Hospital at Birmingham.

THE annual meeting of the governors of the Queen's Hospital, Birmingham, is of interest, as it raised matters of importance to the medical profession generally throughout the United Kingdom. First of all, there is the usual falling off in subscriptions and legacies. The chairman made the remarkable statement that the subscription list twenty years ago was £1,100 more than at the present time. We quite agree with him that this is not a healthy sign for the future of hospitals, especially when the fact is taken into con-

sideration that there are now far more wealthy people in Birmingham than there were at the former period. On the other hand, the Saturday and Sunday Funds have sprung into existence, and the contribution of the former to "Queen's" for last year was £2,305. The number of out-patients is still excessive, "far too large to make it possible for the staff to give that attention to each which is desirable." Moreover, it is the deliberate conclusion of the Medical Committee that the abuse "largely arises from the attendance of many persons who would be treated much more appropriately in connection with some provident institution." Now, considering that Birmingham folks had a full inquiry into the system of Medical Charities in their town some six or eight years ago, and strongly advocated a central control of all such institutions, it is about time they took some steps in the matter of reform. Something of the kind appears to be required to restore the confidence of the public in hospitals generally. By the way, we see that the Medical Officers of the Queen's Hospital are described as "honorary." That hardly seems a fair title, if it still be the case, as formerly, that each one of the staff receives a substantial annual payment. In making this remark, we do not in the least wish to speak against the principle of paying the medical staff. It is our fixed opinion that all such officers should be paid, and that the system whereby charities are maintained at the cost of gratuitous medical services is a snare and a delusion.

Medical Advertising by Lady Doctors.

A CORRESPONDENT, whose letter we publish in another column, calls attention, not a moment too early, to certain highly unprofessional practices on the part of women practitioners. If such practices are found to be at all general, it may be inferred that those who are responsible for the medical education of women have neglected that part of their education which bears on the duties and responsibilities of the medical practitioner, male or female, towards his or her fellows. Possibly, this absence of the ethical sense is the result of the plan of segregating female students instead of allowing them to mix from the first with those who are to be their rivals later on. It is a notorious fact that women fail to derive the social benefit from a collegiate education, which is the most coveted outcome of an university education for young men, and no one can feel any surprise that this should be the case, in view of the absurd restrictions to which, while *in statu pupillari*, women are subjected. If necessary, steps will certainly have to be taken to imbue female members of the profession with a proper measure of respect for the code of ethics which governs intra-professional relations, and they will do well to bear in mind that offences of the kind to which our correspondent has called attention, if continuously persisted in, would probably be viewed by the General Medical Council as constituting infamous conduct in a professional respect. It has already been found necessary to remove the name of one lady doctor from the *Register* for advertising practices, and it must be clearly understood that the female sex confers no exemption from the regulations

which bind the profession as a whole. We prefer to believe that the complaints in question refer to isolated instances of misconduct, for it is hardly necessary to have gone through the curriculum to understand that touting for practice under a more or less specious pretext is at once derogatory to the profession and degrading to the individual.

Professor Annandale in South Africa.

A FEW weeks since we announced with regret that Prof. Annandale, of Edinburgh, had been compelled to relinquish work for a time and to take a sea voyage in quest of health. A correspondent writes us from Durban, under date of February 26th stating that "the eminent Scotch surgeon had arrived in that town on his way home from the Transvaal. He was greatly rejoiced to meet a large number of his old pupils among the South African doctors; a banquet was then being organised in his honour by the medical profession in Cape Town." Our correspondent further states Prof. Annandale has been much struck by the truly Spartan philosophy of the Kaffir under the most painful surgical operations, to which he will submit himself when necessary, without anæsthetic, and almost without wincing. Since receiving the foregoing intelligence we learn that the visitor to South Africa has now arrived home, much benefited by the change and rest, and already has begun his work preparatory to the opening of the Edinburgh schools for the summer session

The "Puff" Direct.

OF course, the irrepressible medical scribe of the *Star* newspaper takes advantage of the occasion to "puff" the most discussed medical practitioner of the hour. This is what he says: "Dr. Playfair, the defendant in the case which is now exciting so much attention, is one of the most distinguished of living gynaecologists. The public rush to his consulting room, and his house in George Street, Hanover Square, is the resort of much talent, some rank, and a certain amount of fashion. Dr. Playfair is below the middle height, not especially attractive in appearance, and wearing thick, disfiguring glasses. In manner he is urbane, and he has a habit of rubbing his hands softly together in a way that suggests that his treatment would be gentle." The description is certainly humorous and by no means in good taste. But the medical men whose names from time to time appear in this column of our contemporary are not consulted in the matter. This we have on the authority of the *Star* itself, and judging from the previous announcements which have been published of well-known members of the profession, we have no reason for doubting the correctness of this assertion.

A SUM of upwards of £2,300 has been received by the Huxley Memorial General Committee. This will be sufficient for the erection of the statue of the great scientist in the Natural History Museum, and for the establishment of a medal at the Royal College of Science.

The Turn of the Anti-Vaccination Tide at Gloucester.

A FEELING of relief has presumably now begun to prevail among the sensible minded persons of Gloucester at the decision of the Guardians of the Borough to enforce the compulsory clause in the Vaccination Acts. Thus, after nine years of neglect of their duty in this respect, the guardians have at last become alive to the necessity of action. The anti-vaccination tide has now turned, and as it recedes from the position of high water mark, which it had attained, it goes without saying that for many a year its sad effects will remain manifest and form the subject of painful memories. But the harm which the anti-vaccinationist party has done, led, we much regret to say, by a young medical practitioner, Mr. Hadwen, will afford a sound lesson to the residents in other towns in the country among whom agitators have sown the evil of resistance to vaccination. In the present state of the law we are not certain whether an action for damages could not be sustained against an anti-vaccinationist agitator, who, on certain representations, persuaded a man not to have his child vaccinated, the child shortly afterwards dying of virulent small-pox. Doubtless, many of the defaulters under the Vaccination Acts, are defaulters in consequence of the advice which is given them against vaccination; the matter is by no means one of merely free will on the part of these deluded persons; they are told not to have their children vaccinated, and are led into the belief that there is nothing to fear. It would, however, be an amusing spectacle to see an anti-vaccinationist agitator arraigned in an action for damages by some person who had taken his advice, and in consequence suffered grievous harm through the loss of relatives. We are glad to see from the *Gloucestershire Chronicle* that one myth of the anti-vaccinationists has been effectually exploded, namely, that the epidemic of small-pox was due to the insanitary condition of the town. Both the city surveyor, as well as the Medical Officer of Health, show in official communications the true state of affairs in this respect, and demonstrate unequivocally the fallacy of the statement. The following is the record of the cases of small-pox, up to and including the 26th ult. Cases notified, 693; deaths, 118. Hospital cases, 369; deaths, 90. Of the 90 deaths, 74 were in unvaccinated persons, and the remaining 16 had only been vaccinated in infancy. Only one re-vaccinated person had been admitted, and she had been re-vaccinated 14 years ago; she became infected in a private house while nursing small-pox patients. Despite, however, figures, common-sense, and everything else, the anti-vaccinationists in Gloucester have, so far, persisted in their course of obstruction. Thus they have brought a plague on their town and its inhabitants, the effects of which are not likely to be forgotten for some time to come.

Deciduoma Malignum.

TO-NIGHT (Wednesday, April 1st) three contributions will be read at the Obstetrical Society of London on the important subject of deciduoma malignum. Dr. Herbert Spencer and Mr. Rutherford Morison, of

Newcastle-on-Tyne, will each relate a case in their own experience. Dr. Eden, who has already published valuable work relating to the histology of the foetal envelopes, will read notes on "Deciduoma and the distinction between Sarcoma Cells and so-called Deciduoma Cells." The profession cannot treat lightly the theory of Säuger and others that a very malignant uterine tumour has been known to develop in a young subject shortly after delivery or abortion. Metastatic deposits form within a few months, the lungs, as well as the abdominal viscera, becoming invaded. These deposits, it is declared, consist of true decidual tissue. Over a score of cases have been reported within eight years, but none were in this country. We believe that there is an impression amongst British authorities that the disease may prove after all to be a simple coincidence of sarcoma of the uterus with pregnancy, the normal stimulating the abnormal process. Hence an instructive discussion is expected.

Holidays for Hospital Physicians and Surgeons.

THERE are probably no more hardily-worked men than the physicians and surgeons attached to our large general hospitals, many of whom are so anxious to relieve suffering that they voluntarily devote several mornings or afternoons a week to the discharge of unremunerated and fatiguing duties at various institutions. Their spirit of self-sacrifice is ill-requited by the indifference shown by the management to their comfort, as evidenced by the fact of the out-patient departments being opened as usual to the public on the Saturday following Good Friday. Seeing that urgent cases would, under any circumstances be seen by the Resident Medical Officers on duty, there cannot be any justification for thus depriving the out-patient physicians and surgeons of their chance of a holiday extending from Friday until Monday inclusively. In all probability the matter is one which has hitherto escaped attention and it is to be hoped that in future this rule will be honoured in the breach. This matter is further dealt with in a letter which we publish in our correspondence columns.

The Jubilee of the Discovery of Chloroform.

IN the year 1847 the late Sir James Simpson made the great discovery of the anæsthetic properties of chloroform. We are on the eve, so to speak, of the fiftieth year of its use as an anæsthetic agent, and the knowledge of this fact seems to suggest that this jubilee might be made the subject of some special celebration. In reflecting upon the inconceivable amount of human suffering saved by the introduction of chloroform, the conclusion is unavoidable that a more worthy object for such a celebration could scarcely be found. Happily operating theatres are now never the scene of the horrors which distinguished them when patients were compelled to submit to the ordeal of operations without an anæsthetic. Probably a number of surgeons are still living by whom such horrors can be recalled, but since the discovery of chloroform many generations of medical practitioners have never had an opportunity of

forming any conception of what the performance of a large operation without the assistance of an anæsthetic really meant, both to the surgeon and the patient. Imagination, perhaps, might supply some of the deficiency in this respect, but it would fail altogether adequately to depict the scene of human anguish with which the operating theatres in former days were associated.

The Case of Kitson v. Playfair.

IN another part of this issue we have commented on the general aspect of "The Plea of Privilege" arising out of this *cause célèbre*, but have refrained from expressing our opinions on the case itself, as it may be still considered *sub judice*, the appeal for a new trial by Dr. Playfair's legal advisers having been granted on the 30th ult. by the judge who tried the case. In granting the stay of execution Mr. Justice Hawkins stated that he had considered it in all its bearings, and had made up his mind as to the course he ought to adopt. If he had disapproved of the verdict, and thought it was against the evidence, or had reason to disagree with it, he should have granted a stay upon certain terms, but he always felt that after a jury had given a verdict a judge ought not, unless he had reason to disagree with it, to interfere, but inasmuch as he knew the only redress was by entering an appeal, he would grant it in this case, unless opposing counsel came to some arrangements between themselves. Sir F. Lockwood, having consulted with Mr. Lawson Walton, replied that he had made an arrangement by which a sum of money would be unconditionally paid over to the solicitors representing the lady, and there would be a stay pending an appeal, which would be proceeded with at all speed. Mr. Justice Hawkins: I think if there is an intention to go to the Court of Appeal at all, it should be with the least possible delay. Sir F. Lockwood: Certainly. I am very glad I have been able to arrange this, rather than have the matter go further and be contested.

THE Church of St. Sauveur, in Lille, was totally destroyed by fire on the 28th ult. The flames spread to the adjoining St. Sauveur Hospital, in which were 200 patients; these were all carried or assisted to places of safety, but eight died from shock. During the removal an extraordinary accident occurred; some soldiers engaged in conveying chemicals from the laboratory of the hospital opened a bottle of poison, which they mistook for gin. Of ten who drank the liquid four have already died, and the other six are not expected to recover. The hospital was partially burnt down.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE MEMBER OF PARLIAMENT FOR EDINBURGH AND ST. ANDREWS UNIVERSITIES.—There is a very good prospect of the medical members of the House of Commons being recruited by the election of Sir James Crichton Browne, M.D., LL.D., F.R.S., for the Universities of Edinburgh and St. Andrews. Owing to the resignation

of one of the occupants of the Judicial Bench in Scotland, the present member for these Universities, Sir Charles Pearson, who is also Lord Advocate for Scotland, will probably elect to take the vacant judgeship. Sir James Crichton Browne will shortly, we understand, resign his office of Lord Chancellor's Visitor with the view of entering Parliament. We need not say that his presence in the House would be of the greatest value to the profession, not only because of his professional attainments, but because of his linguistic powers also.

THE EXTENSION OF ABERDEEN UNIVERSITY.—At a meeting of the Executive Council in connection with the University Extension Fund, held last week, the Marquis of Huntly presiding, it was announced that £6,466 of the £10,000 required before the 1st of May, to secure the conditional donation of Mr. C. W. Mitchell, Newcastle, for £6,000, had been subscribed. It was determined to endeavour to obtain the necessary £3,534 by personal influence, not by any formal appeal.

WOMEN STUDENTS AT ST. ANDREWS.—The University authorities of Oxford and Cambridge should read with interest Principal Donaldson's remark at the annual graduation ceremony of the University of St. Andrews. Many had deemed the inclusion of women students in the regular classes a doubtful experiment, but it had been justified by the result. The women students had exerted a healthy influence on all. They had worked with great diligence, and the lists of distinctions which they had gained, was proof that they could attain the highest eminence in any branch of study.

THE UNION OF DUNDEE WITH ST. ANDREWS UNIVERSITY.—The Scottish Universities' Commissioners have found it impossible to proceed with their plan for the union of Dundee University College with St. Andrews University, and it is not unlikely that a Bill may be introduced into Parliament giving them the compulsory powers necessary owing to the recent decision of the Court of Session.

HEALTH CONGRESS IN GLASGOW.—It has been definitely settled that the Annual Congress of the British Institute of Public Health will be held in Glasgow from Thursday, 23rd, to Tuesday, 28th July next, inclusive, in the University of Glasgow. The Congress will be arranged in three sections, viz.: (a) Preventive Medicine, (b) Chemistry and Engineering in relation to Public Health, (c) Municipal and Parliamentary. All the municipal undertakings of the city will be thrown open for inspection, and their workings explained to delegates. Corporation and other hospitalities will be extended to them; and excursions to places of interest will also be arranged with a view to lead pleasant variety to the meeting.

THE REPORT ON ANTITOXIN.

A most valuable report was issued by the Metropolitan Asylums Board at the end of last week, namely, that containing the results following the use of antitoxin in the treatment of diphtheria at the hospitals under the authority of the Board. The results were obtained during the year 1895 in all the six hospitals in which cases of diphtheria were treated, and the report is jointly signed by the six medical superintendents, who thus make themselves equally responsible for the conclusions expressed. The total number of cases treated with antitoxin was 2,182, of which 618 died, representing a mortality of 28.1 per cent. The drug was not used in all the cases which came under treatment, but, generally speaking, only in the severer instances. The effects of the treatment were to reduce the mortality to the extent of 7.1 per cent. in comparison with the previous year. That is to say, the death-rate from diphtheria in 1894 was 29.6, while in 1895 it was 22.5. The conclusion, then, based upon these figures, is that in the latter year the use of the antitoxin was the means by which 250 lives in London were saved. But the efficacy of the treatment is further shown in connection with the laryngeal and tracheotomy cases. In the former during 1894 the mortality was 62.0, while in 1895 it was reduced to 41.8. In the latter in 1894 it was 70.4, and in 1895 the death-rate fell to 49.3. Thus, the improvement in the mortality rate was as much as 20.2 per cent. in the laryngeal cases, and 21.2 per cent. in the tracheotomy cases. The report further significantly adds that "rather more than 50 per cent. of children on whom the operation of tracheotomy has been performed have

been saved since the employment of antitoxin. In one of the hospitals no less than a fraction under 60 per cent. survived, although the recoveries in that hospital in any former year did not exceed 25 per cent., and in the preceding year (1894) were as low as 10 per cent. With regard to the question of complications upon which so much stress has been laid by some observers who have been led to believe that the antitoxin is mainly concerned in augmenting, the report explicitly states that if any method of treatment for diphtheria is more efficacious than another in tiding the patient over the acute stage of the disease, it is only to be expected that the comparative incidence of complications among cases so treated would arise. Moreover, the figures certainly do not warrant the statement that has been made in some quarters that antitoxin frequently leads to renal inflammation, nor has any such connection been observed in the post-mortem room. Upon the question of the dosage the report states that our knowledge is "at present mainly empirical, but that the best results may probably be obtained by giving a dose of 1,000 Behring's immunisation units every 12 hours for the first 24, 36, or 48 hours according to the gravity of the case."

The clinical effects which have been observed to follow the administration of antitoxin are:—

- (1) Diminution of faucial swelling and of the consequent distress;
- (2) Lessening or entire cessation of the irritating and offensive discharge from the nose;
- (3) Limitation of the extension of membrane;
- (4) Earlier separation of the exudation;
- (5) Limitation and earlier separation of membrane in laryngeal cases;
- (6) Improvement in general condition and aspect of patients;
- (7) Prolongation of life, in cases which terminate fatally, to an extent not obtained with former methods of treatment.

The report concludes with the following summary:—

The improved results in the diphtheria cases treated during the year 1895, which are indicated by the foregoing statistics and clinical observations, are:—

- (I.) A great reduction in the mortality of cases brought under treatment on the first and second day of illness.
- (II.) The lowering of the combined general mortality to a point below that of any former year.
- (III.) The still more remarkable reduction in the mortality of the laryngeal cases.
- (IV.) The uniform improvement in the results of tracheotomy at each separate hospital.
- (V.) The beneficial effect produced on the clinical course of the disease.

A consideration of the foregoing statistical tables and clinical observations, covering a period of 12 months and embracing a large number of cases, in our opinion sufficiently demonstrates the value of antitoxin in the treatment of diphtheria.

It must be clearly understood, however, that to obtain the largest measure of success with antitoxin it is essential that the patient be brought under its influence at a comparatively early date—if possible not later than the second day of disease. From this time onwards the chance of a successful issue will diminish in proportion to the length of time which has elapsed before treatment is commenced. This, though, doubtless, true of other methods, is of still greater moment in the case of treatment by antitoxin.

Certain secondary effects not infrequently arise as a direct result of the injection of antitoxin in the form in which it has at present to be administered, and, even assuming that the incidence of the normal complications of diphtheria is greater than can be accounted for by the increased number of recoveries, we have no hesitation in expressing the opinion that these drawbacks are insignificant when taken in conjunction with the lessened fatality which has been associated with the use of this remedy.

We are further of the opinion that in antitoxin serum we possess a remedy of distinctly greater value in the treatment of diphtheria than any other with which we are acquainted.

This important report thus establishes, unequivocally, the efficacy of antitoxin in the treatment of diphtheria.

Correspondence.

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

THE ETHICS OF PROFESSIONAL ADVERTISING

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The code of medical ethics, such as it is, can only be intended, I presume, to regulate the conduct of medical practitioners, and the mere possession of a licence to practise or a medical degree *per se* cannot bring its owner within the purview of its restrictions. It would be absurd for example to seek to impose on retired Army medical officers, who are enjoying the blissful ease begotten of many years of monotonous work, the burden of a code which has for object simply to preventing practitioners from eating each other's heads off. For this reason it seems to me that Mr. Lawson Tait's gibe at Mr. Ernest Hart is *ultra vires*. Mr. Hart's thirst for notoriety can be indulged in without detriment to professional usages, because he is only in a technical sense a medical man. Moreover, he does not, I imagine, profess to be a pattern to us all, nor does he desire that we should take him as "the glass of fashion and the mould of form."

Personally, I have never been able to see any objection to the practice, observed by some, of announcing their departure from, or return to, town, while, on the other hand, I have always felt jealous of underhand methods of advertising by means of the publicity given to medical or quasi-medical books in the lay press.

By frowning on practices which appear to the lay mind not only inoffensive but really of practical utility, we run the risk of exciting public opinion against a legitimate objection to unprofessional advertising.

I am, Sir, yours, &c.,

BRIGADE-SURGEON (retired).

To the Editor of THE MEDICAL PRESS AND CIRCULAR

SIR,—I notice with much satisfaction that you have opened your columns to discussion on medical advertising. In the letters that have appeared a very grave indictment is framed against many of the leaders and law-makers of our profession. For long has the bitter cry gone up from the unfortunate general practitioner, who daily sees his patients taken from him by the open advertising of these gentlemen, until the very name of specialist and consultant has got to sound harshly in his ear. It is surely time now for it to be authoritatively decided whether a medical man may or may not advertise, and what exactly constitutes advertising; if, as everyone wishes, it is decided to stop all kinds of advertising, whether under the form of daily bulletins or calling the attention of the lay public to the virtues of a medical man's publication; surely the highest as well as the lowest should be made to suffer for an infringement of this ethical law.

I cannot quite follow the reasoning of a correspondent who asks "why do not lawyers advertise?" They do advertise and in the most successful manner. When we see in the papers the names of cases with the names of the barristers and solicitors engaged in it, and the full report of all they said and did, surely the names of these gentlemen are impressed on our minds with a vividness and force that the wildest dreams of ordinary advertisers would not lead them to hope for. It is, however, their splendid organisation and the hard and fast rules of their executive bodies to which they owe the position of their profession and the total absence of touting and piracy to-day. The barrister occupies somewhat the position of the consultant, only he, unlike the consultant, is absolutely restrained from dealing with the lay public directly, and by this means both secures his own position and is prevented from interfering with the practice of the solicitors who represent the general practitioners. There is no profession, no corporate body in existence in this country blessed with such plenary powers as the medical profession and there is certainly none so blind to their own interest, so disunited, and consequently so powerless. With the improved modes of transit of the present day and the accommodating fees of specialists, the general practitioner is in a bad way.

I am, &c., RICHARD J. COWEN,

124 Baron's Court Road, Kensington,

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR.—While the important subject of advertising by medical men is under discussion it may not be inappropriate if I direct attention to some incidents that have recently come under my notice in which the offenders—for such I deem them to be—appear to have been women doctors.

A patient of mine, residing in Camden Town, told me last week, that within the space of a few months she had received the visits of two, if not three, *soi disant* "medical women." Their plan of campaign seems to have been delightfully simple, and each of them adopted much the same procedure. There is a knock at the door followed by an inquiry for the lady of the house. On access being obtained to her she is asked whether she does not require medical attendance. When told that she has her own doctor she is assured that she looks as if she required careful treatment, and so on. Unfortunately, the lady of the house in this instance is rather touchy and did not even invite the applicants to enter, so that I am unfortunately unable to furnish the names of the fair visitors, which I should otherwise have had much pleasure in doing, for the edification of the Medical Defence Union.

Within the last day or two another instance of the pushing activity of women doctors has come to my knowledge. A young woman patient of mine who is afflicted with external strabismus and prominence of one eyeball consequent on an attack of choroido-retinitis was accosted in an omnibus by a lady of engaging manners, who after inquiring into the history of the eye affection urged the patient to attend at a certain institution in Oxford Street (as to which I am making inquiries). She actually managed to elicit the name and address of the patient and subsequently called on her, still urging that her condition was obviously one beyond the competence of an ordinary practitioner. She only desisted on being assured that several of the best oculists in London had had the case in hand.

Possibly some of your readers may be able to supplement my two instances by others, and if so I trust they may be enabled to supply the names. If this sort of thing is not to become general, it is high time to take steps to bring home to our female associates that there is a code of medical ethics which cannot be set at defiance with impunity. It is, however, to be feared that in many instances a plausible excuse for what would otherwise pass for unblushing touting would be found in the connection of the lady tout with some diocesan or sectarian sisterhood, in which religious aims serve to mask the true nature of the mission.

Women practitioners will learn by and bye that the confidence of the public is not to be gained by any such practices. It is not because I think there is any reason to fear competition of such a kind that I publish my experience, but because the status of the profession is thereby depreciated, and because the ultimate success of a class of practitioners for whom I have the greatest respect may be jeopardised or, at any rate, delayed.

I am, Sir, yours, &c.,
CENTRAL LONDON.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—*Apropos* of your leader and the correspondence now going on in your columns on this subject, permit me to send you an item which I think bears strongly on your contention that the powers that be advertise or permit their names to be freely advertised "without let or hindrance," and apparently without remonstrance, from those who affect a virtuous indignation when the name of a smaller man is concerned. A day or two since a patient handed me an advertising placard which she, and doubtless thousands of others, had received through the post, the heading of which ran thus:—"Milk Humanised at Home for Hand-fed Infants. S— & Co. desire to bring to the notice of English mothers their newly-invented steriliser or patent close milk-boiler, which has been used to prepare the milk for Prince Edward of York from the first. Recommended by Dr. Gee, Consulting Physician, Hospital for Sick Children, Great Ormond Street, &c." I enclose you this placard, and with it my card.

I am, Sir, yours, &c.,
A FELLOW OF THE SAME COLLEGE.

EASTER HOLIDAYS AT HOSPITALS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—At a time when most of us are making preparations for getting away for our Easter holidays and for obtaining a few days much-needed rest I venture to make a suggestion which I think is worthy of the consideration of those who are responsible for the management of our various hospitals both in London and in the provinces. At most hospitals it is customary to close the out-patient department on Good Friday and on Easter Monday, but to remain open on the intervening Saturday, and this custom has prevailed for many years. It inflicts a distinct hardship not only on certain members of the staff, but on the large body of nurses, dispensers, porters, cleaners, and others, whose duties, although performed unobtrusively, are essential to the efficient maintenance of the department. They are precluded from obtaining a real holiday and are deprived of the opportunity of getting a few days' country air or of visiting friends who may reside at a distance. By closing on the Saturday no hardship would be inflicted on the patients, for everyone who has been long engaged in out-patient work knows that the attendance on this particular day, especially when the weather is fine, is extremely small. The casualty room is always open, and any urgent case could be admitted to the wards at once. It seems to me that this suggestion has only to be made to meet with universally acceptance.

I am, Sir, yours, &c.,
WILLIAM MURRELL, M.D.

London, March 28th.

EXAMINATIONS FOR THE DIPLOMA IN PUBLIC HEALTH.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In my letter on the above subject, which you were good enough to publish in your issue of March 25th, somehow two paragraphs were omitted, and this rather destroys the sense of the remainder. The following should have been inserted after the 3rd paragraph, in the second column, on page 334:—Secondly, points of difference in the examinations: Practical Chemistry; this is the subject, I believe, to be most dreaded by candidates, as it is almost entirely neglected in their general medical education, and the deficiency cannot be removed by such a course as satisfies all the English Examining Boards, sixty hours laboratory work being sufficient to meet their requirements. Here, again, it is worth while to refer to the Regulations of the Conjoint Boards of Scotland.

No. 2. Attendance by Candidates on Special Courses of Instruction on all subjects included in the examination for the Diploma is recommended by the Board; but it is imperative that every Candidate, after he has obtained a Registrable Qualification, shall attend six months' practical instruction in a Sanitary Science Laboratory approved by the Board, and the Certificate of such attendance must bear evidence that the Candidate has worked in such Laboratory for at least fifteen hours per week, and must specify that he has conducted analyses of Air, Water, Sewage, and Food.

This must mean at least 300 hours, a minimum of "fifteen hours per week," as against a minimum of four hours per week in English Regulations.

I am, Sir, yours, &c.,
W. H. SYMONS, M.D. (Brux.).
60 Holmdale Road, West Hampstead,
London, N.W.

Obituary.

DR. SLEVIN, OF LONGFORD.

THE death of this gentleman, at the ripe age of 81, marks an epoch in the medical history of the County Longford. The deceased was very popular during the half a century he practised as a medical man in Longford, and his death has caused great regret. His ability and skill were widely recognised, and in 1869 he was appointed to Longford dispensary, followed ten years later by his election to the position of medical officer to the work-house, which he retained with the utmost satisfaction to his patients and the guardians until the beginning of

1895. At his resignation the board granted him a retiring allowance. Dr. Slevin was a Fellow of the Royal College of Surgeons, and a central figure in all affairs of his own profession for half a century.

DR. J. S. GUNNING, OF ENNISKILLEN.

WE regret to record the death of this gentleman, which occurred at his residence, on Monday week, and caused much grief throughout a very extended circle. Dr. Gunning was held in the most affectionate regard, not only by his patients, but by the general public, and that, too, by all sorts and conditions of men. It might be said that in Enniskillen there was not a man, woman, or child, who did not know him. He was really a man of the most extraordinary popularity, being gifted with an exceedingly taking and cheerful manner. He long enjoyed the leading practice in the place, and in fact it was far too great for him, as it was simply owing to the never-ceasing strain and anxiety that his health began to give way some few years ago; Dr. Gunning was Medical Officer to the Enniskillen Union and Assistant Surgeon to the County Infirmary. In the former, he had introduced many improvements tending to the comfort and well-being of the poor. These appointments he held almost to the last, having resigned them only on the 1st January last. Indeed, the sympathy which has been extended to the family during his illness has been a very pleasing evidence to the family of the high esteem in which he was held by everybody.

SURGEON-GENERAL JOHN HENDLEY, C.B.

THIS gentleman died at his residence, The Croft, Wallingford, Berks, last week, at the age of 68, having been born in June, 1827. In March, 1851, he was appointed an assistant surgeon in the Army, and in 1855 received contusions on the chest and forehead from musket balls, during an engagement at which he was present, between the British troops and the Mohammedans of Corubo, in the Gambia region of West Africa. A little later, in the same year, he served with the combined French and British forces when the stockaded town of Sabajee was taken and destroyed. In the Indian North-West Frontier War of 1863, he served in the 7th Fusiliers with the Eusafye Field Force, and was present at the defence of the Sungalis at the Umbeyla Pass, and at the attack on and storming of the Conical Hill and destruction of Laloo, as also in the attack on Umbeyla and the destruction of a village at the foot of a pass, which ended in the complete rout of the enemy and the submission of the hill tribes. For these services he received the medal with clasp. Having reached the rank of Deputy Surgeon-General, in 1877, he served in the Afghan War of 1878-9, being Principal Medical Officer with the Western Afghanistan Field Force, and was rewarded with the Companionship of the Bath and the medal. In 1884 he became Surgeon-General, and from that year till 1887 was Principal Medical Officer at Aldershot, when he was placed on the retired list.

Medical News.

The National Consumption Hospital for Ireland.

THIS meritorious institution made a very successful debut on Thursday last when a large party of influential supporters and of the medical profession visited Newcastle, in the County Wicklow, for the purpose of formally opening the Hospital. The idea of providing Dublin with an institution similar to that at Ventnor originated about four years ago with Miss Florence Wynne, who threw herself into the work of organisation with so much enthusiasm as to inspire philanthropists of all grades with similar zeal. A committee was formed, which included the late Duchess of Leinster, and afterwards, the Marchioness of Zetland, wife of the then Lord Lieutenant. Earl Fitzwilliam most generously presented the site, which comprised nineteen acres, in a most beautiful situation, and Mr. Cairnes, and other philanthropists of large means, subscribed liberally. The result of the efforts of the Committee, and of Lady Zetland's patronage, was to produce a sum of £10,000, most of which has been expended in building and equip-

ping the Hospital in the most approved manner. At present, it does not aspire to maintain more than twenty-six patients, but provision has been made for further extension whenever funds may permit. Each patient will have a bedroom entirely separate from the others, and every room in the establishment is maintained at a suitable temperature by means of an elaborate plant which drives the air current through a heated chamber and forces it through the system of flues which carry it to the respective rooms. Neither thought, labour, nor money have been spared in the effort to have all the arrangements as perfect as possible. At the opening ceremony, on Thursday, Lady Zetland was present, as well as Lord Milton to represent Lord Fitzwilliam, Lord Belmore, and many other distinguished persons, as well as the President of the Royal College of Physicians, and other leaders of the profession in Dublin. Nothing seems to be wanting to the success of the institution but money, which, we doubt not, will be forthcoming in due course, if the initial experiment of the treatment of tuberculosis, under such favourable circumstances, turns out a success, which we earnestly trust it may. It is right to mention that the plans of the Hospital, for which there was no precedent in Ireland, were produced, and its architectural details carried out by Mr. T. N. Deane, of Dublin. The entire establishment is lighted by electricity. The water supply, which otherwise would have involved a large expense, has been luckily amply provided for, by the sinking of wells at some distance from the Hospital, which provide an abundance of water of the purest quality.

Bruce's Reflector Safety Lamp.

OWING to the dangers of ordinary paraffin lamps, and the fatal accidents that have of late become unfortunately numerous, manufacturers have not been slow to avail themselves of public requirements, and the press has recognised this, and assisted in bringing each successive improvement into prominence. We have now before us a most useful little invention which affords us much pleasure to bring to the notice of our readers. We have tried it under various conditions: as an ordinary bed-room lamp without the reflector, as a reading lamp and microscopic lamp with reflector, and in each case it answered the purpose claimed. As a safety lamp, it was turned over and went out instantly. As a reflector lamp, the concentrated rays are very intense from so small a lamp; and when we add that its cost without reflector is only two shillings and ninepence, and with reflector, four shillings and three pence, it will be conceded that the inventor has achieved a success which deserves recognition. The manufacturers are Messrs. Bruce & Co., 232 Borough High Street, London, S.E.

The Late Dr. Kidd, of Dublin.

AT the recent annual meeting of the Governors of the Stewart Institution for Imbeciles, near Dublin, the Chairman, Sir Robt. Sexton, gave expression to a well-deserved tribute to the labours of the late Dr. Kidd for the benefit of the Institution. So well he might, for Dr. Kidd might be regarded as the actual founder of the Institution, and in the progress of which he showed a deep interest down to the time of his death. The report then gave a brief outline of the part taken by Dr. Kidd in establishing the Institution. By his efforts a sum of £8,000 was collected. Dr. Kidd undertook and carried through this work from pure philanthropy, for from the success of the Institute he could derive no material benefit whatever, and with characteristic energy and the domination of his strong individuality he placed it in a position of prosperity and financial independence, which it must have gratified him to contemplate.

Glasgow University.

The following candidates passed the Third Professional Examination (old regulations) for the degrees of Bachelor of Medicine (M.B.) and Master in Surgery (C.M.), at the March examinations:—

(A) Including Pathology.—James Francis Agnew, William Buchan Armstrong, John Tait Bowie, Charles Cairnie, M.A.; James Banks Cumming, James Donald Holmes, Archibald Livingston, George Bain Murdoch, Nell M'Callum, John Allan Craigie Macowen, B.Sc.; Joseph M'Gowan, Robert Shanks, James Weir. WOMEN.—Annie Kirby Anderson, Norah Kemp, Roberta Henrietta Margueretta Stewart, Marbal Ardeair Vakil, B.A.

(B) Not including Pathology.—Andrew Phillips Aitken, John Ritchie Burns, John Herbert Lawson, Robert Hugh Melkie, James Millar, John Alexander Paton.

Notices to Correspondents. Short Letters, &c

NOTICE. 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.

PROF. LE GENDRE'S Clinical Lecture on "Broncho-Pneumonia in Children" is hereby acknowledged from Our French Correspondent.

THE COST OF OPPOSING THE MIDWIVES' REGISTRATION BILL.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your last issue you pay Dr. Robert Rentoul a well-merited tribute in regard to his extraordinary efforts in opposing this obnoxious measure, and it appears, therefore, he suffers a deficit of £120 out of pocket expenses. No doubt this amount is trivial compared with the expenditure of energy (let us hope, not wasted energy), time, and unremunerated services, &c., but this is no reason why he should sustain the loss. Seeing the great amount of opposition to the Midwives' Bill Dr. Rentoul has been the means of evoking, it is not too much to expect that he will be fully recouped by subscriptions from his brother practitioners.

Should this not result, it may be taken as presumptive evidence of the impetuosity of the medical profession, and might well cause the promoters of the objectionable measure to pause before exciting further competition in a profession already so overworked and underpaid.

I am, Sir, yours, &c.,

CLEMENT H. SKER.

Peckham, March 28th.

DR. J. O. CONNOR (British Hospital, Buenos Ayres).—Paper on "Ventre-Hysteropexy" and case of "Displacement of Scapula from Clavicle" received.

THE CARE OF LUNATICS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In order to prevent misunderstanding, might I ask you to refer me to any Act, rule, or regulation which implies that any so-called harmless, or dangerous lunatic, *not destitute*, is to be admitted into the workhouse, and the cost of maintenance there, or of transference to the asylum, thrown upon the Poor Rates.

I am, Sir, yours, &c.,
"ALIIQUIS"

[We know of no explicit rule on the subject. The law throws the care of a lunatic primarily upon his relatives. If they do not put him under restraint, the police can do so by virtue of the Dangerous Lunatics Act. If he is not dangerous there is no handy legal mechanism by which he can be incarcerated, if the relatives do not care to take action. If he is destitute, and in no one's care, he may go or be sent to the workhouse like any other sick person, and can then be transferred to the asylum at the expense of the Guardians.—ED.]

DR. EDGAR FLINN.—We hope to have space for your paper in our next. Proof will be sent you for the addition you speak of.

THE ETHICS OF ADVERTISING.

SUCH has been the stir recently created by the case of "Kingsbury v. Hart," that we are quite unable to find space for all the letters sent us. Several are in type, and will appear in our next. Moreover, the British Medical Association, recognising its burning importance, have suggested it as a subject to be discussed at the annual meeting in July, and are inviting contributors to take part therein.

DR. FRANCIS T. HUSTON'S paper on "The Radical Cure of Inguinal Hernia" is marked for early insertion.

DR. ERNEST BOURNE'S cases are in hand. Proof will be sent to him in due course.

MR. F. W. COLLINSON.—The matter is under consideration.

DREADFUL!

A CORRESPONDENT, a short time ago, sent us a letter for publication. Just before his communication had been passed for press we received a note from him requesting, as a personal favour to himself, that we would withhold publishing his letter for a week, and stating as a reason that the sub-Editor of the *Lancet* had written to him to the effect that "he (the sub-Editor) will not insert anything which appears in another journal on Wednesday." This amusing fulmination was too paltry to call for serious treatment, and accordingly, for friendly motives, and as the matter was perfectly immaterial to us, we deferred to our correspondent's wish, for which we have received his cordial thanks. The fact, however, that such an incident should have occurred is worth noting, and the latter will probably tell its own tale to our readers and our other contemporaries, as it told its tale to us.

DR. R. BARRETT.—Your letter is unavoidably held over.

Meetings of Societies, Lectures, &c

WEDNESDAY, APRIL 15th.

ONTOLOGICAL SOCIETY OF LONDON.—8 p.m. Specimens by Dr. Duncan, Dr. Spencer, Dr. Galabin, and others. Papers.—Mr. J. Rutherford Morison (communicated by Mr. A. Doran): Case of Deciduoma Malignum occurring in England. Dr. H. K. Spencer: Case of Deciduoma Malignum. Dr. T. W. Eden: Deciduoma Malignum: a Criticism.

THURSDAY, APRIL 9th.

BRITISH GYNECOLOGICAL SOCIETY.—8.30 p.m. The adjourned discussion on "Ventre-Fixation, Ventro-Suspension, and Allied Operations, with their Results." Paper—Mr. Bowman Jessett: The Importance of Early Diagnosis of Cancer of the Uterus, illustrated by numerous specimens and the results of treatment.

FRIDAY, APRIL 10th.

WEST KENT MEDICO-CHIRURGICAL SOCIETY (Royal Kent Dispensary, Greenwich Road, S.E.)—8.15 p.m. Mr. Howard Marsh: Recent Progress in Pathology and Treatment of Diseases of the Joints. Illustrated by specimens.

VACANCIES.

Bethlem Hospital.—Two Resident Clinical Assistants. Term six months from May 1st, apartments, board, and washing being provided. (See advert.)

City of Birmingham.—Deputy Medical Superintendent for the City Hospital, Little Bromwich. Salary £175 per annum, with residence, rations, and attendance. Full particulars of Mr. J. Keyte, Council House, Birmingham.

County Asylum, Lancaster.—Assistant Medical Officer wanted for five or six months. Salary 2 guineas per week, with board, &c. Apply to Medical Superintendent.

Dundee Royal Lunatic Asylum. Assistant Medical Officer. Salary £100 per annum, with board, lodging, &c. Applications and testimonials to Dr. Kerrie at Asylum on or before 4th April.

Hereford County and City Asylum.—Medical Superintendent. Salary £400 per annum, with furnished house, coals, gas, vegetables, and washing. Applications to Chairman, Asylum Committee, Shirehall, Hereford.

Kesteven and Grantham District Asylum.—Resident Medical Superintendent. Salary £300, with rations, coals, light, and washing. Full particulars of Jos. Phillips, Clerk to the Visitors, Stamford.

Appointments.

HOUNSFIELD, S. C., M.R.C.S. Eng., L.R.C.P. Lond., Sec'nd House Surgeon to the East Suffolk Hospital, Ipswich.

HUGHES, R. F., L.R.C.P. Lond., M.R.C.S., Resident Medical Officer at the Birkenhead Workhouse.

JEFFERSON, A. J., M.D. Lond., B.S., M.R.C.S. Honorary Medical Officer to the Rochdale Infirmary.

JONES, F. F., M.R.C.S., D.P.H. Eng., Medical Officer of Health by the Llanfyllin Rural District Council.

KERR, W. J., M.D. Vict., Ch.B., L.R.C.P. Lond., M.R.C.S., Honorary Medical Officer to the Rochdale Infirmary.

KERR, W. J., M.D., Ch.B. Vict., M.R.C.S. Eng., L.R.C.P. Lond., Honorary Surgeon to the Rochdale Infirmary.

Meadows, G., M.B., Ch.M., Edin., Medical Officer for the Fourth Sanitary District of the St. Germans Union.

MURRO, A. C., M.B., B.Sc., D.Sc. (Public Health), M.R.C.P. Edin., Medical Officer for the Burgh, Glasgow.

ROTH, BERNARD, F.R.C.S., J.F., Surgeon for the Orthopaedic Department of the Royal Alexandra Hospital for Sick Children, Brighton.

SMILLER, A. E., L.R.C.P. Lond., M.R.C.S., Medical Officer of Health by the Thornhill Urban District Council.

STEWART, J. H., L.R.C.P., L.R.C.S. Ire., Medical Officer of Health for the Borough of Lostwithiel.

WALKER, G. E., L.R.C.P. Lond., M.R.C.S., D.P.H. Camb., Governor of the Female Convict Prison at Aylesbury.

Births.

MOORE.—March 24th, at The Dene, Dartford, Kent, the wife of S. J. Moore, M.D. Ire., of a son.

SMALLPICE.—March 22nd, Clovelly, wife of Donald Smallpice, L.R.C.P. Lond., of a son.

USHER.—March 24th, at Hazlemere, Thorney Hedge Road, Gunnersbury, the wife of F. S. Usher, M.D., St. And., of a daughter.

WILMOT.—March 27th, at Alrewas, Burton-on-Trent, the wife of Claude E. Wilmot, M.D., of a son.

Marriages.

BENSON-SIMMONDS.—March 26th, at St. Paul's, Herne Hill, Henry Mitchell Benson, M.B., Ch.M. Edin., eldest son of John Benson, Broomhill, Sheffield, to Stella Theodora, third daughter of the late Henry Simmonds, Aylesford House, Herne Hill.

LINSEY-COATES.—March 24th, at St. Pancras Church, London, Alexandra Lindsey, M.D., M.Ch., M.A.O.R.U.I., of Burslem, Staffordshire, to Annie Martha, only daughter of the late Frederick Coates, Esq., of St. John, Hertford.

STEPHEN-HELT.—March 26th, at St. Stephen's, Westminster, John Stephen Stephen, M.B., Ch.M. Ed., of Gallowcreek, Eigin, to Eunie Cundell, second daughter of J. Helt, Esq., Headlam Hall, Darlington.

Deaths.

NISBETT.—March 13th, at his residence, Overcliffe, Gravesend, Robert Innes Nisbett, M.R.C.S. Eng., L.S.A., in his 70th year.

WILSON.—March 22nd, at The Cedars, Kenninghall, Norfolk, Joseph Henry Wilson, M.R.C.S. Eng., aged 43.

WYNNE-JONES.—March 20th, at 53 Port Hill Road, Shrewsbury, Thomas J. Wynne-Jones, L.R.C.P., L.R.C.S., aged 33.

NOTICE.—Annunciations of births, marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXII.

WEDNESDAY, APRIL 8, 1896.

No. 15.

Original Communications.

A NEW ANASTOMOTIC BUTTON FOR INTESTINAL OPERATIONS.

By Dr. CHAPUT,
Chirurgien des Hôpitaux.

I.—DESCRIPTION OF THE INSTRUMENT.

UNDER my direction five models of my button have been made each of a different size.

As type for description I will take the large one depicted in Fig. 1, destined for gastro-enterostomy and for intestinal anastomosis. This button seen from the front has the form of an elliptical ring; its central orifice measures 5 millimetres from side to side, and 30 millimetres from top to bottom. The circumference of the orifice is formed of laminae separated by six deep indentations.

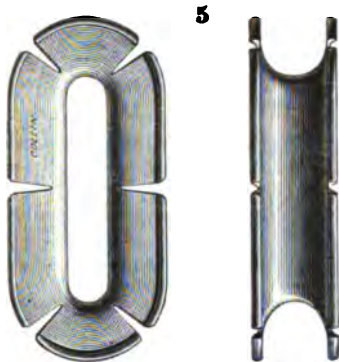


FIG. 1.—No. 5 button seen from the front and in profile.

Seen in profile it is apparent that the external circumference is hollowed out so as to form a gutter; this circular gutter has a depth of 7 millimetres and a breadth of 1 centimetre, and its borders consist of the laminae and indentations before mentioned.

The entire length of the instrument is 46 millimetres and its breadth from 21 to 22 millimetres.

Of the other four buttons the next in size, (orifice, $\frac{1}{2}$ millimetres, gutter, $\frac{1}{10}$ millimetres) is intended for circular suture of the intestine.

The next, (orifice $\frac{1}{4}$ millimetres, gutter, $\frac{1}{10}$ millimetres) as well as a still smaller one, orifice $\frac{1}{8}$ millimetres, gutter $\frac{1}{10}$ millimetres, is for circular suture of the small intestine.

The smallest of all: (orifice $\frac{1}{8}$ millimetres, gutter $\frac{1}{10}$ millimetres) is for cholecystenterostomy, or for circular suture of small intestine having an exceptionally small calibre.

II. GENERAL IDEA OF THE PART PLAYED BY THE INSTRUMENT IN THE OPERATION.

Let us suppose we are about to perform an intestinal anastomosis with the aid of the largest button. A longitudinal incision of sufficient length to admit the button is made in the intestine; round the lips of the

cut a purse-string suture is inserted, and the button having been placed in the opening, the purse-string suture is drawn tight and fastened at the bottom of the gutter round the button; at this stage, therefore, half the button is inside, the other half outside the intestine.

Then another similar longitudinal incision is made in the part of intestine we wish to join to the first, around which a purse-string suture is inserted; into this opening the free portion of the button is introduced, and the purse string suture pulled tight and knotted at the bottom of the gutter. We have now arrived at the stage shown in Fig. 2. The next step is to approximate the edges of the gutter through the intestinal wall with the fingers; by this means we economise one row of sutures. (Fig. 3.)

The insertion of a few Lambert's stitches widely apart will now complete the operation.

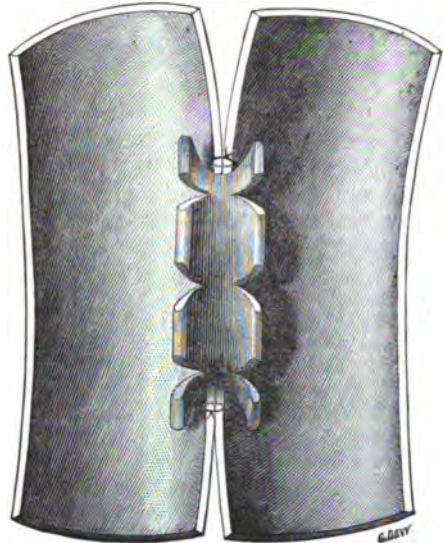


FIG. 2.—Entero-anastomosis. The button in position, the groove being open.

The great principle of the instrument is that the edges of the gutter are malleable and can easily be brought together by the pressure of the fingers.

The indentations allow of an increase in the flexibility of the metal and also enable the surgeon to bring together the edges by several segments each being treated successively. A curious fact is that it is far easier to close the gutter than to open it after having once closed it; it is thus evident that the gutter constitutes a genuine method of keeping the edges of the intestine in apposition, and at the same time is not in any way dangerous. The *technique* just described is admirable for the purpose of demonstration, but in practice it presents many disadvantages.

I will now describe the real operative procedures.

III.—THE OPERATION.

1st.—ENTERO-ANASTOMOSIS.

First Part.—After having made the necessary incision in each of the two portions of intestine, I unite

the posterior lips of the two incisions, that is to say, the lips farthest from the operator by a purse-string suture leaving both ends long. (Fig. 4.)

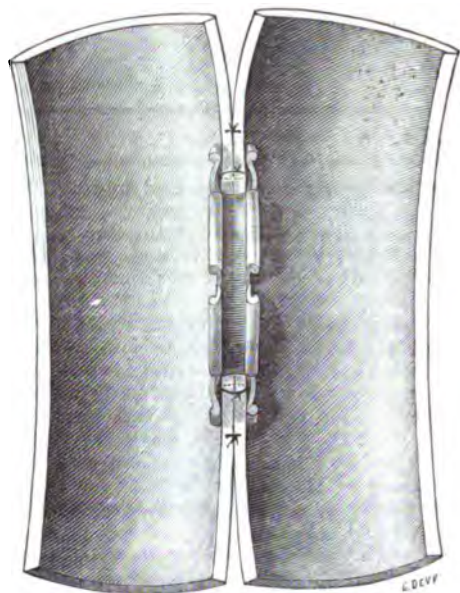


FIG. 3.—Entero-anastomosis. The gutter closed.

Second Part.—I place the posterior part of the groove of the button on the seam, then I bring down the upper end of the suture over the anterior part of the gutter and tie it to the lower extremity of the suture, not in the centre of the groove, but in its lower portion. (Fig. 4.)

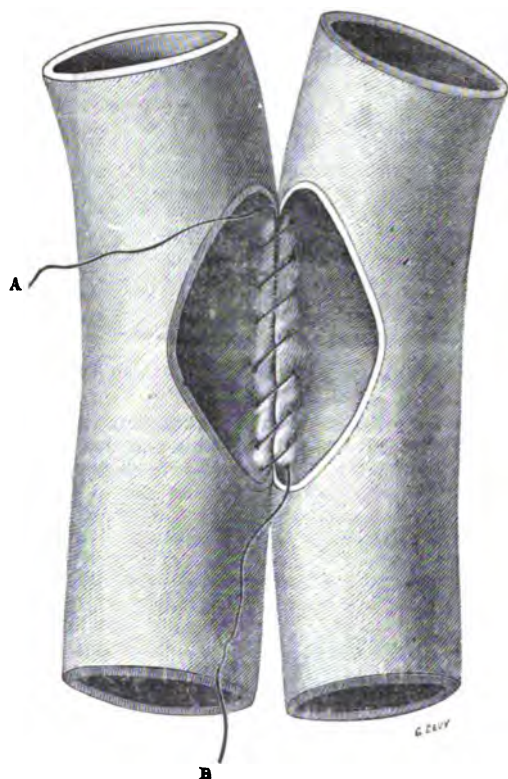


FIG. 4.—Entero-anastomosis. First stage. Continuous suture of the posterior lips of the intestinal openings.

Third Part.—I turn the button over either to the right or to the left, so as to expose the posterior part

of the groove, in which I place the centre portion of another ligature; this being firmly held in place, the button is returned to its original position. (Fig. 5, ligature CD.)

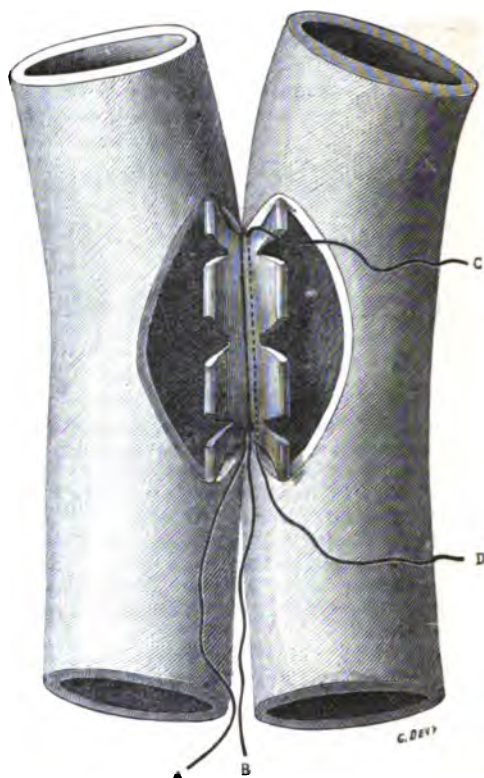


FIG. 5.—The thread A B of the posterior suture has been tied in the groove. The thread C D is placed in the posterior part of the groove, as shown by the dotted line.

Fourth Part.—With the free extremity C of the ligature C. D., I make a continuous suture in the anterior lips of the intestinal incisions; the suture is not finished in Fig. 6, but is complete in Fig. 7. I have only now to tie ends C. and D.

Fifth Part.—The anterior suture being maintained in position by a grooved probe, I squeeze together with my fingers the edges of the groove through the intestinal wall.



FIG. 6.—Suture of the anterior lips with the part C of the thread CD.

If perfect apposition is obtained, extra sutures are

unnecessary, if not, only a few Lembert's sutures will be required, these should have about a centimetre between them, eight will suffice for the No. 4 button.

The *technique* of gastro-enterostomy and of cholecystenterostomy is identical with that of intestinal anastomosis.



FIG. 7.—Completion of the suture of the anterior lips; the ends C D being tied.

2nd. CIRCULAR SUTURE.—

The two circular orifices would be treated in the same way as in entero-anastomosis; a continuous suture is inserted into the posterior half circumference of the orifices, the ends of which are tied together on the button; a second ligature is slid into the posterior groove of the button, with one end of which a continuous suture is inserted into the anterior lips of the orifices; the two ends are then tied and the groove closed.



FIG. 8.—Circular suture completed with the button. End of operation. Groove tightened.

An indispensable point before commencing this part of the operation is to ascertain if the size of the button allows of its being maintained in the intestine perpendicularly to the axis of the latter. If one of the intestinal orifices is smaller than the other, it should be

enlarged by a longitudinal incision, from which the surgeon would excise triangular flaps.

N.B.—I strongly advise the sutures to be of silk of medium thickness (fine silk would be liable to break). The ordinary straight Reverdin's needle, such as is used for suture of the skin, is a very convenient one for this operation.

IV.—ADVANTAGES OF THE NEW BUTTON. ITS SUPERIORITY OVER MURPHY'S BUTTON.

The operation with my button is very rapid, more so even than with Murphy's button, for I only put in one suture (in two portions), whilst in Murphy's operation there are two.

My button is less bulky (in circumference) than the smallest Murphy's button, which is 66 millimetres in circumference, whilst mine, after the gutter has been closed, hardly exceeds 55 to 60 millimetres.

The orifice of each of my buttons is infinitely larger than that of the corresponding Murphy's button. With my own button I know exactly the degree of constriction I exercise in the operation; moreover, it is an impossibility for me to tighten too much, for the flexibility of the laminae prevents their exercising too great a pressure.

On the contrary, with Murphy's button there is a tendency to tighten too much; this frequently results in sphacelus of the gut and perforation where the instrument cuts through.

Every surgeon has found out the disadvantage of not being able to disarticulate a Murphy's button when once it has been articulated; this does not hold good with my button, as nothing is easier than to loosen it with the end of a grooved probe, and so, if necessary, remove it.

On several occasions, it has been reported that the canal of a Murphy's button has become blocked by food or faeces; this dangerous complication is much less to be feared with mine, the passage through the orifice of which is very short, only a few millimetres.

Other objections which have been made, and on good grounds, to Murphy's button are: its delicacy, the facility with which it gets out of order, it is asserted that its springs, which are badly soldered on to the metal, are often lost or strained; my instrument, of much greater simplicity, cannot get out of order; there is no complicated mechanism in its structure, and its functions are entirely based on a well-known physical property—the malleableness of tin

Murphy's button gives an insufficient orifice in gastro-enterostomy; with my instrument a definite orifice of 6 or 8 centimetres long is left, which besides is much less liable to consecutive stenosis.

I have left to the last the most important point in the new method.

Murphy's button is freed only by sphacelus of the intestine; with my button there is no sphacelus. Of this I have had ample proof in two cases: in one death occurred 48 hours after the operation (pulmonary congestion due to ether), in the other death took place ten days after the operation, and was due to absolutely intractable vomiting; in both these cases the tissues held by the button were not in the least sphacelated.

Again, in a third case in which the button reached the rectum on the tenth day, the silk of the two purse-string sutures could be plainly seen at the bottom of the groove, but there was no sphacelated tissue between the edges.

V. MECHANISM OF THE ELIMINATION OF THE BUTTON

The bringing together of the edges of the groove maintains the intestine, but does not exercise any great amount of pressure on it; it is very easy, after having applied and fixed the button, to verify (by cutting the intestine across and dividing the purse-string sutures), the fact that it is possible by slight traction

to draw away the portion of the bowel caught in the groove.

The purse-string sutures which fix the edges of the large intestinal orifices around the much smaller orifice of the button firmly nip the tissues which they divide after a few days, and then the pressure of the groove is not sufficient to prevent the tissues from escaping, aided as they are by their own natural elasticity.

The intestinal orifice, constricted by the purse string sutures, has thus a tendency to return to its natural dimension, in fact, it does return to it as it escapes from the groove the instant it is no longer restrained by the purse-string sutures. When the edges of the anastomotic orifice are quite disengaged the button is freed and falls into the inferior portion of intestine and is then carried along by the alimentary current.

VI.—CLINICAL RESULTS.

One of the first cases was a cancer of the pylorus occurring in a man not only very cachectic, but also tuberculous. On this patient I performed a gastro-enterostomy using my button. I also tied up the superior portion of intestine with iodoform gauze and then established an entero-anastomosis between the coil which ascended to the stomach and the one descending from it, so as to establish the bile current. The ether with which this patient was anaesthetised set up pulmonary congestion, from which he succumbed in forty-eight hours. The autopsy confirmed the pulmonary lesions, and at the same time, the soundness of the peritoneum and of the suture. There was no sphacelus of the tissues held by the gutter.

My second case presented the signs of grave pyloric stenosis; all that was brought to light by an exploratory laparotomy was a kink in the pyloric region. I performed a gastro-enterostomy, using my button; after the operation, the patient was seized with such repeated and intense vomiting that the sutures in the abdominal wall were torn asunder, and it was necessary to reduce the protruded intestine, and put in fresh sutures. He died of exhaustion on the tenth day.

After careful consideration of all the facts in the history of this patient, we came to the conclusion that the vomiting could be explained by a beginning of tabes, and circumstantial details can be found authorising this opinion.

Whatever may have been the causation of the vomiting it was conclusively shown at the autopsy that the peritoneum was perfectly sound, the gastro-enterostomy too was in an excellent condition. It would seem then that the method must be a very perfect one for the anastomosis to resist ten days of vomiting violent enough to tear open the abdominal wound. The button was still *in situ* and the tissues held by the gutter were joined and not sphacelated.

My third case was that of an old man, *æt.* 71, who suffered from carcinoma of the transverse colon. I did anastomosis of the small intestine with the sigmoid flexure, using my button. The patient bore the operation well, and at first improved rapidly, but ultimately was seized with signs of intestinal paralysis which had no connection with the operation but was due to distension of the large intestine caused by the accumulation of fecal matter for which there was no possible exit owing to the cancer on the one hand and the ileo-cæcal valve on the other.

This paralysis rendered a second laparotomy necessary, during the performance of which I was enabled to verify the integrity of the peritoneum, and of the suture, and the disappearance of the button. I performed complete section and obliteration of the end of the small intestine between the anastomosis and the cæcum, leaving a *cul-de-sac*, and finally made an artificial anus on the transverse colon.

At the end of the operation, with the aid of my finger, I extracted the button from the rectum, into which it had fallen; at the bottom of the groove in the

instrument were the two purse-string sutures, but there was not a trace of sphacelated tissue between the laminae.

My fourth case was a woman, *æt.* 58, the subject of cancer of the pylorus. I performed on this patient—(1) Gastro-enterostomy using my button; (2) ligature of the upper end of the intestine; (3) entero-anastomosis to restore the bile current, arrested by the ligature.

The operation was done on September 27th, and the patient is alive at the present time, December 11th, 1895; she digests pretty well, there is no vomiting, and all signs of gastric dilatation have disappeared. The buttons employed have not yet been passed per rectum.

These four cases show: 1st, that the employment of the button is quite rational and safe, and that up to the present no objection can be found to this method of operation; 2nd, that the button is easily eliminated; 3rd, that it does not set up sphacelus in the tissues held by the gutter.

RUPTURE OF THE ABDOMINAL AORTA

FROM EXTERNAL VIOLENCE WITHOUT PENETRATING WOUND.

By J. E. PLATT, M.S. (LOND.), F.R.C.S.,
Resident Surgical Officer, Manchester Royal Infirmary.

THE following case, which came under my notice about twelve months ago, is an example of a very rare accident:—

A. T.—, a strong, well-nourished young man, *æt.* 20, and a butcher by occupation, was admitted to the Manchester Royal Infirmary on March 4th, 1895, at 5.45 p.m. The history given was that about three-quarters of an hour before admission he and another man were carrying an iron stove, weighing about one and a half hundredweights, up some steps, when he slipped and the stove fell on him. Probably one of the edges of the stove struck him on the abdomen. When brought to the infirmary he was in a state of collapse with signs of internal hæmorrhage, and he died twenty minutes after admission. The only mark of external injury was a bruise on the abdomen a little below and to the right of the umbilicus. The post-mortem examination, which was made on the following day, showed slight extravasation of blood into the tissues of the abdominal wall at a point corresponding to the bruise of the skin. The abdominal viscera were uninjured with the exception of the aorta which presented a transverse rupture at the level of the lower border of the third lumbar vertebra. From the rupture an immense effusion of blood had taken place into the retro-peritoneal connective tissue, extending outwards to each loin and downwards to the iliac fossæ: it surrounded the kidneys and passed for a short distance into the mesentery. At the point of rupture the internal and middle coats of the aorta were torn in a transverse direction, the tear extending completely around the vessel except for a small portion, about one-eighth of an inch wide, posteriorly. On each side of the tear the internal coats had retracted for a short distance exposing the adventitia, the separation being most marked in front where the interval was nearly half an inch wide. The adventitia was uninjured except at the anterior part of the vessel, in which situation it presented two small perforations each large enough to admit an ordinary probe. The thoracic aorta showed several patches of commencing atheroma, and on careful examination a small patch of the same disease was discovered on the posterior wall of the abdominal aorta about an inch above the rupture. With this

exception there was no sign of disease of the abdominal portion of the vessel. The other abdominal organs, the thoracic organs, and the brain, showed no sign of injury or disease. From the history of the case and from the nature of the injuries I think there can be no doubt that the vessel had been crushed between the heavy stove and the lower border of the third lumbar vertebra and the rupture so produced.

I have been able to find very few cases of similar injuries to the aorta; so far as I know, only four cases have been reported during recent years. They are as follows:—

1. Recorded by Mr. Jeremiah McCarthy in the "Pathological Society's Transactions for" 1881. A girl, æt. 12, who was admitted to the London Hospital, with a history that a pony had knocked her down and trodden on her chest, and who died fourteen hours after admission. Post-mortem examination showed no fracture of the sternum or ribs; the posterior mediastinum was full of blood; there was a small aperture in the posterior aspect of the descending part of the arch of the aorta; the middle and internal coats presented a sharply-defined transverse rupture, and the external coat was detached to a slight extent and perforated by a small irregular hole. The report of this case goes on to say: "The head of the third left rib was unusually prominent, and the prominence became more marked on pressure upon the anterior extremity of the rib. It is probable that the anterior wall of the chest had been pressed back, and the aorta thus squeezed against this projection, and the rupture so produced."

2. Reported by Capdeville in the *Journal de Médecine de Bordeaux*, August 24th, 1884. The patient, a man, æt. 28, who had fallen for a distance of four metres, lived forty-eight hours after the accident. The aorta was ruptured at the junction of the arch and thoracic portion; the internal and middle coats were completely divided in the whole circumference of the vessel, and the torn ends were separated from the external coats for half-an-inch. The adventitia was perforated by a small opening posteriorly, from which a large amount of blood had escaped into the cellular tissue of the posterior mediastinum and into both pleural cavities. There was no sign of atheroma. The other viscera were uninjured and free from signs of disease, but there was a fracture of the shaft of the left femur and a small superficial wound of the forehead. The mechanism of rupture is explained by Capdeville by supposing that at the time of injury, owing to the contraction of the abdominal muscles, the abdominal vessels were compressed and a stream of blood sent back into the thoracic aorta; the heart, at the same time, making an extra effort, the pressure in this vessel was greatly increased, and rupture occurred when its maximum of elasticity was overreached.

3. Reported by Chiari in the *Praeger Medizinische Wochenschrift*, March 31st, 1896. It was caused by the patient bending his body suddenly backwards to save himself from falling, and the rupture was near the termination of the arch of the aorta. The intima and media had first given way, and this led to the formation of a dissecting aneurism which burst into the right pleura. There was advanced arterio-sclerosis and also cirrhosis of the kidneys and hypertrophied left heart.

4. Admitted to the Middlesex Hospital under the care of Mr. George Lawson, and reported in the *Lancet*, Dec. 1st, 1894. The patient was a man, æt. 60, whose injuries were caused by falling from a cab. The intima and media of the abdominal aorta were ruptured in three situations; one of the ruptures extended completely across the vessel, and at this point the internal coats had curled inwards and obstructed the lumen. The adventitia was uninjured. The aorta was atheromatous. In addition to the injury to the vessel there were slight ruptures of the substances of

the liver and kidney, laceration of the mucous membrane of the stomach, and fracture of several of the lower ribs and of the transverse processes of the upper lumbar vertebra, showing that the amount of violence must have been very great. The man lived for thirty-six hours after the accident.

From a review of these cases it appears that when rupture of a large blood-vessel takes place the internal and middle coats first give way; next, they retract for a greater or less distance from the external coat, and finally, if the violence be extreme the external coat also ruptures. These different stages may follow each other very rapidly, as was the case in my own and in Mr. McCarthy's patients, or there may be a more or less prolonged interval between the rupture of the internal coats and of the external coat, as happened in the cases reported by Capdeville and Chiari. Sometimes the adventitious coat remains uninjured, as in the case observed at the Middlesex Hospital, and it is very possible that some dissecting aneurisms may have their starting point in such an injury. The duration of life after the accident appears to depend very largely upon the amount of injury to the external coat, and it is quite probable that some cases of injury to the internal coats alone will recover.

Of the cases I have quoted the only one quite parallel to my own is that of Mr. McCarthy; in both the aorta was squeezed between two resisting substances and was ruptured without injury to any other organ. Rupture appears to take place much more readily in vessels affected by atheroma. In two of the cases referred to there was advanced arterio-sclerosis, but although there were signs of an early stage of this disease in my own patient, the vessel was apparently quite healthy at the seat of injury, and I do not think that the slight degree of atheroma observed in other parts of the vessel had anything to do with the rupture. The specimen is now in the museum of the Owens College.

REFUSE DISPOSAL:

THE "DESTRUCTOR" SYSTEM.

By D. EDGAR FLINN, D.P.H., F.R.C.S.I., M.R.C.P.,
 Examiner in State Medicine, Royal Colleges of Physicians and Surgeons
 Conjoint Board, Ireland; Examiner in Hygiene, Royal College of
 Surgeons and Apothecaries' Hall Conjoint Board; Surgeon
 St. Michael's Hospital, Kingstown; Ex-Pres. State
 Medicine Section, Roy. Acad. Med., &c.

It is recorded how the Romans and Greeks cultivated assiduously the custom of dealing with their insanitary surroundings by the process of burning, in fact, they regarded "fire" as the great panacea for nuisances and uncleanness of every kind, and now at the threshold of the twentieth century it may well be said that history here repeats itself, for we find the sanitarian of our time strenuously advocating cremation as the sole and only efficient way in which to cleanse our cities and towns, and rid them of their filth products and organic debris.

The collection and disposal of refuse in large centres of population is a sanitary problem only second in importance to the treatment of sewage. Municipal and local authorities are almost everywhere waking up to the necessity of adopting the very best appliances which the powers of inventive skill have placed within their reach. It has become the opinion of experts that fire is the best instrumentality whereby the conglomerate masses of refuse which find their way into the household dustbin and ashpit, and the street refuse could be rendered innocuous, and the refuse destructors now coming into use are designed with a view of subjecting these to a heat so great that no disagreeable or dangerous effluvia should be given off in the process, and that the products of combustion should be wholly harmless.

It was Lord Palmerston who aptly described "refuse and dirt as matter in the wrong place"—a definition full of significance—and certainly it will be conceded that wherever the proper place for their existence may be found it is not

in the dwelling-house or its near surroundings, nor yet should their presence be tolerated unduly long in the streets and thoroughfares which are our daily and hourly resort. I am aware of more than one important town in Ireland where the sanitary authorities, having exhausted practically all the places where it was possible to dispose of the refuse of the town, are now at their wits' end to discover a further means of getting rid of the rapidly growing amount of refuse accumulations.

I am not here concerned with the cost incidental to the introduction of the "destructor" system, but of its utility and advantage from a sanitary point of view there are strong proofs; the daily and prompt removal, and subsequent destruction of large masses of all kinds of refuse must surely be recognised and admitted to be a benefit to the health of a community. I quite recognise that the question of expenditure may prove for the moment somewhat of a barrier to the introduction of the system into Ireland, yet nowhere is there apparently a more urgent need of reform and improvement indicated.

Cities like Dublin, Belfast, and Cork, where the Corporations have undertaken a general house-to-house system of refuse removal, must sooner or later re-consider the question of the best and most expeditious method of refuse disposal, every town must necessarily adopt the means that are best suited to its requirements, and it is questionable whether the methods employed in the Irish capital might not be improved upon, and the thousands of tons of refuse that are conveyed to sea utilised in the production of heat and generation of steam.

To a visitor, the appearance of the thoroughfares and bye-ways of the average country town is by no means inviting, and leaves an unfavourable impression. Two principal causes apparently are responsible for this, the one being the absence of any regular or systematic method of refuse removal, and the other cause being attributed to the fact of the existence of a dual control. The county Grand Juries having jurisdiction over the roadways, the Public Health Administration being vested in the urban or rural sanitary authority as the case may be, the inevitable result of this dual control being, as often happens, a complete deadlock; it is evident that no system of refuse disposal can be properly or efficiently carried out, if there be a conflict of responsibility in regard to it, and it is this very conflict of responsibility that hinders the due administration of the Public Health Acts in this important particular. It does seem an anomaly that an urban sanitary authority should not have complete jurisdiction over the roads and bye-thoroughfares, within the boundary of its own district, and when it is remembered that here are a large number of small towns in Ireland with a population averaging about 500, which are subject to the jurisdiction of Boards of Guardians, as rural sanitary authorities, it will be seen that difficulties must and do present themselves in many questions affecting the public health, and thus the sanitary condition of these towns is in the majority of instances indifferent, indeed.

"DESTRUCTORS" OF TOWN REFUSE.

This question of the disposal of town refuse has recently been attracting the attention of sanitary bodies throughout the United Kingdom, and great strides have been made in the more important towns in England, in the method and manner of collecting and disposing of refuse matter—the last ten years especially have been notable for the various forms of destructors that have come into existence, and for the steadily growing opinion that the best means for the disposal of refuse is by burning—it is, however, notorious that one of the principal drawbacks in the first or early period of the construction of the destructor, was the fact that unpleasant vapours were given off during the process of burning. This circumstance has tended to somewhat retard the general adoption of the destructor system. In the more recent forms a remedy has been devised which effectually prevents this. Not long since I had an opportunity of visiting the original destructors erected in Liverpool, and on the occasion referred to, no appreciable or unpleasant odour could be detected. A large number of the more important English towns have partially or wholly adopted the burning system, notably Bradford, Bristol, Buxton, Leicester, Leeds, Liverpool, Manchester, Nottingham, Southampton, Warrington, Woolwich, &c.

It will be conceded that the methods of disposal of refuse in Ireland are yet primitive to a degree, even in the larger towns very little noticeable improvement has taken place, the appearance of the thoroughfares in any country town gives ample evidence of this, the old-fashioned manure depôt or dumping ground is still to be seen in very many places, festering mud heaps lie in the streets and lanes for many days before being removed, vegetable refuse and house sweepings of all kinds lie scattered for days without any attempt at collection, and give a very insanitary appearance to the country town. Sub-soil pollution must in consequence inevitably exist, in some instances the refuse is cast into the nearest water-course; in the majority of the smaller villages, it is the rule to gather the road and house refuse and manure, and pile it into a large mound or heap within a few yards of the doorway. Even in some of the best towns the system yet prevails of carting all kinds of refuse to the nearest waste ground, often near a populous centre. Such rough-and-ready means of getting rid of refuse is happily becoming more infrequent than heretofore, and here it must be remembered that in all these methods there is always the danger that particles of clothing, food, &c., that have been in contact with patients suffering from an infectious disease, may find their way into the street refuse heap, the ash-pit, or dust-bin, and ultimately the manure depôt.

The question of refuse disposal in Ireland is essentially an important one, and the public bodies entrusted with administrative duties in the country towns do not yet appear to realise its importance, and how closely it affects the public weal. Of course, the personal habits of the people must necessarily influence the solution of this question.

The old adage "What is everybody's business is nobody's business" applies forcibly to the question under consideration. People of education and intelligence are content with a very moderate degree of sanitary protection in their own dwellings and their immediate surroundings, they are slow to recognise the dangers involved in the respiration of bad air, the drinking of impure water, or the effects of bad drainage, and, least of all, do they appear to concern themselves with what becomes of the vast amount of refuse matter and filth, that must necessarily daily gather within the precincts of their own and their neighbours' dwelling, or the boundaries of the town or village in which they live.

In Ireland, no doubt, the question of the erection of "destructors" for the removal of towns' refuse will be governed to a large extent by the cost it will involve. This is but natural, but the initial expenditure entailed should be an ample recompense for the subsequent health advantages to be derived from this process. A 2 or 3-cell destructor can be erected at an outlay of a sum varying from £1,300 to £1,500, perhaps a little more, and will suffice for a town up to 10,000 in population.

Mr. Charles Jones, C.E., the inventor of the "Fume Cremator," speaking of the cost of construction of destructors, says:—"My own experience in this matter leads me to say that, in the majority of cases, excluding excessive cost for foundations, and what may be considered as an ordinary cost for chimney shaft, the cells, including cremator and shaft, ought not to exceed £400 per cell, and in some cases I have details showing the cost from £200 to £250 per cell. This has been the case at Winchester." This estimate of the expenditure necessary for the erection of a destructor does not appear to be extravagant, and the cost of erection of a two-cell destructor, which would suit an average town, should not prove an excessive item or an insurmountable barrier to its adoption.

In several important towns, notably Hastings, Leicester, Southampton, Ealing, successful efforts have been made to utilise the heat generated by the destructor and test its steam-producing properties, the power thus obtained being used in pumping and working machinery of various kinds; it is also being used for the purposes of electric lighting at Southampton, St. Pancras, and Ealing. To the municipal economist, as well as to the sanitarian, the disposal of refuse by burning must eventually commend itself, and convincing evidence is being established to show that it is the most economical sanitary and scientific method of getting rid of town refuse, and though objections have been advanced that the burning of such refuse

means a wholesale waste of materials, yet there is ample and undeniable proof that the heat generated by a destructor is infinitely more valuable than any return from the sortings of refuse—an antiquated and filthy proceeding.

In the more important Irish towns, such as Dublin, Belfast, and Cork, the disposal of refuse, of late years, has engaged the attention of the sanitary authorities, and these towns bear visible evidence of the improvements effected by the several corporate bodies undertaking the systematic collection and disposal of refuse. In Dublin the city refuse, consisting of the scavenge from paved streets, dry ash-pit refuse, and the contents of dust-bins (described as unsaleable scavenge), is conveyed to sea in a hopper barge, thousands of tons of material being thus yearly disposed of, which might be utilised in the production of heat, and its transit, no doubt, costing a large annual outlay. This system was largely availed of in Liverpool up to the year 1891, and at least 80 per cent. of the refuse of the city was conveyed to sea by steam barges. Since 1891 it was considered desirable, from a health point of view, to introduce the burning system, and destructors were erected, and the Corporation are said to be so thoroughly satisfied with the results that the destructor system by burning is now altogether adopted there. Each cell, or furnace, at Liverpool, consumes between seven and eight tons of refuse per day of twenty-four hours, and the heat which is generated in the combustion generates steam in the boiler, and is used both for a mortar mill and for a disinfectant installation on the "Washington Lyon" system.

It is computed approximately that about one ton of refuse is collected daily from 1,000 inhabitants, and it will thus be seen that in Ireland, where there are so many small and medium towns, the erection of a one-cell destructor would suffice in many instances, and the cost of erection, to say nothing of its health advantages, would in a short time repay itself. Unquestionably, the days of manure dépôts and dumping grounds are numbered, and the whole question of refuse disposal, as at present understood, must sooner or later, be considered by our public bodies. The improvements noticeable in such towns as have adopted a system of public cleansing, and gathering of town *débris* at frequent intervals, is most marked. In a former paper (a) I drew attention to this and to the fact, as evidenced by the reports of several medical officers of health, that not only the zymotic, but the general death-rate, had considerably decreased in those towns where a systematic removal of town's refuse and public and domestic cleansing was undertaken by the sanitary authority.

The destructor system appears to be the most economical, and at the same time the most sanitary way of getting rid of refuse, and it is evident that we are fast approaching a time when its general adoption for cities and towns will be the rule. The Medical Officer of Health and the Engineer to the London County Council in a joint report as to the value of "destructors," mention the following points as demanding special attention.

(1) "The temperature obtained should be sufficiently high. (2) The duration of exposure to a high temperature should be sufficiently long. (3) All the vapours escaping from the refuse should be heated to a sufficient extent, and there should be no possibility of the escape of any undecomposed vapours into the chimney shaft." It is evident from this report that a perfect destructor should give a powerful and regular heat, and that there should be perfect combustion and no escape of offensive odours.

In regard to the latter question, at Leicester (where previous to the erection of destructors there was considerable difficulty as to the disposal of the town refuse) the process of burning is very satisfactorily carried out. The destructor buildings are only a few yards from a large Board School, and there are a considerable number of houses immediately adjoining. Here there has been a six-celled destructor at work for some years with "fume cremator," and there is no complaint of any unpleasant or noxious odours, and it is intended to erect two other destructors, one of six cells, and one of ten cells. In Whitechapel, a refuse destructor is placed in the midst of a very populous district, and within a few yards of dwelling-houses, and at Ealing, where a destructor has been

working for ten years, it is situated within 380 yards of houses, of a rateable value ranging from £120 and upwards, within 180 yards of two isolation hospitals, and within 600 yards of a convent and large military college. At Hornsey and Woolwich the destructors are built in close proximity to dwelling-houses, and the result is satisfactory. The earlier form of refuse destructors encountered a great deal of opposition, and justly so, as in their first construction they were no doubt a nuisance to the immediate neighbourhood around them, partly from the noxious odours evolved, and from the escape of unburnt matter, such as particles of paper, rags, dirt, &c., from the top of the destructor chimney shaft, and it is only during the past eighteen years that anything approaching a successful form of destructor was brought into work. To Mr. Charles Jones, C.E., the unquestionable credit is due of having devised a remedy for combating the offensive odour. The "fume cremator," which bears his name and which is now attached to most, if not all, of the destructors. It is placed between the furnaces and shafts thus preventing the escape of offensive vapours as well as of patches of unburnt dirt, &c. Further, the odour given off in the first stage of the burning process—the drying period—were, in the earlier times of the destructor system, very perceptible, and a strong cause of complaint—the heat generated in the cremator is very intense, from 1,500 to 1,800 degrees Fahr. of heat being generally maintained.

Dr. William Odling, of Oxford University, not long since having been asked by the Sanitary Committee of the Bradford Corporation to make a personal examination of the Fryer Refuse Destructors in Bradford and to report thereon, states:—

"Speaking generally, the process consists in setting fire to the refuse, as collected, and allowing it to burn itself out. This burning is conducted in long nearly horizontal furnaces, called destructors; the refuse, just as it is delivered by the carts, being introduced at the slightly higher end or back of the furnace, and the ash or clinkers being raked out at the front and slightly lower end, where the fire-bars are situated. It is noticeable that the burning of refuse is carried on without resort to any fuel other than combustible matter present in the refuse itself, and that despite the frequently wet state of the refuse, its burning in the destructors takes place steadily and completely. The burning of the refuse constitutes further an available source of heat, actually made use of at one of the stations to raise steam for the supply of an engine used for crushing and grinding the clinkers of the refuse into a valuable mortar. It is impossible for anyone not to be struck with the very efficient way in which the destructors do their work, having regard to the quality and character of the refuse they so completely dispose of in the course of but a few hours. This continuous and rapid destruction of the town refuse as fast as collected, with avoidance of all decomposing and offensive accumulations, cannot but be of great sanitary advantage to the town.

"It must be admitted that the burning process as at present conducted, is not wholly unattended with a discharge from the chimney shaft of a little unconsumed vapour, which under some conditions, may be recognised at a distance as offensive, but this offence, at the worst, is as nothing compared with the offence and injury to health which are so successfully obviated by the rapid destruction, daily effected, of tons upon tons of objectionable matter which must, in some way or other be dealt with in the borough, as its deposit elsewhere would not now be permitted."

Since Dr. Odling's report "Fume Cremators" have been constructed in connection with the refuse destructors at Bradford, and Mr. Remington, F.C.S., states that "the effect of the gases from the furnaces passing through the fume cremators appeared to be that all compounds are decomposed and scarcely a vestige of any that can be construed to be offensive or obnoxious escapes, and the result is as nearly perfect as it can be."

There are several "destructors" now in use, Fryer's, Warner's, Horsfall's, Beaman and Deas being amongst the principal, each claiming its own special advantage in the treatment of refuse.

The Fume Cremator (Jones) which came into existence with the object of destroying any noxious vapours that might be given off from the destructor consists of a reverberatory arch with rings of fire-bricks placed in the direction

(a) "The Influence of Public Cleansing on the Mortality of Towns," February, 1893, Roy. Acad. of Med., Public Health Section.

of the gases. Ribs of fire-bricks projecting from this arch serve to deflect the gases, and direct them on to the top of a red hot mass of fire. An intense heat from 1,000 to 1,500 degrees is maintained at little expense of fuel, fine coke breeze alone, or with the ashes screened from the refuse, being all that is required, together with a supply of air beneath the fire-bars and a further supply to feed the vapours as they pass into the cremator. The cremator appears to have met with comparative success. The objections raised as to the noxious odours emitted in the process of combustion by the destructor. The additional outlay involved in the construction of a fume cremator has hitherto somewhat hindered its more general introduction, but of its utility in dealing with offensive gases there can be not the slightest doubt. Horsfall's destructor claims the advantage that the flues are arranged in such a manner that the outlets for the products of combustion are over the hottest part of the fire, so that all the fumes given off by the refuse in drying have to pass through the hottest part of the furnace before they can escape to the chimney, and are thus "cremated" within the furnace itself, no extraneous fuel being required. Both "Warner's" and Beaman and Deas' destructors claim that complete combustion and the destruction of offensive gases take place within the furnace or cell itself and before the shaft is reached.

A series of questions were submitted some time since to the authorities of forty-six large towns in England where the destructor system of refuse disposal is in operation, one of the questions being: "Have complaints ever been made as to noxious odours from destructor or otherwise." In only a very few places, hardly 1½ per cent, were slight complaints made of any odour being perceptible. As an important question affecting the public health, the destruction of dirt and all organic debris by fire should commend itself to the consideration of every sanitary authority, and it is only a matter of time when we may hope to see the system generally adopted throughout the United Kingdom.

Clinical Records.

A CLINICAL NOTE OF A CASE OF HISTRIONIC SPASM.

By Dr. ARTHUR HALL,
Hon. Physician to Sheffield Royal Hospital.

DR. ARTHUR HALL showed a case, at a meeting of the Sheffield Medico-Chirurgical Society, of histrionic spasm occurring in an elderly man, affecting almost all the muscles of face and jaws. The disease had been coming on insidiously for many years, but had been much worse lately. Violent twitchings of the eyes and facial muscles; spasmodic contraction of the various muscles of mastication, either in the vertical or side-to-side motions, accompanied by profuse salivary discharge, were the most noticeable features of the affection. The patient noticed that when the movements first became violent all his lower teeth on the right side, and all his upper on the left side, became loose, and fell out. When at its worst he could only get to sleep by putting a small prop between his jaws, which fell out when he went to sleep. He can restrain the movement for a short time, but after doing so they become much more violent. The disease seems to be of the nature of a neurosis, and has been much benefited by a course of quinine and iron.

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON. MEETING HELD WEDNESDAY, APRIL 1ST.

The President, Dr. CHAMPNEYS, in the Chair.

DECIDUOMA MALIGNUM.

MR. ALBAN DORAN brought forward the notes of a case of alleged deciduoma malignum contributed by Mr. Rutherford Morison, of Newcastle-on-Tyne, and showed

the uterus together with two microscopic slides of the growth in its cavity. He believed it to be possible that the growth was originally a submucous myoma which had become invaded by so-called decidual cells. The patient was a married woman, *æt.* 35, with nine children, all born at term, the eldest being twelve years of age. She had never menstruated between her pregnancies. When admitted she was profoundly anæmic, with a waxy skin. Her thoracic and abdominal organs appeared to be healthy. The *os uteri* was found to be patulous and the uterus considerably enlarged. Her last confinement, nine weeks previously, was with transverse presentation, and delivery was effected by turning. Nevertheless, she was up and about in less than a fortnight. The local discharge did not cease entirely but had become insignificant in amount and light in colour, when six weeks later a serious hæmorrhage set in, so profuse, that she lost consciousness. This was repeated twice during the following fortnight. On November 1st, 1894, the uterus was explored curetted and swabbed with chloride of zinc. On introducing the finger the enlarged cavity of the uterus was felt to be occupied by a soft friable structure and the amount removed with the curette half-filled a saucer. Microscopically this consisted chiefly of changed blood clot, but placental tissue was recognised in one section. On November 10th she complained of bearing-down pains, and on the 23rd violent hæmorrhage once more set in. As no remedies checked the flow the uterus was plugged on the following day, by which time her condition had become very serious. There was no further hæmorrhage after the removal of the plug, but on the 25th her whole body was swollen (anæmic dropy) and her pallor was extreme. On the 26th the uterus was again explored under an anæsthetic and the same condition was found as on the previous occasion. The cavity was again curetted, swabbed and stuffed with iodoform gauze. Microscopical examination of the tissue removed showed it to be a squamous-celled epithelioma. On December 11th, 1894, the uterus and both ovaries and tubes were therefore removed *per vaginam*. Not more than half an ounce of blood was lost, but recovery was interrupted by an attack of phlebitis of the internal saphena vein. The patient, however, went home much improved on the 29th, and soon recovered her usual strength and energy. The extirpated uterus was about twice its normal size, soft and flabby. Externally a small vascular nodule was seen at the fundus, not involving the peritoneum. The uterus contained a growth the size of a tangerine orange, which infiltrated the upper and posterior walls of, and was continuous with, the nodule outside. It had a distinct broad pedicle half the circumference of the body. Four months after the operation hæmoptysis came on, followed by dyspnoea and œdema of both legs, with signs of a tumour in the lung. Death occurred on July 11th, 1895. No post-mortem was obtained.

Dr. H. R. SPENCER gave a full clinical history and post-mortem record of a case of deciduoma malignum occurring in 1889—the first case, he believed, observed in this country. The disease occurred in a young Danish woman, *æt.* 27, a secundipara (whose previous labour took place at the age of twenty). The first symptom of the disease (passage of masses of the growth) occurred twenty-eight days after a normal labour which was followed by a normal puerperium. Subsequently there was repeated discharge of masses of growth and of blood, and the disease ran a septic course and terminated fatally within ten and a half weeks of delivery. At the necropsy an ulcerated and gangrenous growth was found at the placental site, the ulceration and gangrene having nearly perforated the fundus. Secondary growth was also found in the cervix and in the lungs, but nowhere else in the body. The growth in all three situations is similar and is characteristic of deciduoma malignum, being apparently a large celled sarcoma with the typical "syncytium." A full account of the microscopic appearances is given. The necessity of early diagnosis and treatment by vaginal hysterectomy is pointed out. The specimens, drawings, photographs, sections, and temperature chart were exhibited.

Dr. T. W. EDEN referred to the number of cases of malignant uterine growths occurring subsequent to gestation, which had been recently recorded, mostly by German observers. The most important cases were those of Sanger, Gottschalk, Marchand, and Whitridge Williams,

He observed that Sanger had introduced the term "Deciduoma malignum." He thought that in this case the tumour arose in the decidua, and was composed largely of so-called "decidual cells." He himself believed that cells precisely like those found by Sanger occurred in the uterus under various conditions, and did not prove the origin of the growth in the decidua. Gottschalk, on the other hand, believed that in his case the growth arose from a "sarcomatous transformation" of the stroma of retained chorionic villi. The author showed, however, that there was doubt as to the occurrence of a preceding gestation in this case, and pointed out that the structures figured by Gottschalk as sarcomatous villi bore very little resemblance to villi at all. Further, a sarcomatous change in the stroma would not account for the budding of the plasmoidal layer described by Gottschalk. Whitridge Williams' case again possessed the general characters of a sarcoma; tumours were present in the uterus, vagina, and vulva, and it was not clear which was the primary growth. Williams relied for his diagnosis upon the presence in the tumours of plasmoidal masses which he believed to be syncytial in origin. He then referred to Marchand's two cases, in both of which he found similar syncytial masses; that observer also claimed to have found cells derived from the foetal ectoderm. In one case, represented as a tubal gestation in a girl of seventeen, there was, however, no anatomical evidence of pregnancy discovered; the tubal mass might therefore have been a primary malignant growth. The author believed that plasmodia, not unlike those figured by Williams and Marchand as syncytial masses, were frequently found in sarcomatous growths in other parts of the body, and doubted whether there was sufficient evidence to justify the view that they arose from placental relics. A case recorded by Meyer was referred to, in which there seemed to be proof of the origin of a malignant growth in retained myxomatous villi (hydatidiform mole).

ROYAL ACADEMY OF MEDICINE IN IRELAND. SECTION OF PATHOLOGY.

MEETING HELD FRIDAY, FEBRUARY 14TH.

DR. NIXON (in the absence of the President) in the Chair.

THE following papers were read:—

1. DR. E. J. McWHEENEY—"Peritonitis from Abscess of Spleen, and Cavernous Angioma of Liver from same Patient."
2. DR. C. B. BALL—"Myxomatous Tumour of Bladder simulating Sciatic Hernia." (Lantern Illustrations).
3. DR. LANGFORD SYMES—"Pathological Aspect of the Wicklow Murder."

No abstracts were furnished of the foregoing papers.

SECTION OF MEDICINE.

MEETING HELD FRIDAY, FEBRUARY 28TH.

DR. WALTER G. SMITH in the Chair.

LIVING EXHIBITS.

CASE of athetosis, shown by Dr. J. B. COLEMAN.

Case of favus of the scalp, in a child, with microscopic slide of the characteristic fungus, shown by Dr. WALTER G. SMITH.

Patient, a woman, exhibiting trophic disturbances, following injury to the median nerve, shown by Dr. A. R. PARSONS.

DR. H. C. TWEDDY asked what treatment was being employed for the case of favus.

DR. WALTER SMITH said he was using chrysarobin ointment on one-half, and a weak resorcin ointment on the other half of the scalp, but it was too soon as yet to say which gave the best results.

CASE OF CHOREIC SPASMS.

DR. WALTER BERNARD (Londonderry), exhibited a tall, stout, well-nourished, healthy man, et. 22, a twin. No family history of nervous diseases. Parents state positively that he never had even a slight illness, with the exception of measles and whooping-cough, out of which he made

good recoveries. Eight years ago, when writing at school, a slight jerky movement was observed about his right shoulder, which, since then, has gradually increased. The muscles of the right shoulder, arm, and forearm are in a constant state of movement, and the flexors of the fingers are also in frequent action, quite independent of the will. He wrinkles his brow frequently; is unable to put his right hand to the top of his head or to button his coat, to write, or to feed himself with his right hand. Shoulder, arm, and hand are at rest only when lifting heavy weights, pushing forward a cart, or at manual labour requiring much effort. Movements are worse on Sunday, and are increased by rest. When standing he keeps his hand on a chair to steady his arm. His family say the constant movement is present during sleep. The shoulder and arm muscles are remarkably hypertrophied. He walks with his hand a little behind, the arm being stretched out. There are no signs of antecedent hemiplegia, and the "mobile spasms" are not conjoined with rigidity.

THE CHAIRMAN said the case seemed to him to belong to the choreic group of diseases.

DR. CARROLL said he believed the movements were simply habits acquired in boyhood, and that these habits became more marked as the patient advanced in years. To illustrate his meaning, he described some instances of habit spasms.

DR. DRURY thought the condition resembled torticollis, but without involvement of the neck muscles.

DR. CRAIG considered that the disease affection in the arm was of a choreic character, and that in all probability it was the result of an infantile monoplegia that had not been recognised.

DR. BERNARD, in reply, admitted that the movement to be observed in his patient simulated chorea; but the muscles were enormously hypertrophied, the movements ceased whenever the patient had to do heavy work, lifting weights, &c. He had never seen a case of chorea in which the movements did not cease during the night.

TWO CASES OF PARAPLEGIA.

DR. H. T. BEWLEY read the notes of two remarkable cases of paraplegia.

THE CHAIRMAN said Dr. Bewley was to be congratulated on his lucid exposition of two obscure and difficult cases of nervous disease. He dwelt on the terms functional and organic, in reference to nervous disease. He thought one should be cautious in accepting the precise rules laid down in text books. He gave the details of one case, in which a pathologist would expect to find a healthy cord, with perhaps islands of disease here and there. On the contrary, an autopsy revealed a cord uniformly diseased.

DR. FALKNER thought it would be difficult to discuss Dr. Bewley's cases. For the purpose of bringing about a debate, however, he would enter into the history of a case that was under his own treatment for some time. A corn porter got a chill; twenty-four hours after he had a severe pain in his back. Soon after he lost sensation and motorial power in the lower extremities. The slightest movement of the body caused a copious flow of urine. He was sent to Baggot Street Hospital, where he was under treatment for a long time.

DR. CRAIG reported a case of transverse myelitis, involving the lower dorsal and lumbar regions of the cord, in which there were a rapid wasting, loss of motion, sensation, and reflexes in the lower limbs, with retention of urine, cystitis, and acute bedsores. Partial recovery took place, but the limbs were now contracted. The bladder had been washed out daily, and every care taken to prevent the sores spreading.

DR. DRURY stated some views of Dr. Gower's on ankle clonus. He discussed the phenomenon of ankle clonus as an aid in differentiating functional from organic diseases. He discussed Dr. Gower's method of measuring paralysed limbs.

DR. BEWLEY said, in reply, that as regarded Dr. Drury's remarks on ankle clonus, the term had for him the meaning ordinarily attached to it. He described what he meant by ankle clonus; also the manner in which the phenomenon is produced. Ankle clonus was not, in his opinion, a symptom of what was known as functional nervous diseases.

The Section then adjourned.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, April 4th, 1896.

THE FLY BLISTER.

At the Société de Thérapeutique, M. Ferraud referred to a case of albuminuria with subacute uræmia provoked by the application of the fly blister, and said that several of his *confrères* were inclined to consider this method of counter irritation as dangerous, but he thought that they were going too far. He had never witnessed any evil effects from it. Cantharides was a diuretic in small doses, and Lancereaux had recommended it in epithelial nephritis.

M. Huchard supposed that the accident above mentioned arose from a too long application of the blister. He admitted that it was useful in certain affections, but hurtful in infectious diseases, in pneumonia, in broncho-pneumonia, in typhoid fever, &c.; it was highly dangerous in children and in the aged. For him he had learned to distrust it so much that he replaced it with advantage by other therapeutic measures.

M. Adrian said that, looking at the question on purely pharmaceutical grounds, he considered cantharides to be the best blistering agent, and could only be replaced by two other agents, ammonia and chloroform, but these were very painful, although being almost instantaneous. However, the fly blister, as commonly used, that is to say, in the form of plaster, often is dangerous, from the fact that when removed particles of it adhere to the wound, and act as an irritant poison. If, on the contrary, the cantharides were used in the liquid form with chloroform and a little squills added, all danger would be avoided.

M. Mathieu declared himself an irreconcilable adversary of the blister. There was, in his opinion, only one affection in which the blister might be prescribed with good effect—hydrasthrosis. It provokes an unnecessary wound, and constitutes in any case but a very limited revulsive, for once applied, it hinders every other local treatment.

M. Le Gendre agreed with this last assertion, especially in the case of broncho-pneumonia in children, as it rendered impossible balneotherapy, so important in this affection.

A PROPHETESS.

The Parisian mind would afford an interesting study to the psychologist. For some time the Ville Lumière has been in a state of chronic excitement over international and home questions. Egypt, Madagascar, China and Siam, have been the topics of the street, not to speak of the salons, and just at the moment when the political atmosphere seemed to be charged with electricity of very dangerous intent, the popular excitement, without any transition, became diverted into a new channel running in a widely different sense, to the great relief, I have no doubt, of those who have the destinies of the nation in trust. A few days ago it was announced by the gravest of all Paris journals, *Le Temps*, that a prophetess of no humble origin, the daughter of an honourable lawyer, had appeared in the firmament of this enchanting city. This charming girl, of very tender years—she is not in her teens—suddenly discovered that she had been used by the Angel Gabriel to convey to the world the secret of his celestial abode. In any case, the reporter of the paper in question, who interviewed *à la manière Anglaise*, Mademoiselle, affirmed that she revealed to him his past life as none but he could know it, and finally predicted that France would be chastised, that England would be humiliated, and that the whole world

would be ablaze by the close of the year. This reassuring announcement had the desired effect. Men and women of all degrees flocked to this hysterical young lady's abode to hold communion with the Angel Gabriel. Grave senators, and still graver priests, ladies of title, and shopkeepers' wives, elbowed each other on the stairs leading to the apartments of the Parisian Prophetess, and at the present moment, the street is blocked—I am not exaggerating—by carriages and people eager to be received.

Several members of the Psychological Society, have interviewed this young lady, and a report on her mental condition is to be given to the world next week. In the meantime, the medical profession, through several of its competent organs, has not been slow in pronouncing the case as one of vulgar hysteria, for which bromide of potassium and the cold douche would be the best treatment! Of course, the public consider such plain speaking as bordering on the profane, and the papers, by publishing long columns about the interesting person, fan the flame of this timely popular excitement. I forgot to mention that the prophetess lives in the Rue de Paradis, and, perhaps, that accounts for her intimacy with the Angel Gabriel!

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, April 3rd.

At the last meeting of the Free Society of Surgeons Hr. Körte related a case of

RUPTURE OF THE COLON.

He said it was difficult to decide when operation was necessary, and especially in cases in which there was no external wound. Such injuries might take place where intestine was pushed on to a bone. In a case lately under his treatment a man received a blow from the shaft of a wagon on the left side of the lower abdomen, and immediately afterwards felt great pain. When he was admitted into hospital two days later this was very severe, the abdomen was distended, but there were no signs of diffuse peritonitis; the pulse was strong. As the stools were bloody, but as the blood was dark coloured, indicating that it came from high up in the intestines, he came to the conclusion that the sigmoid flexure was the site of the injury, and that the mucous membrane of the part was torn. Although the bowel was clearly adherent he concluded to operate as he feared the adhesions might give way. He made an incision in the middle line, and felt some adhesions on the left side and on separating them a quantity of foul bloody fecal matter escaped. He found the flexure perforated, the perforation not closed. The flexure was adherent to the sacrum, the neighbourhood of it bruised. Not being able to get to the back part of the flexure, he did not resect, but excised a piece around the perforation and introduced sutures. He then closed the abdominal opening as far as the lower angle, through which was passed a strip of iodoform gauze lying on the intestines. No peritonitis followed, and recovery took place without interruption. He thought the condition met with justified the operation.

Hr. Israel related a case in which an attempt had been made to restore the nose by

RHINOPLASTY.

He had for some years rejected the method of obtaining the material for restoration from the forehead, and had returned to the long-disused Italian method of procuring it from the arm. In this case, however, it was not taken from

the upper arm, but from the forearm, from near the angle of the ulna. The result was not an ideal one, but drawings of the profile of the patient before and after the series of operations showed that a material improvement had been effected.

He then related a case of

ANURIA FROM BLOCKING BY RENAL CALCULI—OPERATION.

The patient, a woman, *æt.* 45, had suffered for eight years off and on from renal colic, sometimes the right, sometimes the left side being the one attacked. On Jan. 14th, she had another attack, this time accompanied by anuria.

This was not, however, quite absolute, but so nearly so that the bladder contained only a few drops of nearly colourless fluid. The patient vomited every day but otherwise had no symptom pointing to uræmia. The right kidney was palpable and tender and the pulse intermittent, and she was brought to operation on the sixth day of the anuria. Whilst the preparations for the operation were going on she had a uræmic attack and the operation was performed without any anæsthetic whilst she lay in a state of coma. The kidney was freed from behind; between the fatty capsule and the albuginea were numerous adhesions. The kidney itself was enlarged, the pelvis of the kidney and the ureter filled with fluid, but no stone could be felt. The block must therefore lie down. The ureter was now freed extra-peritoneally and two *ctm.* below the *linea arcuata pelvis* a stone was found. Whilst the operator tried to push this back between the fingers, the pelvis of the kidney suddenly tore away from the kidney. He sutured this without however putting in fine sutures, and put in a tampon. At first all the urine came through the wound, gradually, however, it began to go through the ureter and bladder, and did so until at last the wound healed completely. The case, he added, was probably the first in which an operation had been performed whilst the patient was in a state of uræmic coma, and where the ureter was so extensively laid bare without being opened.

A second case was that of a man who had an attack of anuria for the first time and came into hospital on the sixth day in a marked uræmic condition. At the operation the kidney was found to be so large that the speaker at once concluded it was solitary. There was no pelvis, but the ureter passed directly into the kidney. Two *ctm.* below its point of exit a stone was found fixed in the canal, from where it could not be moved. The ureter was therefore opened and the stone removed. Several stones were now found in the kidney, and he was obliged to open the kidney on its convexity in order to remove them. When this was done a sound could not be passed into the ureter, and there was a possibility that a stone was present lower down, and on this account the ureter was not done by suture. In this case also the urine at first all escaped through the wound, but later on it came the natural way. That the kidney was solitary was shown by the fact that whilst the urine escaped through the wound, not a drop came through the bladder, and when, a fortnight later, the fistula again opened, the same thing happened for a couple of days.

Hr. Langenbuch related a case in which he had the misfortune to tear away the pelvis from the kidney during an operation. He had hitherto drained in such cases but after the experience of Hr. Israel, he had come to the conclusion that drainage was superfluous.

Hr. Sonnenburg then showed a man with an abdominal tumour that had been growing lately. It lay in the

middle line, was movable and nodular. It was situated in front of the intestines and apparently belonged to the bladder. Hr. Nitze had however cystoscoped the bladder, and saw no reason for this assumption. Possibly it was a myoma. It was not a case for operation. The tumour was solid. Several speakers then mentioned cases more or less similar, Langenbuch one that proved to be a dermoid; Nicolai, one that proved to belong to the mesentery; and Mankiewicz, one that he had seen in Paris, in Guyon's wards, that proved to be a malignant growth starting from the urachus.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, April 3rd, 1896.

THE PHYSIOLOGY AND FUNCTION OF HAIR.

PROF. EXNER treated the *Gesellschaft* to a lengthy review of the different opinions entertained by historic authors on the growth of hair. Many volumes had, he said, been written on this momentous subject, yet the function of this integumentary structure is not to be found in one single text book. Schein, of this city, has advanced the idea of hair being the outcome of stunted growth of the tissues and that where activity abounds, hair always disappears on the surface. Within the last twenty years the subject has been much discussed in connection with the presumed transformation of man from monkey. Climate and sunshine have been adduced by Darwin. Even taste by selection has not been without its devotees in ascribing the cause of depilation to the human race, while Maurer has more recently assigned hair to be the outcome of more sentient structures, as testified in fish and reptiles, where hairs are connected sensitive papillæ of nerve structure are found.

In animals higher in the scale we find the rudiments of these appendages, which have become obsolete through disuse. The hair appears yet on the head of the human fetus, which would show that the time was too short for denuding the body, or that it yet serves some useful end. Exner is in favour of a sensory function, which Mieses has undertaken to demonstrate histologically by the nerve apparatus of the cilia, which sensory connection Jaubert of Paris has confirmed as a protection for the eye.

The hair of the eyebrows as well as the fine hair over the whole body act in a similar manner. The hair of the armpits and genitals are evidently to prevent chaffing as described by the Grecian writers. The thick covering on animals of hair or wool have an electrical property beside the covering it provides for inclement weather; the hair being positive while the fine wool is negative.

Both are bad conductors of heat, and thus moderate the heat of the body by retaining the physiological product of combustion, at the same time moderating the transmission of cold or hot rays from the existing climate. The ornamental function of Darwin was no unimportant feature, as the beard of man and the long hair of woman have still an adorning influence.

ANALYSIS OF SUPRARENAL AND THYROID GLANDS.

Frankl, in introducing this subject to the *Gesellschaft*, paid Oliver and Schäfer a tribute for their early discovery of increased blood pressure after injection with these glandular extracts. These investigations, he said, were inclined to locate the source of stimulation to the action on the peripheral vessels, while Cybuleky favoured the

idea of placing it as a central cause. Velich and Biedl have concluded from their experiments that the centre excited is the medulla which reacts on the spinal cord.

The active part of the gland seems to undergo no change with hydrogen peroxide nor in solution with other substances as it still retains the active principle after crystallisation. Dissolved in water it gives a slight green colour with chloride of iron, which soon disappears. In solution with nitrate of silver and a few drops of ammonia the salt is decomposed. It has also the property of separating the iodide in iodic acid. Fränkel has also separated a double salt of platinum analogous to neurin from the suprarenal body, which he designates as sphygmogenium from its action on the blood pressure.

The discovery of iodine in the suprarenal extract by Baumann, can hardly be utilised as an argument in favour of iodine treatment. According to his description the extract had to be boiled thirty hours with nitric acid before the iodine could be discovered. He therefore concludes that it was not preformed. It is not to be found in the blood nor in the gland itself until this chemical operation is performed. Drechsel's control experiment is also against the iodine activity of the gland. After removing the thyroid gland from an animal, the latter was fed on boiled hyroid glands, with a negative result.

THE URIC ACID DIATHESIS.

Kolisch in conjunction with Llostal have prepared a long series of experiments in the separation of the alloxuric bodies found in the urine when normal or morbid. Hitherto, it has generally been accepted that these products were derived from the breaking up of the albuminoids, but Kolisch is of opinion that it is specially derived from the nuclei of the cells by a retrograde degeneration. Between these two points a number of toxic bodies exist, such as hypoxanthin, xanthin, adenin, &c., which are found as traces in normal urine, but are increased in quantity according to the morbid condition of the organism.

The Operating Theatres.

MIDDLESEX HOSPITAL,

CÆSARIAN SECTION, WITH A DERMOID CYST OF THE OVARY OBSTRUCTING LABOUR.—Dr. BOXALL operated on a woman, æt. about 25, eight months pregnant with her first child. The cervix was fully dilated, and the membranes had been ruptured for some hours when she was admitted to the hospital. There was a space of one inch only between the tumour and the symphysis pubis. An incision was made in the middle line reaching almost to the umbilicus. On incising the uterus the placenta bulged into the wound, and was torn through by the hand. The right leg of the foetus was seized, and the child extracted. The child was living. The placenta and membranes were then removed, the cavity of the uterus was packed with hot sponges wrung out in a sublimate solution, and the organ turned out of the abdomen; no elastic ligature was employed; the amount of blood lost was very slight. The tumour in the pelvis was, with some difficulty, raised from the pouch of Douglas, and was found to have a long pedicle, which was transfixed and tied with silk, the tumour being then removed. It was ovoid in shape, and four inches in its longest diameter; it mainly contained fatted hair, also a mass of fat as big as a large chestnut, some skin bearing hair, the

articular end of a bone, and some fatty and mucoid material. Deep silk sutures were passed into the uterus, avoiding the mucous lining; the sponges were next removed, and the deep sutures tied. Superficial peritoneal sutures of fine silk were inserted in the intervals of the deep stitches, both were eight or nine in number. The pelvis was mopped out, and found to be quite clean. The abdominal wound was closed by deep silk sutures of the peritoneum, a separate silk suturing the fascia, and by silkworm-gut stitches of the integumentary structures. Dr. Boxall remarked that, in this case, there was no alternative but to perform abdominal section, for, in the first place, the tumour so completely blocked the pelvis that craniotomy was impossible, and even had the tumour been of less size and craniotomy been performed, there would still have remained a serious risk of suppuration subsequently taking place, and, in any event, the tumour itself would only have been satisfactorily dealt with by abdominal section.

CHELSEA HOSPITAL FOR WOMEN.

RUPTURED TUBAL GESTATION—ABDOMINAL SECTION ON THE SAME DAY—RECOVERY.—Dr. WILLIAM DUNCAN operated on a woman, æt. 30, who was sent in from the out-patient department with a diagnosis of dilated tube. Eighteen months previously she had been an in-patient under his care with pelvic hæmatocele and peritonitis; the hæmatocele had gradually become absorbed, and she was discharged practically well. Since leaving the hospital the periods were regular and not excessive; the last one was due on Feb. 10th (about a month and a half before the present operation), but did not appear till five days later, from which date up to the time of her admission she had had a regular loss with pelvic pain. On the morning of the operation it appears that when the bowels acted she had great pain in the abdomen and felt faint. Fortunately in the afternoon, after having performed two abdominal sections, Dr. Duncan went into the ward where the patient was, and was at once struck by her blanched appearance; he then discovered that her temperature was subnormal, 96°. On examining the abdomen he found it dull over the greater part of its extent; he diagnosed internal hæmorrhage probably from ruptured tubal pregnancy. The patient was at once taken to the operating theatre and abdominal section performed. When the peritoneal cavity was opened a large quantity of recently extravasated blood flowed out through the incision; the fingers were passed down, and the left tube, which was found to be enlarged, was seized, and the hæmorrhage controlled. The remainder of the blood and a large quantity of recent clot having been removed, it was found that the broad ligament had been distended with blood, and had ruptured secondarily into the peritoneal cavity; the ligament was transfixed with the pedicle needle and silk, tied in the usual manner, and, with the tube, removed. The abdominal cavity was irrigated with a large quantity of boiled water at a temperature of 105, a drainage-tube passed down to the floor of the pelvis, and the abdomen closed in the ordinary way. Dr. Duncan remarked that these cases were always most interesting, and that the one in point afforded another proof that the proper treatment where there is effusion of blood taking place, even though there be no definite history of tubal pregnancy, is to perform immediate abdominal section. This patient, he said, was in such a dangerous condition at the time of operation that she could not have borne the loss of much more blood; it so happened that, owing to other operations, she had not

been seen for a few hours either by the resident medical officer or the staff nurse, so that it was fortunate that he himself had chanced to go into the ward before leaving the hospital, and thus no precious time was lost in having to send for him. The patient's general appearance and condition, together with the blanched look, the rapid and almost imperceptible pulse, and the subnormal temperature showed unmistakably that internal hæmorrhage to a dangerous extent had already taken place, and that no time was to be lost if the woman's life were to be saved. Owing to the administration of ether and to the flushing of the abdominal cavity with hot water, the pulse was much improved at the end of the operation which lasted three-quarters of an hour. Dr. Duncan said this was a case of tubal pregnancy in the anterior third of the tube in which primary rupture had occurred, the blood being effused between the layers of the broad ligament, and secondary rupture of the broad ligament had taken place into the general peritoneal cavity. The tube was removed in thirty-six hours, there not having been much effusion, and the patient made an uninterrupted recovery.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 8, 1896.

AN ANTI-VACCINATION BILL OF COSTS.

An object lesson of the dangers incurred by the neglect of vaccination is now on view at Gloucester. Curiously enough, it is located within a few miles of the very spot where Jenner worked out the famous theory which has since been fraught with untold benefits to the community. Gloucester, however, is one of the places that have been captured by the fallacious sentimentality of the anti-vaccinationists. For the last nine years its local authorities have failed grievously in the enforcement of the Vaccination Acts. As an inevitable consequence, a considerable population of unvaccinated persons has sprung into existence to swell the pre-

viously existing margin of individuals unprotected against that most loathsome, disfiguring, and deadly of specific infectious complaints, small-pox. When, therefore, the disease in question invaded the place it found plenty of material ready for conflagration, and after some amount of flickering and smouldering combustion, it has burst out in the full force of a virulent and fiercely spreading outbreak. From the figures recorded in last week's issue of the MEDICAL PRESS AND CIRCULAR, it will be at once seen that the brunt of the mortality has fallen upon the unprotected individuals. Thus, of the 90 deaths that occurred in 369 hospital cases, no less than 74 were of unvaccinated persons, while the remaining 16 had not been vaccinated since infancy. Another striking feature is the large proportion of attacks and deaths among the infantile population. A still more distressing factor is the number of cases of blindness that have been caused by the present epidemic. It would be a fair challenge to the anti-vaccinationists to produce even a few cases of loss of sight due to small-pox in properly vaccinated persons. On the other hand, everyone knows that the condition was formerly extremely common, and that a large percentage of the blind now among us were disabled by small-pox in the old pre-vaccination times. What have the anti-vaccinationists to say to that? It seems hopeless, however, to persuade these enthusiastic faddists to submit their views to the sifting of ordinary logic. Now and then, however, as in the case of Gloucester, the world is afforded a glimpse of the disastrous results of the theory of anti-vaccination when applied in the form of a great natural experiment to a centre of population. Under the influence of panic, the inhabitants of this somewhat sleepy cathedral town have flocked in scores of hundreds to the public vaccinators, but this sudden repentance comes all too late in the face of a serious epidemic. Apart from the mere element of fear, however, there is another potent appeal to the good citizens, namely, that which applies to the pocket. Never was any town made to suffer for its sins more swiftly and surely than Gloucester in the present instance. As an ancient county town, it has from early times been a centre for the commercial and administrative, as well as the social needs of the district. All these functions have been dislocated, and the townsfolk will suffer in consequence a very heavy direct loss in the turning away of money from their doors. Perhaps the anti-vaccinationists, who are ever-fertile in attempting to prove black is white, will be able to show that the material prospects of Gloucester people have not been adversely affected by the present outbreak, and that the latter is not due to the existence of an unvaccinated population. Some time since the presiding judge announced that the Assizes, in consequence of the prevalence of small-pox, would be removed to Cheltenham. Now, following on the heels of that reverse comes a crop of similar announcements that must fill the hearts of the townspeople with dismay. For instance, the two great railway companies—the Great Western and Midland—have cancelled all excursions to Gloucester, and have stopped the issue of week-end tickets. The members of the Cotswold Hunt have

moved to Cheltenham. Lastly, the Gloucestershire Yeomanry will not be called up for training this year. This latter fact alone involves a severe loss to the town as it means the abandonment of an intended visit by the Prince of Wales. From these statements it will be evident that Gloucester is under ban as a plague-stricken district. To recover the solid advantages that have been lost to the revenues and prestige of the town by the epidemic will doubtless be the work of years. For all this the citizens have to thank themselves. In addition to this, this infected spot has acted as a centre of infection for Bath, Cardiff, Bristol, and many other towns and districts, chiefly through the agency of tramps. Taking a broad view of the facts, it almost looks as if Providence had expressly interfered to point the moral of vaccination at the expense of the victims to this scourge, which, although preventible, is not prevented, and which has run riot through the ranks of the unprotected in Gloucester.

WHAT IS THERAPEUSIS ?

THERAPEUSIS, as was recently observed by Dr. Chauffard, is the touchstone of medicine. Nosology and pathology no doubt possess an interest of their own, they are branches of natural history applied to the study of perversions of physiological activity and alterations of structure in living beings, but they lack the peculiar and all-absorbing interest of curative medicine. Medicine, after all, is not the science of disease, nor is its object the study of disease-producing causes or the phenomena of disease, as observed in the course of an attack. It is the possession, or the research, of the means of curing or, at least, of relieving. It is quite possible to be an accomplished pathologist without being a medical practitioner, indeed, the medical practitioner differs from the former in that his scientific studies have for object the cure of disease, the relief of pain, and the postponement of the fatal termination. Pasteur, who, perhaps, more than any other scientist of the present century has assisted in the prevention and the cure of disease, was, in no sense, a medical man. It remained for others to apply the marvellous results obtained by him in the department of bacteriology to the prevention and the cure of disease. In years gone by a disease was known only in its symptoms, the relief of which constituted the palliative therapeusis so long in vogue. To combat these symptoms, which, in the aggregate, were assumed to be *the* disease, recourse was had to various remedies which appeared to produce effects more or less antagonistic to the morbid manifestations, the practitioner sought to modify certain physiological processes or to dull the sensory apparatus, thus subduing spasm, reducing the temperature, dilating or constricting the vessels, provoking or restraining certain secretions, or determining sleep. We have long since made up our minds as to the therapeutical value of this kind of medication which, at the best, can only be palliative. Not indeed that such measures are therefore to be despised ; on the contrary, it is to such

measures that medicine owes its present position, and without it medicine would long since have fallen into contempt. When we are unable to cure, it is our duty to seek to relieve, and this system of therapeutics, palliative in its aims, is essentially physiological in its action. The therapeusis of the present day is based on quite another principle, being pathogenic in its conception. Etiological therapeusis, in a more or less general way, has long been known and practised. When the cause of the disease was known, it was eliminated or destroyed or neutralised, foreign bodies were removed, parasites were killed or expelled, and poisons were evacuated or their elimination facilitated. In view of the effects following our intervention, we were but too apt to claim the credit of having cured the patient, whereas in reality we are only entitled to the credit of having removed the obstacle to recovery, nature doing the rest. Pathogenic therapeusis must be carefully distinguished from etiological therapeusis. The former reveals the method of action of the disease-producing agent and the reaction of the organism to this cause, this being the malady properly so-called. It enables us to distinguish the reactive phenomena which tend to protect the organism against the effects of the cause, and those which prepare and ultimately accomplish the cure. The practitioner's duty, then, is to assist those phenomena which are recognised to have a curative tendency, to provoke them or to imitate them, in fact, with the object of bringing about the natural cure he introduces them artificially into the body when these curative manifestations do not spontaneously declare themselves. Recovery is seldom or never the direct result of artificial means. With or without the aid of medicine it takes place on natural lines, but it belongs to the practitioner, usually to assist, sometimes to provoke, the curative reaction, or even to determine it by the aid of an organism foreign to the economy. It very often happens that the [morbid manifestations provoked by a comparatively insignificant cause are in reality purely accidental, that is to say, they are due to the action of the cause on an organism possessing special tendencies. For instance, intestinal worms have been known occasionally to give rise to convulsions, but this can only be the case in individuals prone by heredity, or otherwise, to nervous phenomena of this kind. We remove the cause and the convulsions cease, but we have not cured the morbid condition which is still there, ready to break out afresh later on in response to slight stimuli. It is not altogether fair to assert that recovery is in every instance brought about by the *vis medicatrix nature*, but it is nevertheless true that our intervention is principally in the direction of favouring or assisting natural curative processes. There is nothing necessarily humiliating in this admission. When the practitioner is unable to discern any indications for treatment he is fain to have recourse to the empirical means bequeathed to him by his predecessors. In default of a cure, he may, at any rate, bring relief and restore mental calm, and when he has done this much he may rest satisfied with having done his duty.

If it be essential that the practitioner should learn how and when to intervene in the direction of facilitating processes recognised to be curative in their tendencies, it is not less important that he should be taught not to interfere with their evolution by ill-timed and active measures. Where science is mute, he must understand that it is dangerous to risk the disturbance of natural methods of cure by more or less violent means. We live at present in a period of hasty empiricism, in which commercialism jostles science, but there is no royal, still less any commercial, road to therapeutical success. Injudicious and immature experiments, inadequate and hasty observations, wild generalisations and unscrupulous affirmations, delay progress and tend to bring science into discredit. Progress is slow, and not always sure, but it is in the resources of pathogenic therapeutics that we shall probably find most assistance in grappling with the problems which remain to be solved in the domain of curative medicine.

"AS OTHERS SEE US."

It is a useful discipline for anyone to submit himself to the monitions of the "candid friend," and, indeed, it would do our profession no great harm if we had occasionally to bear "the slings and arrows" of adverse criticism, considering that we are so constantly assured that we are the noblest of created beings, and are superior to all considerations of personal aggrandisement or filthy lucre, such being the staple of introductory lectures and post-prandial speeches. Here is what the *Chemist and Druggist* says of us:—

"It is curious to note, too, the sublime persistence with which medical practitioners cling to their belief in their own superhuman morality. The Ten Commandments are not enough for them. They have supplemented these with a jumble of other regulations, a few of which have an ethical basis, while the majority are merely manifestations of trade-union policy. They must not advertise, they must not consult with a homoeopath, they must not take less than a guinea for a consultation, they must not recognise a secret remedy—these are among the rules which govern their own conduct: the public is under a much severer control. The patient who surreptitiously consults another medical man while he is under his regular doctor's treatment is as criminal as the one who asks for a detailed statement of his medical attendant's account; while any poor wretch who may have bought a powder from a chemist for her baby before she called in a doctor is liable to a reprimand from a coroner—if this official should be a medical man. The practitioners at the bottom of the profession, who find it none too easy to get a shilling for medicine and advice, and never dream of the guinea, are only lightly bound by the chains of medical etiquette; and it appears that gentlemen at the very head of the profession are not bound by them at all.

It must be admitted that there is a substantial amount of truth in this oburgation, as much, at least, as can be expected from a prescribing chemist when speaking of a competing general practitioner; but it may be answered that, if our profession is obliged to make laws for itself, it does so because the public omits or declines to make laws for *itself*. Not even the journalistic representative of the prescribing chemist

can maintain that it is consistent with the well-being of the community, not to speak of the doctors, that traders who have admittedly, never learned how to detect or treat disease, and who, commonly, never see the patient, should sell advice which they are manifestly incompetent in many instances to give, and should cause potent drugs to be administered, on the effect of which, in the particular case, they can have only the dimmest idea. Nor can any one suggest that it is a good thing that parents should be encouraged, by laxity of system, to imperil the lives of those for whom they are responsible by dealing with their sicknesses by this method. We avow ourselves as free-traders, but we say that the existing medical system is an illustration of free-trade gone mad. The existing law declares that any one, however ignorant, may trifle with human life, may administer potent drugs without being practically responsible for any fatality which may ensue therefrom. It also declares that any parent may be accessory to this process and cannot be held liable for damage or death of the child, for whose care and nurture he or she is responsible. While it thus encourages the utmost laxity in matters of health and life, it surrounds the practice of trade with the strictest barriers and the narrowest limits. Thus, the business of the chemist is a most cogent instance of this. The Inland Revenue people and the Pharmaceutical Societies join together in exercising the closest watchfulness lest any person not legally qualified should sell a pennyworth of anything to any one. Both bodies have their corps of detectives, and much of their resources is expended in prosecuting without mercy every poor trader who treads on the hem of the pharmaceutical toga. We do not complain of this, but we do protest that the profession is fully justified in providing for itself a sort of unwritten law, and is doing excellent public service in enforcing it as far as it can. The time is coming, we hope, when the public will be educated up to a recognition of the fact that it cannot be for the general benefit that unrestricted medical practice and unlimited prescribing of dangerous drugs should be permitted. Until that time arrives, we trust that, so far as it may be possible to exercise moral pressure to keep the practice of our profession pure, that pressure will be unsparingly exercised.

Notes on Current Topics.

The Relative Value of the Various Digitalines

THE one drawback to the otherwise great advantages of prescribing active principles of medicinal plants, instead of crude vegetable products has so far been the difficulty experienced in obtaining alkaloids perfectly uniform in composition and physiological activity. Little by little this uncertainty has been obviated, thanks to the efforts of individual chemists, who, for the most part, have bequeathed their names to a particular salt, as a guarantee of chemical and therapeutical identity. For instance, the number of the so-called active principles of digitalis in the market is considerable, and has been so for some years. Inas-

much as these various digitalines, known as crystallised and amorphous, or as digitoxin, differ considerably in physiological activity, medical men have been somewhat chary of prescribing them in view of the possibility of inadvertently ordering a drug of which the effects would fall short, or be in excess, of requirements. With the object of clearing up a question of considerable therapeutical importance, the French Therapeutical Society recently appointed a committee to investigate and report upon the various active principles of digitalis actually in the market. According to their report there is only one alkaloid of digitalis which can justly be described as possessing a definite chemical composition—the crystallised digitaline discovered some years since by Nativelle. Uniformity of composition of necessity infers uniformity of effect, and this consideration led the committee to recommend that this crystallised digitaline should alone receive official recognition in the French *Codex*. The German Digitoxine is an undefined mixture of active principles which is sometimes equal in activity to the crystallised salt, and is sometimes twice, or even three times as active. Amorphous digitaline is open to the same objection, viz., that it contains a variable proportion of a very active glucoside. What the practitioner requires is not so much intrinsic activity as assured uniformity of action, and under existing circumstances the only product that can be safely prescribed is Nativelle's chloroformic or crystallised digitaline. The matter possesses special interest in view of the forthcoming edition of the *British Pharmacopœia*.

A Surgeon's Eye.

THE human eye has many unspeakable gifts, some of which unmistakably add to its attractiveness, and some do not. Our readers will probably be interested to learn what a surgeon at a large London Hospital thinks of the eye which distinguished a late colleague, whose personality has often been the subject of admiration. In an able, thoughtful "In Memoriam" notice of Sir William Savory, contributed to the new volume of "St. Bartholomew's Hospital Reports," Mr. Howard Marsh writes as follows:—"His (Savory's) eye was pale blue, inclining to be gray. Its general expression was that of calm intelligence, but it was singularly expressive, and its range of expression was remarkable. It is a truism to say that the eye often discloses the whole man, and that the more remarkable the man, the more telling is the eye. Savory's eye was clear, steady, and alert, it seemed to give a pledge more binding than any words; it could be eloquent in thanks, it could convey generous approval. These were its quiet moments. But in an instant it became all aglow, and expressive, as the occasion ruled, of keen attention, intense amusement, or blank incredulity; or it would cloud over and darken, and launch a sudden ultimatum. Steele, in the *Spectator*, tells us that he has seen an eyebrow call a man a scoundrel. Savory's eye, at all events till years brought larger tolerance and restraint, not only pronounced sentence, but it passed on to slay the enemy where he stood." All old Bartholomew's men

who were students in Savory's time will appreciate the truths contained in these remarks. The slaying process was one which was not infrequently seen. The scene was usually the operating theatre, and the time Thursday afternoons, when the consultations were held. Savory was, perhaps, intolerant of any diversity of opinion when it applied to himself. There were occasions at these consultations when his opinion was entirely in a minority, the minority being represented by himself. It was then that the slaying process was displayed in the fulness of its power. Like a flock of sheep, as it appeared to Savory, colleague after colleague would reiterate with worrying monotony, the opinion expressed on the case by the senior colleague who spoke first. At last the most junior colleague on the staff would give his verdict in the same terms, and then it was that the colour would come and go in Savory's face, that the eyes would flash, and the trembling features show the tumult of his feelings. These were sights for students to see and remember, and they have been vividly recalled by the description quoted above from Mr. Marsh's notice. Still Savory was a worthy successor of Lawrence, and the power that he swayed was, perhaps, equally as great. But with him there died the *régime* of a mannerism of which the model and type was Lawrence.

Quackery in High Places.

THE feelings of a number of the members of the medical profession in Berlin have lately been disturbed, our German correspondent informs us, by an occurrence that is fortunately somewhat of a rarity. It is no less than that of a quack being called in to attend a patient in a public hospital. The curator of the hospital in question has thought fit to publish an "explanation" of the occurrence, which, however, is scarcely an explanation, being, in fact, nothing more than a bare statement. On February 2nd of this year, it appears General-Major Herr von Lippe, Flügel Adjutant of the Emperor, was admitted into the Augusta Hospital, suffering from a grave organic lesion of the spine. Although there was no difficulty in the diagnosis, and the mode of treatment was clear, a consultation was held between the physician in attendance and Dr. Jolly, Director of the University Klinik for Nervous Diseases, in which Dr. Jolly agreed with Dr. Ewald on every point. The further course of the disease led Dr. Ewald to point out to Frau von Lippe the hopeless nature of the disease, and he proposed on the same day another consultation with a nerve specialist. This was declined, and a counter proposal was made by the lady to call in an unqualified man from Dresden, named Gössel. The introduction of the quack was insisted on, and under these circumstances Dr. Ewald felt compelled to retire from the case as he could not hold a consultation with an unqualified man, nor work in connection with him. This decision was communicated by Dr. Ewald to the "Curatorium" of the hospital. In the meantime Herr Gössel had, in fact, entered upon the treatment of the case, and was already in the hospital as the patient was too ill to be removed against his wishes. On the other hand, every tie between Herr Lippe and the

hospital was severed. He had his own attendants, and procured his food from without, and he only used the hospital as a shelter while continuing to be unfit for removal. As a proof of the wonderful ability of the quack, it is adduced that he made his diagnosis at a distance by simply smelling the patient's stockings. The patient improved under the new treatment, and it remains to be seen whether the improvement is illusory, transient, or permanent. It is said that such occurrences as the above are not very rare with the higher German aristocracy, although it is unusual for them to occur while one is actually under treatment in a public hospital.

Hydrophobia.

We have recently, in view of the increased stringency of muzzling orders, endeavoured to show that rabies is a rare disease in the dog, and still more rare in the human subject, and, therefore, that muzzling orders are not always justified by the risks to anyone from hydrophobia. We publish to-day a letter from a correspondent who takes the opposite view, and who brings to the subject a good deal of personal trustworthy experience, and we commend his statements to the attention of those who are interested in the controversy. Meanwhile, we can shed some light upon the disputed questions by printing the returns of the Pasteur Institute for the past ten years, which we take from the *Annales de l'Institute*.

Year.	Number of persons inoculated.	Number of Deaths.	Rate of Mortality.
1886	2671	25	0.94
1887	1770	14	0.79
1888	1622	9	0.55
1889	1830	7	0.38
1890	1540	5	0.32
1891	1559	4	0.25
1892	1790	4	0.22
1893	1648	6	0.36
1894	1387	7	0.50
1895	1520	2	0.13

If these figures do not prove that the danger of hydrophobia is greatly exaggerated in the popular mind, we do not know what proofs can do so. Here were 1,520 persons, not only bitten, but so badly bitten that they thought it worth while to travel and seek Pasteur's aid, and bitten under such circumstances that Pasteur recognised some danger. They represented, probably, the worst cases out of many thousands, the great majority of whom did not resort to Pasteur. Of the 1,520 patients who were thought worthy of inoculation, only two died. Why, according to these figures, a cold in the head is as dangerous as the bite of a so-called rabid dog. The explanation is forthcoming, however, when we are told that, out of the 1,520 patients, only 122 were bitten by dogs proved to be rabid; in every other case the animal was only suspected. In the case, therefore, of persons bitten by dogs positively mad, the mortality, after the patients had been subjected to Pasteur's inoculation, was only 0.16 per cent. How much of this happy immunity from

hydrophobia was due to the inoculation, and how much to Nature, cannot be judged until we can compare with these cases a sufficient number of other cases bitten by unquestionably rabid dogs, but never inoculated by Pasteur. We believe, however, that the rigid enforcement of the law against stray dogs is due, to a great extent, not to the dread of hydrophobia, but to the desire of everyone to reduce the excessive number of useless curs, which, rabid or not, have come to be an utter nuisance. We sympathise in such desire, and would be glad to see a wholesale weeding out effected by doubling the dog tax and by ordering that those animals not taxed, registered, and effectually controlled and cared for, should be "removed," only we object to have that purpose effected by creating in the public mind a hydro-phobia scare, for which, as we have shown, there is little scientific or statistical ground.

"A Public Warning."

UNDER the heading of "A Public Warning," a correspondent wrote last week to the *Western Mercury*, a letter commenting upon the *Kitson v. Playfair* case, in the course of which he makes an attack upon the Medical Defence Union, "a union," he says, "consisting of medical men in various parts of the country who, for a small yearly subscription, combine in order to place all legal matters in which they are interested, either as plaintiffs or defendants, in the hands of the Union's legal advisers." He then hazards the wonderful suggestion that "it is possible, nay probable, that Dr. Playfair is a member, and, if so, the payment of the damages will be a very serious question for his Union to consider." For the most part, his remarks are more humorous than harmful, and, as such, scarcely call for notice. But his serious misrepresentations with respect to the objects and aims of the Union must not be passed over in silence. He begins by stating that the union has been founded for the purpose of having all matters connected with medicine under its control, to charge whatever scales of fees it likes, and to enable its members to deal as cavalierly as they like with their patients. Then he proceeds to say that it will be a highly dangerous thing to admit a member of such a union into the sanctities and friendships of social life, and still further in case of illness would it be unsafe to seek their aid; he concludes with the sage advice that the people must protect themselves against "the doctors," and when the attendance of a medical man is required, he recommends that steps should be taken first to ascertain whether the practitioner is a member of any defence society or union, for if he should prove to be so, then his services should be immediately declined. This melancholy exhibition of ignorance, misconception, and false representation is a good example of the nonsense which is conjured up in the minds of certain persons who believe that they can speak with authority. It is plain to see that this would-be critic has evidently made up his mind that all unions must be worked upon the same principles, that in other words, the Medical Defence Union is nothing more nor less than a trade union, comparable to those to which

artisans belong. Fortunately, however, for the public such is not the case; the authorities, for example, of the Medical Defence Union have not the power to organise a general strike among medical men.

A Matter for Inquiry.

A CORRESPONDENT has sent us a cutting from the *Liverpool Post* describing a meeting which was held last week of the "Civil Service Medical Association," an association which, as we gather, has been in existence in Liverpool for upwards of twelve months. According to the report, civil servants of all departments are eligible for membership, and the Committee are of the firm belief that as the Society becomes more widely known its benefits will be taken advantage of by the great bulk of those on the established and retired list. The name of one medical man, that of a Dr. Murray, is mentioned as having attended the meeting, and he expressed the conviction that there did not appear to be any reason why the Association should not become one of the largest in the country. We are quite in ignorance of what this undertaking means, and whether it meets with the approval of the bulk of the profession in Liverpool. The title of it, however, is somewhat suggestive of a bid being made to attract a large number of persons to enter into a combination for the purpose of securing medical attendance at a cheap rate. Of course, the proper designation of such an undertaking would be a "Sick Club." But is it to be supposed that civil servants are only able to afford so much per week for medical attendance? If the "Civil Service Medical Association" has been organised for this purpose, then we have no hesitation in saying that it is bound to do harm to a large number of local practitioners. We should be glad to hear further of this scheme.

Sterilised Town Water.

AN offer has been made by an inventor to the Municipality of the City of Paris to sterilise 5,000 cubic metres daily of water for public consumption at his own expense, and, after preliminary inquiry, it has been decided by the municipality to obtain a formal expert report upon which a decision may be arrived at whether the offer ought to be rejected or accepted.

The "Light" Cure.

THE law regulating the practice of medicine in Germany is the same as the English law, in that everyone is free to treat patients on condition of not arrogating to themselves titles to which they have no right. This, in part, explains why it is that nowhere are empirical practitioners more numerous than in these two countries. According to *La Semaine Médicale* the medical practitioners of that country are too accustomed to this sort of thing to express either surprise or disgust, for it seems that it is even now the custom, in certain quasi Royal families, to employ, for the cure of epilepsy, the eyes of magpies killed on the 31st of December. The latest departure in the direction of what is popularly called "natural medicine," is that introduced by one Rikli, who has founded an institute on the Carniole

mountains, near Trieste, for the treatment of all kinds of ailments by "mountain air." His idea is to expose the patient as completely as possible to the effects of "luminous radiation." The method involves the exposure of the absolutely naked body to sunlight and air, irrespective of atmospheric vicissitudes. The patients are enjoined to pass the greater part of the day in a state of nudity, and little by little, they are expected to develop such a measure of "resistance" as will enable them to withstand all changes of temperature, humidity, &c. The institute opens in May and closes in October. It is situated at an elevation of about 3,000 feet, and the sexes are separated by a high wall. When the sun is high the patients lie round on the dry turf or on planks exposed to the full force of the summer sun for periods varying from fifteen minutes to an hour, the head only being protected by a parasol. One effect of the exposure is to provoke profuse perspiration, but, in new comers more or less superficial inflammation of the skin not infrequently follows. It is not only the sunlight that is employed, for the treatment involves exposure to rain and wind. This method of treatment is not new, for it takes us back to the groves surrounding the temples of the Asclepiades where "natural medicine" had free play. It is, perhaps, hardly likely to become popular, but it is quite conceivable that it would prove beneficial in a large number of "ailments," as distinguished from organic diseases.

Indecent Journalism.

It appears tolerably certain that the Bill to restrain the publication of indecent reports will undergo considerable, even fundamental, modification before it can become law. The point that concerns us is the possibility of more or less drastic restrictions being applied to reports of cases in professional organs. Although we cannot help thinking that the risk of interference is small, we rely on our medical Members of Parliament to secure the insertion of a provision in the Bill exempting medical journals from the prohibition when the matter is obviously one of scientific or medical interest. The suggestion, made by a contemporary, to empower the General Medical Council to compile a list of medical journals for exemption, is simply ridiculous. The Council comprises among its members several men of undoubted intelligence, but we defy them to formulate a satisfactory definition of what constitutes a "medical journal." Moreover, the Council might, under conceivable circumstances, avail themselves of the power to strike an unfriendly journal off the list as a punishment for too searching criticisms, a right of censure which the legislature could not possibly connive at. All we want is a clause affirming the right of medical journals to report and discuss matters of scientific and medical interest, and, in the event of a prosecution, it must be for a jury to decide—(a) whether the subject matter is indecent, and (b) whether its reproduction can be justified on the ground of its scientific importance. We will venture to assert that no publications are more fastidiously edited than those which appeal to medical readers, and, artisans belong. Fortunately, however, for the public

however delicate the topic, the prurient-minded lay reader would be baffled by the technical sobriety of the terms employed. The literature of the operating table and the post-mortem room could hardly stimulate even the most excitable or imaginative of readers. Surgical or pathological nudity can never be anything but chaste, and we know of no more powerful moralising influence than a visit to the out-patient department of a hospital for the treatment of venereal diseases. The consequences of vice, seen through medical spectacles, certainly does not bear out Pope's assertion that,

"Seen too oft, familiar with its face,
We first endure, then pity, then embrace."

A Generous Bequest.

THE Academy of Medicine of Paris has been authorised to accept a legacy of £960 per annum, that is to say, a capital sum of £32,000, bequeathed by Madame Andiffred, *née* Jonanique, on trust to be paid over to the person, without distinction of nationality or profession, who, within twenty-five years, shall have discovered a preventive or curative remedy, acknowledged by the Academy to give certain and permanent effects in respect of tuberculosis. It is to be styled the François-Joseph Andiffred Prize, and until such discovery shall take place, the annual income shall belong to the Academy, to be applied to such purposes as may be thought proper. This last provision is certain to render the Academy very circumspect in admitting the value of all future "cures" for tuberculosis, unless, indeed, the happy discoverer should happen to belong to that very select body, a special proviso in the will rendering such member eligible to compete. It is doubtful, nevertheless, whether any pecuniary reward will act as an additional incentive to research in this direction. The honour and fame which will inevitably accrue to him who lights upon a prophylactic or curative remedy for the fell disease must transcend all mercenary considerations, and the testatrix would probably have done more to attain her object had she endowed research laboratories, or founded research scholarships. Nevertheless, all honour is due to the noble-minded benefactress who has striven to contribute her widow's mite to the elucidation of a problem of the greatest possible importance to the world at large.

A New Order of Medical Practitioners in America.

THE State of New York has just distinguished itself by passing a law authorising the incorporation of a society called "The Pedic Society of New York." By this means all persons who wish to practice chiropody will be compelled to qualify for their profession. A board of three examiners has been constituted, who will conduct examinations, either orally or by papers. The subjects will be the anatomy and physiology of the feet, therapeutics, chemistry, minor surgery, and bandaging, also, we may presume, of the feet. All the candidates desirous of qualifying must be over 21 years of age, citizens of the United States, and residents of the State of New York. It is stated that the Society is entitled to all the privileges and immunities granted

to Medical, Dental, and Veterinary Societies of the State. Moreover, that a register of chiropodists will be kept by a certain official with whom registration will have to be made. One clause in the new law is worthy of note, and that is that no duly and legally qualified physician or surgeon shall be prohibited from practising chiropody or any branch thereof. So far so good, but this at once shows that it was perfectly unnecessary to have made a new order of practitioners when chiropody is already provided for among the general practitioners of medicine and surgery.

Some Health Facts from Dublin.

THE year's report for 1894, of Sir Charles Cameron, for Dublin City, is encouraging. It tells us that the death-rate was only 23·8 per 1,000, being 3 below the average of the previous ten years, and the lowest on record since the accurate registration of deaths commenced in Dublin. As many as 34·7 per cent. of these deaths occurred in public institutions, which shows that in Dublin, a much larger proportion of the population than elsewhere is dependent on hospital relief, for we find that, in English towns, the proportion dying in hospitals is only about 18 per cent. The year 1895 was singularly free from zymotic disease in Dublin. The deaths were 196 (or 15·3 per cent. below the average) and 447 less than in the year 1893. The total deaths in the year 1894 numbered 6,519. There was a saving of life to the number of 620 as compared with 1893, and of 1,300 as compared with 1892. As regards the small-pox epidemic, Sir Charles Cameron reports that within the year 1894 73 persons died from the disease. He estimates that at the time of the outbreak there were nearly 40,000 unvaccinated persons in the city, and that 40,000 were revaccinated, but of course these were not necessarily the unvaccinated cases. The Registrar of Cork Street Hospital, reports that 534 small-pox patients passed through his hands in the year, and that the mortality of these was 7·36 per cent. for the vaccinated patients, and 23·35 for those unvaccinated.

Sanitary Sidmouth.

ACCORDING to the annual report of Dr. Pullin, the Medical Officer of Health for Sidmouth, those who visit that charming seaside resort will invade a region of extreme healthiness. The death-rate for last year, after correction for deaths of visitors, touches the low point of 15 per 1,000, as against 19·6 for all England. Moreover, the returns under the Notification of Infectious Diseases Act is of a reassuring nature; 70 cases of scarlet fever, one of typhoid, two of puerperal fever, and two of diphtheria were notified during the year. Another striking fact mentioned in the report is that no death from diarrhoea has been registered in the district for the last sixteen years. We quite agree with Dr. Pullin when he says that it is doubtful whether another place in the United Kingdom with a similar population—3,500 to 4,000—could furnish such a record. Of late some adverse rumours have been circulated concerning the sanitary condition of Sidmouth, but these do not appear to be warranted by the facts of the

case. On the contrary, the local authorities seem to have shown a great deal more activity in public health administration than is usually met with in the County of Devon.

The Preparation of Antitoxic Serum.

ALTHOUGH, no doubt, most of our readers are well versed in the therapeutic value of the serum we fancy that few of them know the exact method by which the serum is prepared, and it seems, therefore, worth while to refer to the matter. The bacillus diphtheriæ is grown in a broth culture for nearly a month. The culture is then filtered through a porcelain (Pasteur) filter, and the resulting filtrate contains the toxins of diphtheria, but is free from bacilli. Horses previously tested and proved to be free from glanders, are repeatedly injected with the fluid containing these toxins. The process takes several weeks before the animals are sufficiently immunised. This is estimated by injecting a fraction of a centimetre of their serum into a guinea-pig inoculated with a known quantity of the diphtheria toxin. When the serum completely protects the guinea-pig, the horses are ready for use. They are then bled, but not to such an extent as to endanger life, and the resulting serum is the antitoxic serum. This naturally prepared antitoxin is rendered aseptic by dropping a piece of ignited camphor in each bottleful of serum.

The Presidential Election at the Royal College of Physicians, London.

ON the 30th ult., being the Monday after Palm Sunday, the Fellows of the Royal College of Physicians of London, assembled in accordance with ancient custom to elect a President for the ensuing year. At the first enumeration it was found that Dr. Samuel Wilks had obtained 75 votes, as against 65 recorded in favour of other candidates. No one having obtained the requisite two-thirds majority, a second ballot was called for, when the decision of the College was given in favour of Dr. Wilks, Sir William Broadbent being second. The retiring President, Sir Russell Reynolds, was prevented from being present, and the chair was taken by Sir William Broadbent, Senior Censor. Dr. Wilks was educated at Guy's Hospital, and is a member of Senate of the University of London, and Consulting Physician to Guy's Hospital. According to precedent, he will, on his appointment as President, receive a marked favour at Her Majesty's hands as soon as the formal election is signified to the Queen.

Serotherapy ad Absurdum.

THE last suggestion in serotherapy is the injection of the blood-serum of dogs which have been subjected to large daily doses of ethylic alcohol. According to Dr. Toulouse, the injection of 24 cc. thrice repeated of this serum produced markedly beneficial effects in a case of alcoholic delirium. He is now about to institute researches with the object of finding out whether the serum acts as an "anti-alcoholic" serum, or merely *quâ* serum. It would perhaps have been

more in accordance with scientific principles if he had made his control experiments before taking up the time of the Academy of Medicine of Paris with an observation which is calculated to bring serotherapy into contempt.

A Chemist Foreign Minister of France.

M. BERTHELOT, the distinguished chemist and physicist, who was taken from his laboratory and put to manage the foreign affairs of the French nation, has found it necessary to return to his more congenial employment as an investigator. As an active politician he has proved a dismal failure, and it is not surprising that it should be so. The patient and untiring collation of scientific data, and the calm and impartial deduction of conclusions from those data, is by no means the sort of training for a Foreign Minister, who is called upon at every moment to form hasty, yet wise, decisions, and to carry them into effect without delay. All are agreed that M. Berthelot was personally a most excellent man, but equally agreed that he was a most ineffective Foreign Minister.

Among the Bottles.

AN amusing episode took place recently in the Borrisokane (co. Tipperary) Dispensary. One of the pauper patients was dissatisfied with her medicine, and began to abuse the medical officer, who ordered her to leave the surgery. As she would not go, he went out to fetch the porter, whereupon the patient locked herself up in the pharmacy, of which the key happened to be at hand, and occupied herself until the door could be broken open, in mixing the contents of all the bottles. Before she could be removed she is said to have perpetrated damage to the amount of about £50.

THE Gresham Lectures will be delivered in Gresham College, Basinghall Street, on April 14th, 15th, 16th, and 17th, 1896, at 6 o'clock, by Dr. E. Symes Thompson, Gresham Professor of Medicine, the subject being "The Latency of Disease."

THE official journal in Vienna publishes an order of the Minister of Public Instruction admitting women holding foreign medical diplomas to registration in Austria.

GLASGOW is to be the place of meeting of the Congress of the British Institute of Public Health for the present year. Its sittings will commence on July 23rd, and will last over the 28th, and will be held in the University buildings.

THE Paris Society of Medicine celebrated its bicentenary the week before last by a banquet, at which the leaders of the profession in Paris were present. Dr. Ogilvie, of London, attended to represent the profession in England, and proposed the toast of the evening—"The Two-hundredth Anniversary of the Society."

Sheffield and its Medical Officer of Health.

WEALTHY Sheffield has never been credited with a too exalted appreciation of the services of its Health Officers. On previous occasions the City Council has parted with valuable, if *not valued*, servants because of the existence of a parsimonious discharge of its duties in this direction, and it is highly probable that it may soon lose the services of its present Medical Officer, Dr. Harvey Littlejohn, whose application for increase of salary has been refused. It affords us, therefore, unqualified pleasure to record that almost the entire body of the medical profession in that town have come forward with striking unanimity to testify their appreciation of the eminent services Dr. Littlejohn has rendered, and their cordial sympathy with him in the refusal of adequate pecuniary remuneration. The movement took practical shape when, on Thursday last, Dr. Littlejohn was publicly entertained at dinner, and a memorial was presented to him signed by upwards of one hundred of the leading medical men. Dr. Dyson, Consulting Physician to the Sheffield Public Hospital, was in the chair. Mr. Snell made the presentation, and the greatest enthusiasm prevailed. After such an expression of opinion the City Council must be indeed obtuse if they persist in their present course.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

DUNBAR.—RECOGNITION OF THE SERVICES OF A LOCAL MEDICAL OFFICER OF HEALTH.—We are glad to see that the public in Dunbar, the scene of the late typhoid epidemic, are fully sensible of the energy and ability shown by the Acting Medical Officer of Health, Dr. Sinclair, in combating the ravages of the disease under difficult circumstances. The members of the Town Council do not seem to consider it worth their while to mention his services, at least in the panegyric remarks made at the opening of the new water supply the other day, they were not alluded to. The ratepayers, however, judging by their letters to the papers, are fully sensible of the value of his work. Although the system under which the sanitary affairs of East Lothian are conducted is the reverse of ideal, honour should be awarded to whom honour is due, and Dr. Sinclair has carried through a difficult part with much success.

GLASGOW UNIVERSITY HONORARY DEGREES.—Among the long list of names proposed to be honoured by the University of Glasgow on the occasion of the annual graduation ceremony by the bestowal of different degrees, we find the names of Thomas Reid, M.D., for the last twenty-seven years Waltonian Lecturer and Lecturer on the Diseases of the Eye in the University of Glasgow, and John Ure, Lord Provost of Glasgow, 1880-83, first chairman of the Committee on Health, which did a great deal towards organising the sanitary system of the city.

OUTBREAK OF TYPHUS IN EDINBURGH.—At the last meeting of the Edinburgh Town Council it was reported that an outbreak of typhus fever had occurred in the city. Six cases had in all occurred, the first having been certified after death as bronchitis by the medical attendant, at least the Lord Provost is reported to have stated as much, and to have added that inquiry should be made into the facts and into the question of how it was that the physician attending knew so little about his business as to diagnose the case wrongly. We suspect that Lord Provost Macdonald, dounce body as he is, fails to grasp the difficulty in diagnosis attendant on many cases of typhus fever, especially as the fever is not at all common in Edinburgh.

CLOSE upon £7,000 have been received in legacies and donations (over £100) by the Edinburgh Royal Infirmary during the last six months.

Correspondence.

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

THE ETHICS OF PROFESSIONAL ADVERTISING.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I should regret exceedingly if I have brought down on my devoted head the justifiable wrath of Dr. H. G. Brooke, or any other man, but I am afraid his display of cholera is just another illustration of the iniquity of direct speaking or writing in these reflective and Pharisaical times. I think I shall best isolate Dr. Brooke's disagreement from me by pointing out the large extent of his agreement with me. Dr. Brooke quite frankly states that he helped to found a special hospital, and that his object in doing so was to "get more abundant material on which to continue my studies in a branch of medicine which had greatly attracted me, and to which I had devoted my main attention." This is fair and straight, and I see no ethical or other objection to Dr. Brooke having done so, only he must remember that there are other professional enthusiasts in the profession than he, and the right which he arrogates to himself must be conceded all round, and then every man has a perfect right to found a special institution to "get more material" in the shape of patients, and "more material" in the shape of guineas. As a matter of commercial business, this is honest, and it is to the credit of Dr. Brooke that he says, "there is no question of philanthropy primarily in the matter." Not a bit of it; nor is there any "question of philanthropy" primarily, in the case of any hospital. I take a more mundane view of it; hospitals, general as well as special, exist, primarily, to subserve the ends of medical men, and they do so by furnishing to them "abundant material" in the shape of patients from all classes of society, through which they bring themselves before the public, by writing, performing cures, &c., and by the multiform methods in which the hospitals are advertised. It is the merest disingenuousness to say that this is not the attraction which hospitals possess for medical men, and that it is not in this manner the so-called "heads" of the profession are made. The same remarks apply even more strongly to special hospitals; and, notwithstanding Dr. Brooke's warm repudiation, I adhere to my opinion. But if there is "no philanthropy" primarily, or otherwise, in the matter of special hospitals, why do those who run special hospitals base appeals for their support to the public, on Christianity, philanthropy, and charity? This is the straw with which the public are tickled, and which clicks the coin out of the pockets of the Pharisees. If Dr. Brooke maintains that one man has as good a right as another to found a special hospital or a general hospital, and that there is "no philanthropy, primarily, in the matter," then I entirely agree with him. With the exception of four or five of the general hospitals in London, the remainder were founded by medical men, to further their own professional and pecuniary ends, and there certainly "was no philanthropy, primarily, in the matter." I demur to Dr. Brooke's contention, which appears to me only a specious extenuation of his founding a special hospital, that the opportunities for cultivating successfully his department would be greater in a special hospital than in a special department of a general hospital. No. The "special hospital" is more under the thumb of the staff, and is otherwise a better advertising medium. Dr. Brooke is indignant at my calling this sort of thing advertising. I am sorry I cannot find a word less offensive to express what I understand by it. If a man comes into my consulting room and surreptitiously removes property which does not belong to him, I call him a thief, while Dr. Brooke would euphemistically designate the gentleman as an abstracter of material not his. Again, if it be professionally ethical to advertise special institutions *ad nauseam* in the public newspapers, why should it be unprofessional to advertise a book, as censors of the College of Physicians do? The writing of a good book, to my mind, implies more brain power than the founding of a special hospital, and is a much fairer means of "advertising" than the latter. I deal more with this question in another quarter, next month.

I have nothing but contempt for the affectation of medical men that they do *not* advertise, and worse than contempt for the dishonesty which proclaims that "charity," and not greed is the greatest factor in the hospital system.

I am, Sir, yours, &c.,

D. CAMPBELL BLACK, M.D.,
Professor of Physiology in Anderson's
College Medical School.

Glasgow, March 26th, 1896.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—To those who have the welfare of the profession at heart the correspondence and the facts which it discloses under the above heading in your admirable journal must be sorry reading. It is quite evident that no written code of ethics can ever be effectual unless the bulk of the profession are imbued with the professional and gentlemanly instincts of which an ethical code forms but the expression. It is further quite obvious that it is, and will remain useless, to try to enforce discipline in matters of gentlemanly conduct so long as men holding positions as leaders and occupying high posts in Medical Corporations lend themselves to the vulgar arts exemplified in your columns. If a leading physician can allow his qualifications (and his piety) to be paraded in a vulgar puff of the kind one might expect from an advertising dentist—a puff not distinguishable from those which no one doubts are used as baits for patients—can it be wondered at if men, less fortunate, pinched, perhaps, by the *res augusta domi*, should descend to those lower and more vulgar tricks of which complaints is so often nowadays heard. It will be impossible until the upper ranks of the profession become absolutely above suspicion in these matters that the General Medical Council can attempt to enforce discipline or to promulgate the much-needed law that professional advertising is an infamous offence.

I am, Sir, yours, &c.,

AN OBSCURE PRACTITIONER,

March 27th, 1896.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—A correspondent rightly points to the superior restrictive measures as to advertising prevailing in legal circles, as compared with our own. But, then, is it to be wondered at? The lawyer "goes for" the right party, the lay adventurer, whereas the medical profession concentrates all its attention upon its junior members, while it leaves scotfree the weighty delinquents in the persons of "the heads of the profession."

Who has not wearied, when waiting at railway stations, with reading the names and addresses of those who are ready to examine applicants for this or that form of insurance policy, or who manage hotels, otherwise called hydropathic establishments, and who has not noticed, in walking through our streets, the number of eczema curers, deaf specialists, and dermatologists, whose lamps and brass plates show how much easier it is to make a living without a diploma than with one; let the Medical Defence Union deal with these latter gentry, before they attempt to restrict the actions of their own professional colleagues. Fraud ought to be punished before unprofessional conduct is dealt with, though both call for activity.

In this respect only we compare to advantage with law; we do not let the Government grind down our members, and have compelled it to increase the pay of both Army and Navy surgeons, whereas the offices open to solicitors are badly paid, and to their shame severely competed for.

I am, Sir, yours, &c.,

M.D.

27th March, 1896.

KITSON v. PLAYFAIR.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Sir John Williams has carefully insisted, in the *Times*, on the exact phraseology of his reply in respect of the duty of a medical man who has professional cognisance of an attempt to procure abortion. He does this in such a way as to lead one to infer that he himself does not necessarily endorse the legal opinion obtained by the Royal College of Physicians as to the obligation on medical men to com-

municate with the police. It must, however, be within the recollection of many of your readers that in a case of this kind which was tried at the Central Criminal Court not many months ago, it was stated that he, in conjunction with Dr. Fenton, did, as a matter of fact, place the police in possession of the circumstances, but the jury, possibly with the object of expressing their sense of a prosecution initiated under such peculiar circumstances, promptly acquitted the accused persons.

The matter is one of such extreme importance in regard to the relations of the profession to the public that I venture to ask your permission to call attention to these facts.

I am, Sir, yours, &c.,

M.D., M.S.

EVILS OF PRESCRIBING BY PHARMACEUTICAL CHEMISTS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your editorial note on the evils of prescribing by pharmaceutical chemists is very welcome to all who desire the public welfare.

I have had bitter experience of the danger to the safety of the people of these illegitimate and very incompetent prescribers.

In one case of strangulated inguinal hernia the chemist visited and prescribed for two days; result—death.

A child suffering from intussusception had from a pharmaceutical chemist aperient powders for four days; result—death.

A severe scald, extending from the hips to the toes of an infant, was undertaken by a pharmaceutical chemist, with the result that the legs became gangrenous, and the child died within a week.

In each of these cases the defence offered was that the remedies prescribed were of themselves harmless. But nothing was said about the valuable time lost before a medical man was called.

Everyone of these three cases met their death by the act of a pharmaceutical chemist.

No body of men so jealously guard their privileges and their electives travel the country to ensure that their rights are rigidly enforced, and yet we never hear any objection raised to their death-dealing prescriptions and barefaced quackery.

I am, Sir, yours, &c., X.

THE HYDROPHOBIA SCARE.—THE DIAGNOSIS OF RABIES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I agree with you that many so-called rabies are not rabies at all, but are animals hunted from place to place, until in the end they are so bewildered that they do not know what they are doing, but this does not prove that, unfortunately, the disease is not constantly in our midst (how produced it is not here necessary to discuss). I know this to my cost, having lost several valuable animals during the past fifteen or sixteen years. If a dog were stupid, queer in manner, particular in its food, and had been chained up for two days after the first symptoms, I should have no more difficulty in diagnosing a case of rabies than a case of measles. There are, as you doubtless are aware, two forms, commonly called dumb and raging rabies. The former, according to Suggon, is caused by a stronger dose of the virus. In it, one of the first symptoms is a dropping of the lower jaw, caused by paralysis of the masseter and temporal muscles. After this, the animal tries, as it were, to get rid of something in its throat, the saliva hangs in viscid strings from the mouth, and the tongue is often half out. During this stage the animal tears, with its feet, it cannot use its teeth in consequence of paralysis, staggers come on, and in four or five days, it is paralysed all over, and if not put out of misery, would die on about the seventh day, but up to the last, the intellectual faculties are unimpaired. I give you these symptoms from my own personal observation.

Some years ago, I knew a medical man here—now dead—to put his hand down his dog's throat, thinking that a bone was stuck there. He never suspected rabies until he brought the animal to the veterinary surgeon. Luckily there was no abrasion of the skin, had there been, he was

as surely in for hydrophobia as if he had been bitten by a dog suffering from raging rabies.

In raging rabies, one of the most prominent symptoms is the peculiar bark—between a bark and a howl. If I might so describe it—as if the throat were constricted, probably caused by partial paralysis of the larynx. Later on the animal snaps and tears with its teeth and feet everything that comes in its way.

Some years ago I had a pointer over which I shot—say on a Monday. On the Tuesday, I did not half like his look, so had him chained up. The next day he commenced the peculiar bark, all the other symptoms developed in due course. He died in eight days.

About five years ago, a farmer near here, observed a strange dog snapping at his sheep. In about three weeks, five of them had to be destroyed.

In sheep, the symptoms are most peculiar; they run here and there, buck jump, fall on the back, kick out, run again, &c., &c., until finally exhausted.

I know another farmer who about fifteen years ago lost every cow (about thirteen) he had. They were all seen to be bitten by the same dog. So you can see that from my own knowledge the existence of rabies is a sad reality, and, therefore, hydrophobia a very possible disease. You are right in saying that the muzzling order, as at present carried out, is a wrong.

To be effectual it should be perfect, which is impossible. There are other grounds beside the all-important one—viz., the prevention of rabies—which ought to make us take advantage of the present scare and strike the iron while hot with a view of exterminating the present race of valueless curs which overflow our streets by putting a prohibition tax on them. Few know the damage to sheep and game caused by these curs, nor the source of danger they are to the riders of young horses. There is another side of the question which, though not exactly scientific, is of great interest to dog breeders and fanciers. If the present race of mongrels were exterminated their place would be taken by recognised breeds of economic value, which would naturally be well cared for and kept under proper control.

I am, Sir, yours, &c.,
H. S.

14th March, 1896.

THE DEATH FROM CHLOROFORM AT DUDLEY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I cannot acquiesce in the complacent remarks in your issue of March 11th with which you dismiss the catastrophe that befell the “robust young man” at Dudley while undergoing a trivial dental operation under chloroform, nor does it appear from the report that (to quote your words) “the case was one of those . . . in which no human precaution can afford protection against a fatality.” It may or may not be true, as urged so pointedly by Mr. Sewill, that the use of chloroform in dental operations is almost always unjustifiable, but no one will dispute that the administration of a fluid ounce of the drug affords presumptive evidence of death having been due to an overdose. In spite of the fact that the exhibition of chloroform in a sitting posture is generally recognised to entail special risk, no particular care seems to have been taken, seeing that the chloroform was administered by the slipshod, hazardous, ‘open method.’ Surely it is an abuse of terms to state that “every precaution was taken” when the most important precaution of all, i.e., the use of a regulating apparatus, was omitted. What should we say, *mutatis mutandis*, if in a case of death from morphine poisoning it were stated that the dispenser had taken every precaution—except that of weighing the quantity of morphine? It is to this complacent acquiescence in what is, in most instances, an eminently avoidable accident, that we owe the indifference of medical men to their responsibilities in this connection, and their persistence in methods of anaesthetisation now generally conceded to be intrinsically dangerous. In conclusion, I may say that if anyone in whom I am interested loses his life under similar circumstances, the anaesthetist would pass a rather uncomfortable quarter of an hour in the witness-box.

Yours, faithfully,
SURGEON.

THE RECENT LIBEL ACTION—KINGSBURY v. HART.

THE Fylde Medical Society, of which Dr. Kingsbury is the Hon. Secretary, held a special meeting in Blackpool on the 20th of March, 1896, to hear an explanation from him of the charges brought against him in the *British Medical Journal* of 18th January, 1896, deeming it more satisfactory that his conduct should either be vindicated or condemned by members of his own profession than that the verdict of a lay jury, already given in his favour, at the Manchester Assizes, should be accepted as final.

Dr. Kingsbury dealt fully with the anonymous accusations of “Ethics,” and the comments thereon by the Editor of the *British Medical Journal*, and gave a detailed account of his long connection with both the hydropathic establishments of Blackpool, and answered all the questions submitted to him by the members of the society.

Dr. Day proposed:—“That, having heard the explanation given by Dr Kingsbury, the Fylde Medical Society hereby unreservedly accepts the same as satisfactory.”

Mr. Eason seconded the proposition, and expressed his perfect confidence in the Hon. Secretary, who had always taken the keenest interest in maintaining the ethics of the profession.

The resolution having been supported by Drs. Brown, Blundell, Dunderdale, Lenihan, and Calvert, was carried unanimously.

Dr. Stott then proposed:—“That, in the opinion of this Society, the attack of ‘Ethics’ upon Dr. Kingsbury and the method adopted by ‘Ethics’ in making such attack are to be strongly condemned.”

Dr. McIntosh, having seconded this resolution, it was also carried unanimously.

Dr. Kingsbury then read a letter, which he had addressed to the Editor of the *British Medical Journal*, the moment that gentleman had publicly stated that he accepted the Manchester jury’s verdict as a just one, in which, among other things, he says:—“As to the charges made against me, they were: That, being the physician to two hydropathic establishments, and having a consulting-room in each, I allowed the respective proprietors to announce the fact by name plates giving my hours of attendance, and in their prospectuses and newspaper advertisements. In each case, this had been done for over twelve years, and was in accordance with the custom of similar establishments elsewhere; at one of these establishments my name was the fifth that had been so employed, and I had never heard the faintest whisper of dissent from any of the local medical men, nor from any of the hundreds of medical men who yearly visit Blackpool. More than this, the various Presidents of the Lancashire and Cheshire branch have been familiar with the usages of these hydropathic establishments, and have frequently met me in consultation in them, and on one occasion the proprietors of the South Shore Hydropathic entertained the members of the Association when they visited a neighbouring city.

“Had any of these gentlemen; had the youngest of my medical brethren, had the Editor of the journal, ever so much as hinted that any use which was being made of my name was even open to criticism, I would at once have taken steps to prevent the continuance of it, but I was in absolute ignorance that the subject was even being discussed, and well I might be, for even now the journal contains the weekly advertisement of one of the Matlock hydropathic establishments, setting forth the name and qualifications of its doctor, who is at the moment the President of the Midland Branch of the Association; this same advertisement may be seen in nearly every railway-guide in the kingdom, and in illustrated form displayed in the halls of London hotels. Again, the journal regularly advertises the names of medical gentlemen as the physicians to Private Asylums, Inebriate Homes, etc., and the Public Schools and Insurance Companies of the country publish widely the names, qualifications, and in many instances the addresses of their medical officers; in one of the latter, an instance was mentioned in Court where the hospital appointment of the ‘honorary physician,’ Sir Dyce Duckworth, was advertised.

“There are other issues raised by the recent trial, but these I will leave the members to discuss at Carlisle, &c.,

Notices to Correspondents, Short Letters, &c.

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

THE PARLIAMENTARY REPRESENTATION OF THE SCOTCH UNIVERSITIES.

If our correspondent J. A. H. will refer to our last week's issue, page 360, he will see that we have anticipated his inquiry. Without regard to the politics which Sir James Crichton Browne professes, we hope that as a medical man, he will succeed. He, moreover, is one of the most distinguished psychologists in Europe and would be a most valuable accession to the ranks of the profession in the House of Commons. The contest is, however, likely to be severe inasmuch as the Liberal element has always been in the ascendancy in the constituency. Some years ago the seat was unsuccessfully contested in the Conservative interest by Sir J. Eric Erichsen.

DR. J. O. CONNOR (British Hospital, Buenos Ayres).—Your "Note on Carbuncle with Cases" received.

M. O. N.—We are gratified by the assurance that you have come to us "as a last resort," but sitting as a Court of Appeal, we have come to the conclusion that our contemporaries were fully justified in refusing to insert your communication. Appeal refused!

DR. G. R.—The only way we can suggest to ascertain what share of the mental symptoms is due to the uterine affection, is to cure the latter, and to observe the degree of improvement. If the delusions persist, the propriety of placing the patient under restraint may well be raised.

CRIMINAL LAW AND PRISON REFORM.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Drastic reforms are indeed needed in our criminal law and prison system, and we are very glad to see that the subject is now attracting more public attention. Mr. Justice Mathew, in his speech to the grand jury at the last Birmingham Assizes, remarks that the present state of the criminal law is a hundred years behind the times, administering it, as we do, without observing the golden rule of hearing both sides. That the prison system is dehumanising and educationally useless is also to-day admitted by all decent experts. The proof of excellence in a prison system surely is that it should humanise the offender and diminish crime. We can now take as our authority the recent "Blue Book of the Committee on Prisons" for stating that the present system of prison administration is neither a humanising agency nor a diminisher of crime. It is the belief of the Committee that "much good can be done by the recognition of the plain fact that the great majority of prisoners are ordinary men and women amenable, more or less, to all those influences which affect persons outside"; that the so-called criminals are not as a class hopeless and irreclaimable.

Yours faithfully,
JOSEPH COLLISON.

Brent Street, Hendon, N.W.

DR. HUSTON'S paper on "The Radical Cure of Inguinal Hernia" will appear in our next.

ANTITOXIN.—On account of the Easter holidays your communication was not received in time for present number.

Q.S.—The quotation runs as follows:—"Nowhere is the folly of mankind more manifest than in the little care devoted to the preservation of that most precious of man's possessions—health. Disease is most frequently brought on by his own fault, and he himself thus opens the door to Death."

Meetings of Societies, Lectures, &c.

WEDNESDAY, APRIL 8TH.

HUNTERIAN SOCIETY.—(London Institution).—8.30 p.m. Dr. P. Warner: Notes on a case of Typhlitis; Mr. Symonds (late President), who operated on the case, will also contribute his notes.

THURSDAY, APRIL 9TH.

BRITISH GYNÆCOLOGICAL SOCIETY.—8.30 p.m. The adjourned discussion on "Ventre-Fixation, Ventro-Suspension, and Allied Operations, with their Results." Paper—Mr. Bowreman Jessett: The Importance of Early Diagnosis of Cancer of the Uterus, illustrated by numerous specimens and the results of treatment.

FRIDAY, APRIL 10TH.

WEST KENT MEDICO-CHIRURGICAL SOCIETY (Royal Kent Dispensary, Greenwich Road, S.E.).—8.15 p.m. Mr. H. Marsh: Recent Progress in the Pathology and Treatment of Diseases of the Joints (illustrated by specimens).

CLINICAL SOCIETY OF LONDON.—8.30 p.m. Mr. E. J. Godlee: Two Cases of Acute Abscess of the Liver. Dr. S. West: On Albuminous or Serous Expectorations. Dr. G. N. Pitt and Mr. Arbuthnot Lane: Cranial Cyst of Sarcomatous Origin; no recurrence two years after Operation. Mr. H. W. Page: Sequel to a Case of Syphilitic Cranial Necrosis recorded in vol. xviii of the Transactions; Gummata of Frontal Lobe; Death. Mr. L. Hudson: A Case of Malingering in a Boy of Eleven.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY (West London Hospital, W.).—8.30 p.m. Papers:—Mr. J. B. Jessett: A Case of Procal Fistula cured by Resection of Small Intestine by Maunsell's Method. Dr. Thudichum: The Chemistry of the Carbohydrates, with special reference to Diabetes. Pathological specimen by Mr. A. Doran.

SOCIETY FOR THE STUDY OF INEBRIETY.—4 p.m. A Quarterly General Meeting will be held in the Rooms of the Medical Society of London, 11 Chandos Street, Cavendish Square, W. Paper: Dr. A. E. T. Longhurst: The Relation of Alcoholic Stimulants to True Physiological Health and their Value in the Treatment of Disease.

MONDAY, APRIL 15TH.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 p.m. Papers by Mr. A. Marmaduke Sheld, Mr. Storer Bennett, Mr. Charles Comae.

Vacancies.

Ballymahon Union, Abbeysbrule Dispensary District.—Medical Officer Salary £100, and £20 extra as Health Officer (See advert.)
Bath Urban Sanitary Authority.—Medical Officer of Health. Salary £200 a year. Applications and testimonials to the Chairman of the Sanitary Committee not later than Wednesday, April 22nd.
City of Birmingham.—Deputy Medical Superintendent for the City Hospital, Little Bromwich. Salary £175 per annum, with residence, rations, and attendance. Full particulars of Mr. J. Keyte, Council House, Birmingham.
Dublin, Stevens' Hospital.—House Surgeon, Salary £100 per annum, with apartments, fire, and light. Applications and testimonials to the Governors and Guardians of Dr. Stevens' Hospital, not later than Saturday, April 11th.
East London Hospital for Children and Dispensary for Women, Glamis Road, Shadwell, E.—Resident Medical Officer. Salary £20 per annum, with board and residence. Applications and testimonials to the Secretary on or before Saturday, April 18th.
Hereford County and City Asylum.—Medical Superintendent. Salary £400 per annum, with furnished house, coals, gas, vegetables, and washing. Applications to Chairman, Asylum Committee, Shirehall, Hereford.
Liverpool Northern Hospital.—Assistant House Surgeon. Salary £70 per annum, with residence and maintenance in the home. Applications and testimonials to the Chairman not later than April 17th.
Manchester Royal Eye Hospital.—House Surgeon. Salary £70 per annum, with residence, board, and washing. Applications and testimonials to the Chairman of the Board of Management not later than April 14th.

Appointments.

BARKER, W. H., M.R.C.S. Eng., L.R.C.P. Edin., Acting Medical Superintendent of the Ararat Lunatic Asylum, Australia.
BLAXAND, H., L.R.C.P. Lond., M.R.C.S., Deputy-Inspector-General of the Insane, New South Wales.
CLAPHAM, G. P. P., L.R.C.P., L.R.C.S. Ed., L.F.P.S.G., Assistant Medical Officer for the Workhouse of the Parish of Liverpool.
CROSS, G. F., M.B., B.S., Medical Officer of Health to the Downham Rural District Council.
FOREMAN, J., L.R.C.P. Edin., M.R.C.S. Eng., Government Director of Sydney Hospital, New South Wales.
GORNLEY, J. W., L.K.Q.C.P., L.R.C.S. Ire., Health Officer for North Ovens Shire, Victoria, Australia.
GOUGH, H. E., L.R.C.P. Lond., M.R.C.S., Medical Officer of Health for the Northwich Urban Sanitary District.
GRAHAM, J., M.D. Edin., a Director of the Prince Alfred Hospital, Sydney, New South Wales.
PLAYER, C. E., M.B., Ch.B. Melb., Acting Medical Superintendent to the Sudbury Lunatic Asylum, Victoria, Australia.
RANDOLPH, C., M.R.C.S., L.K.C.P., L.M. Edin., Medical Officer for the No. 5 District of the Wellington (Somerset) Union.
SALTER, C. E., M.D. Lond., B.S., L.R.C.S., F.R.C.S., Honorary Surgeon to the Scarborough Hospital.
SARTI, P. E. W. DE, F.R.C.S., Assistant Surgeon (vice C. Stonham) and Aural Surgeon to the Westminster Hospital.
THOMAS, J. T., L.R.C.P. Lond., M.R.C.S., Medical Officer of Health for the Camborne Urban Sanitary District.
THOMSON, J. A. M., L.R.C.P. Ire., L.M., L.R.C.S. Ire., Medical Officer of Health for Bradford-on-Avon.

Births.

CLOWES.—March 31st, at Coggeshall, Essex, the wife of Wm. F. A. Clowes, M.R.C.S., L.R.C.P., of a son.
CROPPER.—April 1st, at syster House, Boecombe, Bournemouth, the wife of John Cropper, M.A., M.B., B.C. Cantab., of a daughter.
HOLMES.—March 29th, at Ferndale, Woturn Sands, Beds, the wife of T. D. Holmes, M.D. Edin., of a daughter.
MARTIN.—April 3rd, at 2 Southwick Place, Hyde Park, Lond n, W., the wife of Henry C. Martin, M.D., of a son.
SMITH.—March 29th, at Brook Street, Grosvenor Square, the wife of Dr. Fye Smith, of a son.

Marriages.

SHUTER TIPPETT.—March 25th, at the Parish Church, Chiswick, George Percy Shuter, M.A., M.B., F.C. Cantab., D.P.H., of Oaklands, Chiswick Lane, W., to Ellen Frances Tippett, of Cleveland House, Chiswick, second daughter, of G. F. Tippett, of Bromley.

Deaths.

COPPELAND.—March 26th, at Staindrop, William Copeland, M.R.C.S., aged 80.
MONCKTON.—March 26th, at Maldstone, David Henry Monckton, M.D. Lond., aged 67.
THOMAS.—March 31st, at Mile End House, Llandover, David Thomas, M.R.C.S., J.P., in his 82nd year.
TUCKER.—March 29th, at Glastyn, St. Leonards-on-Sea, John Dunning Tucker, aged 67.
WILSON.—April 1st, at No. 3 Piazza Madonna, Florence, William Wilson, M.D., F.R.C.S., in his 82nd year.

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Original Communications.

ABDOMINAL SURGERY—NOTES OF CASES.

By RUTHERFORD MORISON, M.B., F.R.C.S.,
Senior Assistant Surgeon Royal Infirmary, Newcastle-on-Tyne;
Consulting Surgeon Newcastle Dental Hospital.

THE accusation is frequently brought against surgeons, especially abdominal ones, that they record their successes and bury their failures.

In the present paper my intention is to record, first, all deaths that have occurred after abdominal operations performed by me during 1895, and afterwards to relate such cases as are of any special interest, and were operated upon during the same period. The list of deaths includes:—

Five cases of intestinal obstruction.

Two cases of cancer of the pylorus.

One gall-stone case.

One case of pyonephrosis.

Two cases of verified appendicitis, of which I have accurate notes and three or four cases of purulent peritonitis, simply drained as a last chance, in which a diagnosis of appendicitis with diffuse peritonitis was made from the history but was not verified by operation or post-mortem. I regret, for the sake of absolute accuracy, having kept no record of the exact number of these cases and having to trust to memory, but offer as my excuse, their urgency, their lack of special interest, and my dislike to statistics.

INTESTINAL OBSTRUCTION CASES.

CASE I. Femoral Hernia—Strangulated for a week—Herniotomy—Gangrenous Omentum—Death tenth day after operation from Peritonitis.

A woman, *æt.* 63, feeble looking, with a pulse of 110, a dry, brown tongue, and faecal odour of breath, was seen on May 8th, 1895.

History.—A week ago her illness commenced suddenly with pain round the umbilicus and severe vomiting. The pain and the sickness were relieved by morphia, but on the fourth day of her illness a large quantity of faecal matter was vomited. A small, hard lump was now discovered by the doctor, in the groin, but as she made no complaint when it was handled, and as the pain was entirely abdominal, and because the swelling was very hard, the doctor regarded it as an enlarged gland, and thought, as she did, that it had no connection with her illness. Two days later, I saw her in consultation. Her abdomen was enormously swollen and hard; she was frequently sick, vomiting faecal matter, and had never passed flatus, nor had her bowels moved since the attack commenced.

Operation.—I cut down at once on the small, hard, rounded swelling in the right groin, and opened the sac of a femoral hernia. The sac contained a small quantity of bloody fluid, a piece of gangrenous omentum which was ligatured and cut off, and a small knuckle of bowel which was not gangrenous and was returned.

After Progress.—Sickness soon ceased after recovery from the anaesthetic. On the third day the bowels were spontaneously relieved. For the next few days

diarrhoea was a troublesome symptom. Up to the evening of the eighth day progress appeared to be satisfactory, except that the abdominal swelling never entirely went down. On the evening of the eighth day the patient complained of sudden severe pain in the abdomen, and vomited. All the symptoms of acute peritonitis then developed, and she died on the tenth day after operation.

There was no post-mortem. The most probable explanation is that a slow ulceration of the damaged intestine perforated and set up the fatal peritonitis.

CASE II. Ovariectomy for Ovarian Cyst with Twisted Pedicle and Peritonitis, followed a week later by Intestinal Obstruction—Syncope—Post-Mortem.

An unmarried woman, *æt.* 45, had ovariectomy performed on September 23rd, 1895. The tumour was a large multilocular cyst with twisted pedicle. Subacute peritonitis was present at the time of the operation, and the tumour was adherent to portions of intestine, parietes, &c.

On Sept. 29th, her recovery up to this having been uninterrupted, after a tea of bread and butter at 5 p.m., she vomited and complained of pain in her stomach and flatulence. A dose of castor oil was administered at 6 p.m., and at 10 p.m. her bowels were well moved, and she passed a good night.

30th.—She was sick and a little pained at 11 a.m. At her own suggestion small doses of rhubarb and soda were prescribed, and she was reduced to a slop diet. As she said she was subject to such attacks which were always relieved by the medicine ordered, her condition was not regarded as serious. The wound was looked at for the first time. It was healed throughout. There was no abdominal distension. At 7 p.m. she vomited again.

Oct. 1st.—I saw her at 9 a.m. She had taken two doses of rhubarb and soda and frequent drinks of barley water and milk during the night. Vomited at 12 a.m., 2.0, 2.15, and 5.30. Her abdomen was distended and very tender; pulse 135, temp. 98°. I now recognised that the symptoms were due to intestinal obstruction, and as she had suffered from a long illness and was naturally a feeble woman that her condition was serious. Directions were given to have everything prepared for abdominal section at 11 a.m.; all mouth feeding was stopped and rectal injections of beef-tea, milk, and whisky were ordered. On returning at 11 to do the operation I found her so much improved that operation appeared to be unnecessary. The pain and rumbling had ceased; she had passed a little flatus, and the abdomen was soft and could be manipulated without causing pain. She passed a good day, and at 5.30 was so well that a cup of tea was allowed and enjoyed. At 8 p.m. her bowels were slightly moved after an enema. Except that the pulse continued quick (130), everything looked satisfactory.

2nd.—At 2.30 a.m. she again complained of pain and vomited matter with a distinctly faecal odour. This was repeated at 5 and 5.30 a.m., when I saw her and arranged to operate at 11. A few minutes before my arrival she had turned suddenly faint and cold, and I found her hopelessly ill. She died at 11.30 a.m. on the tenth day after the ovariectomy.

Post-mortem.—A portion of small intestine close to

the end of the ileum was firmly adherent to the parietes on the left side immediately above Poupart's ligament. The mesentery of the adherent coil of intestine was tightly stretched across the pelvis and the larger part of the small intestines had passed underneath it. The coils that had done so were much distended with fluid fæces. A portion of jejunum which was wedged into the angle formed between the tightened mesentery and its point of attachment was so severely gripped that it looked as if a cord had been tied round it. Above the constriction the intestines and stomach were distended.

CASE III. Volvulus of Small Intestine necessitating Evisceration—Death from Intestinal Paralysis.

A man, æt. 42, had complained frequently during the past six months of griping pains and had lost flesh. He was suddenly seized, on the 23rd of July, 1895, with excruciating pain in his abdomen and vomited. The doctor sent for found him collapsed and in agony, and at once injected half a grain of morphia hypodermically. For two or three hours he was relieved but vomited continuously, and this lasted all night. In the early morning he required another injection. Vomiting continued incessantly. I saw him within twenty-four hours of the commencement of the attack. He was grey, looked pinched and anxious about himself, and evidently seriously ill. His abdomen was prominent in front, tense and distended. There was no hernia, no tumour, nothing to be felt per rectum, and nothing was discovered to lead to a diagnosis of the cause of the obstruction.

Operation.—On opening the abdomen, tensely distended, small intestine presented at the wound. My hand introduced discovered only that the obstruction was in the small intestine, for the large bowel was empty and contracted. No explanation of the condition could be found till the entire small intestines were lifted out of the abdomen. It was then seen that nearly the whole of the small intestine formed a volvulus by twisting of the mesenteric attachment, the jejunum above and the ileum below the involved part being empty. The last portion of ileum engaged in the volvulus was deeply indented by pressure against the tense mesentery. The operation occupied nearly an hour, the distended intestine was reduced with difficulty, and at the termination of the operation it was uncertain whether the torsion from right to left, employed for the reduction of the displacement, had satisfactorily accomplished its object.

After Progress.—July 25th. During the night following operation the patient vomited three times a quantity of coffee-ground fluid and had passed no flatus. He was easy and his abdomen, though somewhat distended, was not tense. His general condition was fair.

26th.—Had a bad night, still occasionally vomits coffee-ground fluid. No flatus passed. Pulse quick and feeble. General appearance bad. Died in the evening. No post-mortem.

CASE IV. Malignant Stricture of Small Intestine—Sudden Obstruction—Enterostomy—Gangrene and Perforation of Bowel above Enterostomy Opening—Peritonitis.

A stout woman, æt. 59, was admitted to the Infirmary, under my care, on the evening of August 15th, 1895.

At Easter she had an attack of abdominal pain, followed by jaundice, and attributed to gall-stones. She had subsequently been well up to three weeks before admission. She was then suddenly seized with abdominal pain and vomiting. For the first three days the sickness and vomiting were incessant, then she improved, and was sick only two or three times in each twenty-four hours. Since the commencement of the attack she had been unable to pass flatus, though much troubled with noisy painful rumblings, and there had been no evacuation from the bowels.

On admission she was much exhausted, and her ab-

domen was tense and enormously distended. Running across transversely from the hepatic towards the splenic region a largely distended coil of intestine was plainly visible. There seemed to be little doubt that this was the transverse colon, and this sign, with her history, suggested an obstruction below the splenic flexure of the colon.

Operation.—On August 16th, 1895, an incision as for inguinal colotomy was made. The sigmoid flexure and the descending colon were found to be contracted. The distended small intestine was drawn out of the opening without further loss of time, and in the part exposed the obstruction was found. A ring of malignant growth spread from the mesentery round the intestine and completely blocked it. The mesenteric glands were extensively diseased. That excellent and ingenious device, a Paul's tube, was tied into the intestine above the obstruction, and the gut was sutured to the abdominal wall. Over a quart of fæces and a quantity of flatus soon escaped from the tube, and the patient was put to bed apparently no worse for the operation.

After Progress.—On the morning of Aug. 17th I found the patient remarkably well. She had not been sick since the operation, had a normal temperature, a good pulse, and the abdominal distension was almost gone. Improvement continued till eight in the evening, when she complained of sudden severe abdominal pain. Shortly after, the house-surgeon found her collapsed, and evidently very ill. She died during the night.

Post-mortem.—On opening the abdomen there was evidence of commencing peritonitis, and traces here and there of fluid fæcal matter. The tube in the intestine was firmly held, and sufficient adhesion had occurred round it to close the wound. The enterostomy opening was about 1½ feet from the end of the ileum, and 6 inches above the obstruction. Two feet above the enterostomy opening there was a gangrenous perforated patch in the convexity of the intestine opposite a malignant growth in the mesentery. Dr. Beattie, Pathologist to the Royal Infirmary, who made the post-mortem, agreed with me in thinking that the gangrene was in great part due to the interference of the bloody supply by the growth in the mesentery, and in part to the long previous distension. At several different parts of the mesentery were other malignant growths. All had the same character as the one which had caused complete obstruction, i.e., commencing in the mesentery near the intestine they spread from it round the gut, forming annular strictures. There were several gall-stones in the gall-bladder.

CASE V. Malignant Stricture of End of Descending Colon, causing Sudden Obstruction—Typhlotomy—Death from Intestinal Paralysis.

A man, æt. 52, who had never been troubled with his bowels before, and so far as he knew was in perfect health, was suddenly seized two weeks ago with pain in his abdomen. The pain was very bad, and was accompanied by loud rumblings, but he had passed no flatus and had no motion since. A variety of purgatives, including jalap, and all sorts of enemata had been used, but their only effect was to increase his pain. He had never vomited. This he attributes to taking no food and very little drink.

When I saw him his abdomen was distended, and to add, like a drum, best describes his condition. There was no hernia, no rectal disease, and nothing could be felt in the abdomen. Succussion was very distinct over the cæcum, and metallic tinkling over the splenic flexure of the colon. Not more than a pint of fluid could be retained as an enema.

Operation.—Nov. 5th, 1895. The abdomen was opened in the middle line below the umbilicus. The distended cæcum lay underneath the incision, and was gently assisted outside. As it was delivering itself, two round black spots, the size of split peas, were

noticed on the anterior wall, and as soon as it escaped fæces began to ooze from both spots. An opening was now made in the cæcum, and there was a rush of fluid fæces and flatus. About a quart of fluid fæcal matter soon escaped. The opening in the gut was temporarily clamped with forceps and washed up, and the gangrenous patches were depressed into the cæcum and retained by Lembert's sutures. I now introduced my hand into the abdominal cavity to explore and found a narrow hard annular non-adherent growth at the lower end of the descending colon. There were no enlarged glands. A Paul's tube was tied into the cæcum, which was sutured round the tube to the lower end of the parietal incision, the remainder of which was closed. The patient, on being put to bed, appeared to be no worse for the operation.

After Progress.—6th. He has passed the first comfortable night since his illness commenced, and is free from pain. The abdominal swelling is very considerably reduced. A quantity of flatus has escaped through the tube, but very little fæcal matter.

The improvement was only temporary for less passed through the tube each day, and strychnine, castor oil, calomel, turpentine and all else failed to produce further evacuation, the abdomen gradually swelled again, and he died on Nov. 11th (seventh day after operation).

Post mortem.—There was some plastic lymph covering the cæcum, otherwise, there was no sign of peritonitis. The whole of the intestines were still distended with fluid fæces and gas. At the end of the descending colon a hard annular stricture, not wider than a slate pencil, was found. There were no enlarged glands and no secondary deposits in the viscera. The cæcum was of enormous size. No trace of the gangrenous patches was visible from the outside. On opening the colon a small ulcer was seen in the anterior wall of the cæcum; a soft polypoid mass about the size of a green fig hung projecting into the lumen near the splenic flexure; the stricture at the end of the descending colon was ulcerated and brittle, and admitted the tip of my little finger.

Microscopically, the stricture was a cylindrical-celled carcinoma, the polypus a soft fibroma.

CASE VI. Hydronephrosis due to Stricture of Ureter—Suppuration—Rupture of Abscess into Duodenum—Nephrectomy.

A delicate woman, æt. 35, with marks of chronic abscesses on her neck and on her arm and knee, from which bone had escaped.

History.—Two years ago she had a pain in the right side, and discovered a swelling under her ribs which was tender when pressed. After rubbing it with ointment for three months the swelling disappeared, and was not noticed again till June of this year. In June a similar swelling made its appearance in the same place and caused some uneasiness, but did not interfere much with her health till August, when she began to have slight rigors at night, took to bed, and got a doctor. When he saw her she was weak and ill, had a temperature of 104°, profuse sweats, and vomited frequently. For six weeks poultices were constantly applied to relieve the pain. For the last three weeks she had vomited after everything she took. The vomited matter was mostly green, sometimes yellow, and had a bad smell. She had been frequently purged and her motion was very offensive. There never had been any urinary trouble.

On examination the abdomen was seen to be prominent under the right ribs and all the signs of a kidney much enlarged and distended by fluid were present. The urine was normal though limited in quantity (37 ounces average of 24 hours), sp. g. 1020. Had no deposit.

The patient was sent to Newcastle for operation, but on her arrival appeared to be so ill that operation was postponed. She immediately began to improve

and retain small quantities of milk. She was kept in bed and carefully nursed and fed for a week. During the first five days her morning and evening temperatures were normal. On the last two evenings her temperatures were 100° and 101°.

Operation.—Oct. 7th, 1895. The abdomen was opened in the linea semilunaris and the diagnosis of kidney tumour verified. A second incision was carried from the centre of the first transversely into the ilio costal space and back to the loin. (I have advocated and practised this incision for some years believing it to be the best in cases requiring nephrectomy.) The capsule of the kidney was next divided and the kidney easily peeled out. After the pedicle had been tied (a) an opening was observed at the deepest part of the wound. It was thought at first to be the dilated ureter but a more careful examination showed it to be the duodenum. Valvular comidantes were visible and my finger passed for some distance upwards engaged the pylorus. An attempt was made to suture this opening with catgut. The wound was closed except posteriorly, and there a drainage-tube was left. The patient was much collapsed after the operation, never fairly recovered from the shock, and died the same night.

Post-mortem.—The stomach and duodenum, the left kidney and ureter, the capsule of the right kidney and its ureter, bladder, uterus and appendages, and broad ligaments were removed (exhibited). The duodenum was opened, and in its second part an oval aperture with smooth edges, evidently of some standing, and which would admit my finger, was seen. It went directly into the gap left by removal of the kidney, and the remaining capsule was firmly adherent all round it. The ureter was dilated in the upper two-thirds of its extent, and filled with thick pus. The dilatation ended abruptly at the junction of the upper two-thirds with the lower one-third, and a small probe could not be passed through the commencement of the constricted portion. A probe introduced from the bladder end of the ureter passed up to this spot, and was arrested there. A fine stilet passed through. There was a tight stricture of the ureter. Nothing was found in the pelvis or external to the ureter to account for this. The ovary tubes and broad ligaments on both sides were healthy (demonstrated). The opposite kidney and ureter and the bladder were normal.

Microscopically, tubercle was specially sought for. Neither bacilli nor histological evidence of tubercle were discovered. The microscopic appearances suggested an ascending nephritis.

CASE VII. Gall-stones with dense adhesions of Gall-bladder—Hectic Temperature.

A woman, æt. 62, in bad health for the last six months, actually ill for the last three weeks.

For many years she had been subject to attacks of "spasms," and eight years ago, after an unusually severe bout, was ill with jaundice.

Six months ago her present illness commenced with pain over the liver and stomach, and vomiting. For five months she was an invalid, seldom free from pain, and sick every day. A change of air had always "set her up" before, and thinking it might do so on this occasion, she went to a part of the country which had always suited her. At the end of a week she became so much worse that she returned home. When I saw her she had been acutely ill for three weeks. A temperature chart had been regularly kept during this time, and showed a temperature strongly suggestive of pus (98°-100° in the morning, 101°-104° at night). She had frequently been disturbed by rigors, and sweated profusely during the night. The pulse was 120; the tongue dry, glazed, and red. There was no jaundice and no sign of disease anywhere, except in the abdomen. Over the liver there was marked tenderness

(a) This is the secret of the operation in such a case. The capsule adheres to duodenum, pancreas and vena cava so firmly that removal with it is impossible. Dr. Bland Sutton has taught us this.

The liver dulness was not increased. At the lower edge of the liver in the gall-bladder neighbourhood an ill-defined resistance could be felt, and over this area the tenderness was greatest.

Operation—May 6th, 1895. The abdomen was opened by a transverse incision immediately below the costal margin extending from the outer border of the right rectus muscle to the outer edge of the quadratus lumborum. The under surface of the liver, the omentum, the colon, and the pyloric end of the stomach were matted together by dense adhesions, which were separated with difficulty, but without loss of blood. After making the separation for some distance inwards I could feel a gall-stone, the size of an ordinary nut, lying buried at some depth. Fixing this between the forefinger and thumb of my left hand, I got down to it by cutting and tearing, squeezed it out of its bed into the wound and removed it. Immediately after its escape bile flowed from the opening made, and I could feel no more stones. No pus was seen. I could not say where the stone was lying. The operation was completed by the insertion of a full-sized rubber drainage tube, one end at the opening discharging bile, the other at the posterior extremity of the parietal wound, and suture of the parietes.

The patient when put back to bed was in fair condition.

After Progress, May 7th, 1895.—The patient has had a fair night, has recovered from the shock of the operation; the tube is discharging bile freely, and she looks as if she had a chance of getting better.

8th.—A bad night, much exhausted, prognosis bad. Died to-night; no post-mortem.

(To be continued.)

OBSERVATIONS ON THE RADICAL CURE OF INGUINAL HERNIA. (α)

By FRANCIS T. HEUSTON, M.D., M.Ch.
F.R.C.S.I.,

Member of Council, R.C.S.I., Surgeon to the Adelaide Hospital,
Consulting Surgeon to the Coombe Lying-in Hospital, and to the
Cripples' Home.

DURING the past few years so many methods have been introduced for the radical cure of inguinal hernia that the present seems to me a proper time to bring the subject forward for discussion, with the hope of coming to a definite opinion as to which method is likely to give the most satisfactory results to the surgeon and the patient. It is so well understood that this affection is due to an abnormal condition of the internal abdominal ring, and of the structures entering into the formation of the posterior wall of the inguinal canal, that I would wish to say a few words as to the anatomy of this region. As to the internal abdominal ring, it is most important to remember that it is rendered the weakest position by the coalescence of the structures forming the cord, and the prolongation on those structures of the fascia transversalis as the infundibuliform fascia. The posterior wall of the inguinal canal is naturally divided by the deep epigastric artery and its vena comities, by far the most important in relation to hernia, being that portion external to the vessels which is formed by the peritoneum, sub-peritoneal fascia, fascia transversalis, the reflected fibres from the internal oblique and transversalis muscles to Poupart's ligament and deep crural arch, "Cooper's fibres," with occasionally some fibres of the transversalis muscle close to the ring, "Guthrie's fibres," this constituting

the weakest portion of the posterior wall of the canal is usually implicated in oblique hernia and liable to be the seat of recurrence after operation. Of that portion of the canal internal to the epigastric vessels, we need only consider that situated between those vessels and the outward border of the rectus muscles, corresponding to Hesselbach's triangle, and the usual position of direct hernia, here we find the following structures: peritoneum, sub-peritoneal fascia, fascia transversalis, conjoined tendon of the internal oblique and transversalis muscles, the inner and strongest portion of Cooper's fibres, and the outer fibres of Colles's triangular ligament, which, it will be seen, renders the canal in this position much stronger than that portion external to the vessels. Of the structures forming the posterior wall of the canal, by far the most important is the fascia transversalis, as can readily be demonstrated on dissecting this region, when, if the structures forming the abdominal wall superficial to it be removed, there will be no tendency to protrusion, even if the internal pressure be great, but when the fascia is removed, slight pressure is sufficient to cause protrusion, when a hernia occurs there is not only a weakening of this fascia at the point of exit, but from the result of its pressure, there is a general weakness or sagging of the fascia in the inguinal region. I, therefore, consider that in any operation aiming at radical cure, it is not alone necessary to close the opening or prolongation of the fascia, where the hernia has found its way out, but it is also to strengthen and support the weakened fascia in the immediate neighbourhood, it being my belief that the frequency of recurrence noticed after some of the recent operations is due in a great extent to neglect of this point. So many operations have been recently advocated that it would serve no good purpose to mention them in detail. I will, however, shortly describe a few of those in most general favour. Opens anterior wall of canal to full extent.

Basini—Separates sac from cord, ligatures neck of sac, removes sac if it be small and hernia incomplete, but allows it to remain if it be large, sutures conjoint tendon to Poupart's ligament beneath the cord, anterior wall of canal united, cord remaining in canal.

Kocher—Separates sac from cord, passes sac through opening, in aponeurosis of external oblique corresponding to exit from abdominal cavity, twists sac, and fastens it to external oblique in direction of inguinal canal.

Halsted—External oblique, internal oblique, and transversalis muscles cut from external ring two centimetres above internal ring, sac separated from cord and removed, veins of cord excised, fascia transversalis and muscles sutured, cord removed from canal, and fixed to superficial fascia of inguinal region.

Mitchell Banks—Sac separated from cord, neck ligatured as high as possible, sac removed, canal sutured by silver wire.

Ball—Sac separated from cord, neck of sac twisted and ligatured, sac removed and canal sutured.

MacEwen—Sac separated, puckered and retained in canal by suture, canal sutured.

It will be seen that these operations can be divided into—(1) Where the inguinal canal is freely opened. (2) Where the inguinal canal is not opened. Taking statistics, we find that the tendency to recurrence after the first is much less than after the second, but I question if the results will be so favourable after a lapse of years, as time is such a potent factor in causing the absorption of cicatricial tissue. There can, however, be no doubt but that operations which give a full and clear view of the floor of the inguinal canal, enable the operator to see which of the structures, in a given case, require most attention.

I will now describe an operation which I have performed on 32 occasions (hospital and private), the patients varying in age between 18 months and 53 years. All of the patients recovered, and, as far as I

have been able to ascertain, there has been no recurrence of the hernia, although the cases were not in any way selected ones, some being of many years' standing and of very severe type.

The skin in the inguinal region is drawn downwards, and an incision of about three inches in length is made over the inguinal canal, the inner extremity of the incision corresponding to the crest of the pubes, the aponeurosis of the external oblique and the external abdominal ring are thus exposed, the inter-columnar fascia being opened, the sac is found and separated from the cord. Should the hernia prove to be a congenital one, the sac is cut across above the testicle, and the lower portion sutured to form a tunica vaginalis; the sac is now separated from the cord in its entire extent, it is thus saved from injury in the subsequent steps of the operation, the sac is twisted sufficiently to render its neck a solid cord, which is transfixed at its exit from the external abdominal ring by a needle armed with strong gut which is then tied by a Staffordshire knot. A Wood's hernia needle is then passed through the aponeurosis of the external oblique close above Poupart's ligament, and at a point corresponding to the exit of the twisted sac from the abdominal cavity, the surgeon's finger in the inguinal canal determines the proper place, also the depth to which the needle should be passed, and protect the cord. The needle is now passed through the twisted neck of the sac which should be drawn down as well as possible, as the higher the sac is pierced the better. If the curved needle be now lateralised, its point, guided by the finger in the canal, can readily be protruded through the external ring, and armed with a strong catgut suture, the needle is now withdrawn. The surgeon's finger is again passed into the canal, and the needle is again passed through the abdominal wall about half an inch above and external to the exit of the twisted neck of sac from the abdominal cavity, it should be passed sufficiently deep to include the internal oblique and transversalis muscles with the transversalis fascia and having reached the canal is guided by the finger through the external ring. It is now armed by that end of the suture protruding from the ring and withdrawn. A second suture is passed in a similar manner through the walls of the canal about midway between the former and external ring, it again piercing the twisted sac and deep abdominal muscles and fascia on a lower plane than the former. The ends of the ligature which was originally applied round the sac are now passed respectively through the superior and inferior pillars of the external abdominal ring. The deepest suture is now tied drawing the sac upwards and outwards, and at the same time approximating the deep abdominal muscles and fascia to Poupart's ligament and twisted sac; the second suture is now tied approximating the conjoint tendon, fascia transversalis, and sac to Poupart's ligament in the middle third of the canal, the effect being that the posterior wall of the canal is closed throughout by the approximation of the superior and inferior walls assisted by the twisted neck of the sac, which thus hinders any tendency to protrusion. It will be seen that both the sutures pass superficial to the cord, which is retained in a position somewhat below that which it normally occupies. The operation is now completed by removing the sac beyond the third ligature, which on being tied closes the upper part of the external ring and fixes the cut end of the sac against its internal aspect. A drainage tube is inserted into the canal, the superficial fascia united by a buried suture of catgut and the skin by silkworm sutures. I usually remove the drainage tube on the third day, the silkworm sutures about the fifth and sixth, and allow the patient out of bed in about three weeks, a spica bandage being applied for another week.

Paris Clinical Lectures.

BRONCHO-PNEUMONIA IN CHILDREN.

By DR. LE GENDRE,

Physician to the Children's Hospital, Paris.

[FROM OUR FRENCH CORRESPONDENT.]

Two children were recently brought to the pavilion set apart for measles on the same day, one aged 18, and the other 20 months, with the same, at least in appearance, complication of pneumonia. One is quite well to-day, while the other succumbed, although treated in the same way. The first was a child without any morbid antecedent, the second was, on the contrary, affected with rickets, and the mother stated that her two first children had died young, one from meningitis, the other from dysentery. The result justified in both cases the prognosis that I had formed at the first examination. Broncho-pneumonia is always a secondary infection, the primary being, to cite the most common, measles, whooping-cough, diphtheria, and, I would add, tuberculosis, as Profs. Landouzy and Queyrat have proved by histological and bacteriological examination, the frequency with which tuberculosis lies hidden behind the scenes of broncho-pneumonia in young children. Daily observation shows that the gravity of broncho-pneumonia varies according to the course of the affection of which it is the sequence. Von Zeimesen gives as the mortality of broncho-pneumonia following measles, 11 deaths out of 43 cases; in that consecutive to bronchitis, 14 in 32; after whooping-cough, 13 in 24; and it can be said that where it is a complication of croup, it is the most dangerous of all. Amongst the symptoms which, in the course of the malady, aggravate the prognostic are the excessive rapidity of the respiration, and, above all, the Cheyne-Stokes type, quick and irregular pulse, cyanosis or wax colour of the face indicating blue or white asphyxia, a temperature of 104° without remission, and still more, a sudden fall without any parallel decrease in the pulse, and the respiration. On the side of the nervous system extreme agitation is not as dangerous as extreme prostration, while convulsions at the commencement should not give rise to much uneasiness, whereas if they set in at an advanced period, they indicate asphyxia from insufficient hæmatosis or the existence of cerebral thrombosis. A rapid decrease or suppression of the cough is also a bad symptom when auscultation shows that the respiratory field is not yet free, for if the cough has disappeared, it is a proof that the central nervous system is incapable of exciting the reflex movement.

The treatment of broncho-pneumonia comprises at first hygienic measures and which are of great importance. Unfortunately, many practitioners neglect them, giving as an excuse the poverty of their clients, and it is certainly difficult to obtain the proper execution of these measures amongst the poor. The child should be placed in a large well-ventilated room with the windows open in summer from time to time to renew the air. In winter a good fire will keep the room at 64°, and it will be found useful to steam the room constantly with boiling water, to which some antiseptic agents, such as phenic acid, tincture of benzoine, eucalyptus leaves, &c., can be added. Very young children should not be left long in the cradle nor in the dorsal position; they must be frequently held in the arms. Older children should be propped up in bed, the feet and legs kept warm by being wrapped in cotton wadding.

The most constant element in broncho-pneumonia is the congestion for which counter-irritation has been employed from time immemorial, such as cupping, mustard, blisters, actual cautery. But this treatment is no longer in harmony with our present knowledge of

the physiology of the vaso-motor system, and for this reason I give unhesitating confidence to the application of cold to the thorax according to the following method. We prepare compresses, tarlatan folded several times, of a length and breadth sufficient to envelope the whole thorax. They are steeped in cold water, with a fourth of alcohol added; the compress is wrung so as to be only well damped. The child is undressed as quickly as possible, and the cloth rolled around him; oil silk is placed over all, while the rest of the body is wrapped in blankets. At the end of a quarter of an hour the compress is removed, steeped again and replaced, and so on every quarter of an hour at first, then every half hour, and finally, every hour, according to the improvement obtained in the respiration, circulation, and the nervous system, for the habitual effect of this treatment is the attenuation of all these symptoms. If no improvement takes place, recourse should be had to the wet sheet. D'Espine and Picot advises the warm bath at 95° twice a day, with the cold application in the interval. Hutinel is a strong partisan of cold baths where the local lesions were not considerable. He finds that it increases notably the urinary secretion which facilitates the elimination of the toxins; the cold bath also increases the salivary and digestive secretions, rendering the tongue moist, and permitting the digestion of liquid aliments.

When the temperature attains 106°, the cold bath is always indicated the first being at 82°, the other lower, but never below 64°. Cold water should be applied to the head while the child is in the bath. For my part, I have frequently employed, with success, baths at gradually cooling temperatures. I commence at 102°, an hour later. I give it at 95°, two hours after, at 89°, and every three hours subsequently at 86°. The effect produced is very marked; the child gets calm, the dyspnoea is decreased, and sleep comes on. Immediately after each bath something warm is given the patient.

The internal treatment should consist in stimulant mixtures, alcohol, caffeine, ether, while depressants of every kind should be discarded, as well as the blister which is so often applied with evil effects to the little patient. I am more and more convinced that broncho-pneumonia in children gets well better by hydro-therapy, hypodermic injections of caffeine, alcohol, and good hygienic treatment than by the old methods.

NOTE ON EXCISION OF THE TONGUE FOR CANCEROUS DISEASE.

By J. O. CONOR, M.A., M.D., B.Ch., T.C.D.,
Senior Medical Officer to the British Hospital, Buenos Ayres,
Argentina.

As the following method combines rapidity of execution with a very small loss of blood, it may be interesting to publish it:—

I.—A Mason's gag having been introduced, the tongue is seized, one inch from tip, with a pair of forceps (*vide* Arnold's Catalogue, 1895, figure 1,855). By using these, instead of the orthodox silk threads, there is a great advantage, in that, the operator has got a firm hold of the organ, and can move it "in one piece" at will, which is most useful throughout the operation: by this means the tongue is drawn forwards and upwards, thus the floor of the mouth is thoroughly exposed and the frenum made tense.

II.—With a blunt-pointed scissors, angular on flat, the frenum is divided, downwards and backwards, then the mucous membrane on floor of the mouth, and if the cancer is situated far back, some fibres of genio-hyoglossi must be severed, also the attachments to

anterior pillars of fauces. The tongue can now be drawn well outside the mouth, in fact, as Mr. Whitehead states, "the operation is practically converted into an extra-oral excision." Also, I most fully endorse this gentleman's opinion, that it is unnecessary and losing valuable time in bothering about the small amount of hæmorrhage that occurs from above detachments.

III.—A transverse incision is next made with a sharp knife, if possible one inch posterior to cancer; this cut must extend the whole width of tongue, with two or three bold touches of the knife an incision half an inch in depth is made; the hæmorrhage from this source does not deserve the application of a torsion forceps. (*Note*.—The depth of incision must vary according to portion of tongue incised; if too deep the linguals would be cut.)

IV.—The tongue is now seized by a strong double-handled forceps (*vide* diagram) with upper blade placed in groove made by transverse incision, and lower one under tongue at same line. The forceps is tightly locked, and with very little traction the whole field of operation is advanced, fixed, and any hæmorrhage there is ceases.

V.—A lateral cut, with an angular scissors, is next made, behind forceps, on each side, to the extent of one quarter the diameter of tongue.

VI.—An aneurism needle, threaded with a strong double silk ligature, is passed, exactly in median line, behind and quite close to forceps, the silk loop is grasped, divided, and needle withdrawn; for the moment it is expedient to attach an artery forceps to each end of silk ligatures, this prevents any subsequent confusion; before tying, the tissues containing lingual arteries may be yet further divided by gentle sawing movements with each ligature; when tied, the tongue is cut away anteriorly to forceps, the latter removed, and any superfluous tissue anterior to ligatures snipped away.

This almost bloodless operation takes about ten minutes to perform; if the patient is deeply chloroformed before commencing, it is quite unnecessary to continue it; the anæsthetist can lend much more called-for assistance by keeping the head pushed forwards and to one side.

For the removal of a cancer in anterior half of tongue five minutes deliberate work will readily suffice. In this calculation the possible supervention of "surgical delirium" is, of course, not reckoned.

This forceps renders the operation rapid, safe, and easy, in fact, reduces the immediate operative gravity of the procedure to the small risk of an operator with a "shaky mind" cutting the linguals when dividing the oral attachments.

The advantages I claim for this method are: (a) The portion of tongue posterior to cancer is securely fixed and cannot slip back. (b) Forward traction is secured, thus the operative field is kept easily "in hand" and well in view. (c) No respiratory or hæmorrhagic difficulty takes place, in fact, "you have got him tight." (d) The fixed handles of forceps serve as self-retaining mouth retractors.

To a recent publication by Mr. Christopher Heath, "a bloodless method of removal of half the tongue," I am indebted for the main idea in this operation.

A few remarks as to the construction of the forceps may be useful. The blades are 7 centimetres in length, and are of the same bulk as those in Well's strong angular pressure forceps. At each end of one blade a pin is fitted, in order that the tongue cannot slip outside grasp of forceps. The grooves in blades are horizontal, not oblique as in Well's, and are placed at an angle of 120° with blades. The joints are placed one inch from blades, in order to give a wide range of movement.

I have asked Messrs. Arnold and Sons, West Smithfield, to make the forceps.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, APRIL 10TH, 1896.

The President, Dr. BUZZARD, in the Chair.

Mr. GODLEE on

TWO CASES OF ACUTE ABSCESS OF THE LIVER.

1. Pylephlebitis. A warehouseman, *æt.* 41, had an acute illness in June, 1895, which left him with pain in the region of the liver, for which he was seen in September. He had a hectic temperature and one rigor. There was obvious swelling of the liver. The diagnosis lay between suppurating hydatid and abscess. The abdomen was opened on the 18th of October, and a large abscess found at the front of the liver. A drainage tube was inserted. There was slight improvement for a day or two which was not maintained. Post-mortem there was old inflammation about the cæcum, clotting of the right branch of the portal vein, and the corresponding part of the liver was riddled with abscesses. The left portal vein was patent, and the left lobe of the liver was free from suppuration, the patient had also purulent meningitis. Remarks are made on the pathology and treatment of this condition. 2. Patient a previously healthy Scotch manufacturer, *æt.* 58. Disease began insidiously a month before he came under notice, there was very rapid enlargement of the liver accompanied by rigors. An abscess was found upon the under surface of the liver, containing about one pint and a half of stinking pus. The patient was very feeble before the operation and died of shock.

Mr. ARBUTHNOT LANE recalled the case of a patient who had suffered from attacks of what at first appeared to be biliary colic, but the distension of the gall-bladder was associated with tenderness over that region, and her temperature rose to 103° F. He made out the presence of stones in the gall-bladder, and cut down and removed them. It was adherent to the large intestine. He left a tube in, though he made no attempt to see whether there was anything in the transverse fissure owing to the numerous adhesions. Moreover, there was no jaundice. He saw her a morning or two after the operation just after an attack of the old pain had come on. Her temperature was then normal but it rapidly ran up to 107° F., and she died seven hours later. Post-mortem they found an abscess behind the portal vein, and the liver was filled with large hæmorrhagic patches. Although no opening into the vein could be made out it seemed absolutely certain that the abscess had burst directly into it, or one of its branches.

Mr. SPURRELL asked why the author passed his sutures only half an inch into the liver in fixing that organ?

Mr. GODLEE, in reply, said he had passed the needles in somewhat superficially because there was reason to believe that the matter was near the surface.

CRANIAL CYST OF SARCOMATOUS ORIGIN—NO RECURRENCE TWO YEARS AFTER OPERATION.

Dr. PITT and Mr. LANE showed a patient who, in 1891, first complained of pain in the top of his head where he found a soft area. He paid little attention to this condition till September 1893, when it bulged outwards forming a tumour as large as an egg. This swelling gradually subsided. On four occasions it became enlarged and painful, subsiding by the discharge of a considerable quantity of serum through an orifice which formed in the scalp. He was first seen in November 1892, when the swelling measured about 2½ by 2 inches. It fluctuated and also pulsated distinctly. A few days after its contents discharged themselves, about an ounce being collected and examined, when it was found to be simply serous. A depression three-quarters of an inch deep replaced the swelling and was bounded by a thin irregular bony margin which in parts yielded slightly to pressure. In December 1892, the scalp over this area was freely divided, when a space was exposed which extended some little way beneath the overlapping edge of bone. Covering the whole of the floor, being most abundant at its limits and destroying the overlapping bone, was a quantity of some material which was apparently sarcomatous in structure. This structure was verified by subsequent examination. As the growth was so soft and extensive it was not felt

advisable to remove such a large area of bone and dura mater as would be required for its entire elimination so the wound was closed. Since the operation, except for a temporary leakage of serum and for a subsequent attack of erysipelas, the patient has enjoyed excellent health and has had no return of the headache from which he suffered previous to the operation.

Mr. MAKINS recalled a case which somewhat resembled this one. Some years ago a patient came with a large tumour of the upper jaw, which had formed within a year, and was attended by severe hæmorrhage. He admitted having had syphilis, but the tumour did not present the appearances of a gumma. He, therefore, removed the upper jaw and scraped the base of the skull. It healed up by primary union and he left the hospital in a fortnight. He heard nothing more of the patient for between two and three years, when he came back with a large recurrence, and a large open ulcer with thick edges involving nearly the whole of his cheek. He was told that nothing could be done for him and he returned home, where he resorted to some quack remedy. After a time the tumour underwent shrinkage, and in the course of five or six months it entirely cicatrized. The question arose whether or not it was a gumma, but a number of competent microscopists who had been shown the sections were strongly of opinion that the appearances were those of a sarcoma. He believed there were several other cases of the kind on record.

Dr. PITT called attention to the small amount of growth in this case and the large amount of fluid, the growth proper being limited to what looked like granulation tissue at the base of the cavity.

SEQUEL TO A CASE OF SYPHILITIC CRANIAL NEOROSIS—GUMMA OF FRONTAL LOBE—DEATH.

Mr. PAGE related the after-history of a patient who in July, 1894, had had compression of brain and frequent convulsions satisfactorily dealt with by trephining over the right Rolandic area and the removal of a large quantity of broken down gummatous material from between the dura and the bone. A large piece of necrosed eroded bone was taken away at the same time. The lesions were obviously syphilitic. The patient returned to his work, and was free from fits until early in November, 1895, when they suddenly returned and rapidly regained their former frequency, numbering from four to ten every hour. The fits seemed to begin in the left hand or the left angle of the mouth, but so quickly became general that it was impossible to be certain on this point. The site of the former operation was exposed, but no fresh disease was discoverable either there or in the immediate neighbourhood, and it was obligatory to desist from further exploration as there was nothing in the symptoms to show where disease lay. It was strongly suspected that there was a cerebral gumma beyond surgical interference. The fits continued to increase in frequency and severity, and in two days the man died exhausted. At the necropsy a large broken-down gumma which it would have been impossible to remove was found in the right frontal lobe.

Mr. CLEMENT LUCAS said the case reminded him of that of a woman who was supposed to have cancer of the breast. She had a ragged ulcer of one breast exposing a cartilage, and the lung on the same side was dull to percussion, with the usual signs of consolidation. It was thought possible that it was syphilitic disease and she was given large doses of iodide of potassium but without producing any apparent effect. After some weeks she suddenly became subject to epileptic seizures, in one of which she died. Her real history was not found out until after her death. She entered the hospital as a cook in a respectable family, and all possibility of syphilitic infection was strenuously denied, but it turned out that she had formerly been a prostitute. The lung was fibrous throughout and she had a tumour growing from the dura mater which projected into the frontal lobe. She presented other signs of syphilis.

Dr. CHAPMAN asked whether the patient was treated with iodide of potassium in the interval between the first and second attacks?

The PRESIDENT said he was about to ask the same question. He asked whether any ophthalmoscopic examination was made on his second admission? Unfortunately the case did not appreciably advance their knowledge of the subject. The lesion in the frontal lobe could not be held

to account for the motor disturbances which characterised the attack up to the patient's death. He suggested that the tumour in the Rolandic area might possibly have been present when the patient was first seen, for it had often been observed that such lesions might exist without giving any manifestation of their presence. He mentioned that when an operation had been performed for epilepsy, although the fits might have been relieved thereby even for a considerable time, they often returned, apparently in consequence of the formation of cicatricial tissue at the site of the operation, which acted as a new formation pressing upon the brain surface. Possibly the attacks in this case were due to this cause. He admitted that these cases were extremely difficult to explain.

Mr. PAGE, in reply, said the patient took iodide of potassium on leaving the hospital, but he probably did not follow any systematic treatment. When first in the hospital he had large doses without appreciable effect. It was quite possible that the convulsions might have been due to the cicatricial tissue, but, on the other hand, there was the fact that the subjacent membranes were practically healthy. He remembered the case of a patient with fits, obviously due to some lesion in the Rolandic area, in whom the first indication of a gross lesion was the appearance of the growth through the scalp. It was supposed to be a new growth of the nature of sarcoma, but it was obviously syphilitic, and was dealt with as in the case he had brought before them. The patient died of pyæmia, the extent of the surface mischief gradually extending meanwhile. He also referred to a case at present in hospital of a boy who came in with a scalp wound which had been suppurating profusely for three weeks. The probe gave the sensation of dead bone, so he explored it, and found a minute opening in the bone from which much pus escaped. He made a small opening with a trephine, and this led down to a large abscess in the frontal lobe, which was dealt with in the usual way, and the child was now nearly well. There had been, as far as they could judge, no cerebral symptoms whatever, but after the operation, from dull he became bright, from morose and irritable he became cheerful and playful; in fact, he became a totally different boy. There had never been any rise of temperature or paralytic phenomena.

Dr. SAMUEL WEST on

ALBUMINOUS OR SEROUS EXPECTORATION AFTER PARACENTESIS FOR SEROUS EFFUSION.

It sometimes happens that, during the paracentesis, the patient begins to cough and complain of some shortness of breath, and soon after to expectorate a quantity of clear, frothy fluid. The cough is almost constant, though not very violent or paroxysmal, and with it there is some shortness of breath, and, occasionally, also even considerable dyspnoea. Wheezing and crepitation are heard over the lung, usually over the affected side only, but occasionally on both sides. After the symptoms have lasted for an hour or two, or perhaps a little longer, they usually subside, and the case runs its ordinary course, but every now and then the symptoms are extremely severe, and the patient dies of suffocation. Albuminous expectoration is really very rare—one, I believe, of the rarest events in pleuritic effusion. My own case occurred in a man, æt. about 40, who had a right-sided effusion for about three or four weeks. I performed paracentesis myself, using the syphon and not the aspirator. The fluid flowed readily, and after about 40 ounces had been withdrawn the patient began to cough. The cough increased in frequency and caused much distress. This was soon followed by a little dyspnoea. Expectoration commenced in about ten minutes, and in an hour the patient brought up eight ounces. The attack lasted for three hours, during which a pint of frothy fluid in all was coughed up. Over the right side (that is, the side of effusion) there was a good deal of wheezing and crepitation, and a little also on the left. The patient's condition was in no wise such as to cause alarm, the symptoms rapidly subsided, and the patient made a good recovery. The cases of albuminous expectoration differ a good deal *inter se*. The attacks usually come on during paracentesis or immediately after it, sometimes as long as two hours. They last for a short time, usually not more than an hour or two, but occasionally longer. The quantity of fluid varies from a few ounces to even more

than three pints. In character, it is frothy, like that of acute bronchitis. It contains much mucin and little albumen. The physical signs are those of congestion of the lungs. There appears to be no necessary relation between the duration of the pleurisy prior to paracentesis and the liability to serous expectoration, but, as a rule, the cases have lasted some little time. It is not to be connected with the use of the aspirator, for some of the cases, as in the present, occurred when the fluid was removed by the syphon only. The result is rarely fatal, and among the fatal cases some complication besides the effusion is generally found. The condition seems less common than it used to be twenty or thirty years ago, probably because of the earlier performance of paracentesis. There are three explanations given of the phenomenon; 1. Perforation of the lung during paracentesis, and the discharge of the pleural effusion through the lung; but the difference of the chemical characters of the two fluids shows that this explanation cannot be correct. 2. The absorption of effusion by the lung. 3. Oedema of the lung, and this is the only satisfactory theory. In the non-fatal cases this oedema must be due to some transitory condition, and is probably in most cases to be connected with the sudden distension of the lung after it has been collapsed for some time. In the fatal cases some organic lesion is generally found in addition which would account for the result. In some of them the lesion is such as would cause obstruction either of the vessels of the lung or of the bronchial tubes, and possibly also of the lymphatics; in others there is disease of the opposite lung, e.g., general pleural adhesion or morbus cordis. The subject has been brought forth before the Society with the object of eliciting the experience of others; especially as to its frequency, which appears to be very much less than it is commonly stated to be, for the present instance is the only one which has come under the author's observation out of a very large number of cases of pleural effusion.

Dr. F. DE HAVILLAND HALL said that many years ago, when collecting materials for a paper on pleurisy, he had occasion to look up this question, and he found that the only cases then recorded were foreign. Although he had since been on the look-out for such a case, he had never seen one nor heard of one until he read an account in the December number of the *British Medical Journal* from the Canterbury Hospital. It was obvious, therefore, that such cases must be exceedingly rare. The statistics to which he had referred showed great gravity. He agreed that the symptom was probably due to oedema of the lung. He had asked himself what he should do in such a case, and he had come to the conclusion that he would first try the effect of dry cupping, following by sinapiems to the chest, while, internally, he would have recourse to drugs such as nitrite of amyl or nitro-glycerine.

Dr. HALE WHITE related the case of a patient recently admitted whose chest was full of fluid. As no improvement followed she was aspirated. Soon after, she began to expectorate this albuminous fluid for four or five days, and when he saw her, she was expectorating it in considerable quantities. The temperature after the first aspiration began to mount, and as fluid was again collecting in the chest, it might be necessary to aspirate a second time.

Dr. L. BENHAM asked why, if this phenomenon were due to pulmonary oedema, it was not met with in oedema from ordinary causes, and he suggested as a more probable explanation that there was thrombosis of the pulmonary vessels.

Dr. S. WEST, in reply, said that in the recorded cases pulmonary thrombosis was very commonly observed, and he thought this was a very probable explanation of the disease. It certainly looked as if it must be due to some complete obstruction of the vessels. In respect of Dr. Hale White's case, he pointed out that it was rare for a case to go on several days, as in the one narrated by him, forty-eight hours having hitherto been the longest period. Minor cases of the disease did not require any active treatment, and in the acuter cases there was no time to do anything.

A MEDICAL Officer is to be appointed by the Government of India to examine into the causes of *Kala azar*, the fever which has caused such high mortality in Assam.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF OBSTETRICS.

MEETING HELD FRIDAY, MARCH 6TH, 1896.

The President, DR. LOMBE ATTHILL, in the Chair.

AN INTERESTING CASE OF RUPTURED TUBAL PREGNANCY,
WITH HÆMATOCELE OF THE OPPOSITE SIDE.

DR. ALFRED SMITH read notes of an interesting case of the above subject, successfully operated on by him in St. Vincent's Hospital. The chief points of interest seemed to him to be—1st. The question of diagnosis; 2nd. The pathological condition found during operation. There was no history of pregnancy; the menstruation was quite regular up to the very day when she was first seized with the abdominal pain and heavy menstrual flow. The pain was referred to the lower part of the abdomen, but was not so severe as to cause the patient to collapse. She was able to walk to hospital without assistance; still, on vaginal examination, nearly all the typical signs of ruptured tubal pregnancy were present. The pathological condition found at operation showed the condition on the right side to be an example of "tubal abortion." As to the cyst on the left side, its exact nature was not so clear—it was undoubtedly full of blood and seemed to be in the outer third of the Fallopian tube, and had certainly all the microscopic appearances of a tubal pregnancy. But the microscopic examination by Professor McWeeney proved it to be not a case of tubal pregnancy but an hæmatosalpinx. The interesting query now is how to explain the hæmorrhage into the outer third of the Fallopian tube.

DR. ALFRED SMITH also showed a small cystic ovary, size of a turkey egg, removed from a married woman, æt. 38. The patient suffered from hæmorrhagia, which was not controlled by repeated curettings. Recovery.

DR. JELLET showed for Dr. W. J. Smyly four myomatous uteri removed by panhysterectomy. Tubes removed for double pyosalpinx, tubal pregnancy and other interesting specimens.

CASE OF SUPPURATION IN AN OVARY, THE RESULT OF DIRECT
VIOLENCE.

THE HON. SECRETARY read, for Dr. Purefoy, a paper on the above subject and showed specimen.

When we have regard to the anatomical structure and marvellous functional activity of the ovaries in a healthy woman, and how easily the regular performance of these functions is disturbed even by trifling emotional causes, no surprise will be felt at the frequent occurrence of disease in these organs. It will, I think, be admitted that even acute inflammation of an ovary seldom terminates in suppuration, except in cases of puerperal sepsis, and also in cases where gonorrhœal vaginitis has been the origin of the mischief. The view has been advanced that in some cases of protracted and difficult labour the ovary may be subjected to injurious pressure, and most of us have seen patients who could trace back to some particular lying-in the beginning of the pain and suffering which so often attend chronic ovaritis. The brief history which I proceed to lay before you will serve to demonstrate that mechanical pressure, if considerable in degree and suddenly applied, may bring about inflammatory mischief in an ovary, and such as may end in suppuration and the structural disintegration of the organ. In February, 1895, a young woman, æt. 21, in good condition and of healthy aspect, sought my advice for various pelvic and menstrual troubles, and gave me the following history:—She had been earning her bread as a governess, and in October, 1891, one of the children in her charge jumped on her as she lay in bed, hurting her considerably with her feet, and causing her much pain in the left ovarian region, and in the left leg. Immediately afterwards she became unwell for some days, and during the succeeding four years, till she came under my care, menstruation continued profuse, irregular, and attended with so much pain in the lower belly and left leg that much impairment of her general health ensued. For the relief of these troubles she was sent home by my friend, Dr. Wynne. A vaginal examination enabled me to detect an enlarged and much-retroverted uterus, and the left ovary enlarged, very sensitive to pressure, and somewhat prolapsed. The right ovary appeared to be normal and healthy. I explained to

her that nothing save the removal of the injured organ would ensure any permanent relief to her sufferings, and she readily consented, and shortly afterwards was admitted to the Adelaide Hospital for the purpose. The operation was followed by an easy convalescence, and menstruation now recurs regularly without pain and normal in amount, though for some months the patient complained occasionally of rather severe pain in left side and left leg.

THE PRESIDENT regretted very much that they had not before them the report of a pathologist on Dr. Purefoy's case, as suppurative of the ovary was a very rare occurrence indeed.

The Section then adjourned.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD THURSDAY, MARCH 12TH, 1896.

The President, DR. PORTER, in the Chair.

DR. MAUNSELL (Rotherham) showed three relatives with congenital onychotrophia and other malformations of the fingers and toes. A detailed family history was given tracing the abnormalities through several generations.

DR. ANDREW WALKER read a paper on "Hæmorrhagic Salpingitis," which was illustrated by numerous microscopic slides and drawings.

MR. CUFF showed a larynx, imbedded in the substance of the arytenoid muscles of the right side of which was a circumscribed, non-encapsuled tumour. The tumour, which was of about the size of a large pea, was of a greyish pink colour, and in that part, and abutting upon the arytenoid cartilage, was breaking down. A sinus led from the posterior end of the laryngeal sacculus directly backwards into this softened tissue, at the bottom of which was the exposed and bare cartilage. The tumour was believed to be a gumma. The patient had had syphilis, and also later ague in India, and had come under treatment for splenic œdema. (œdema of the larynx supervened, and on laryngoscopic examination great tumefaction and redness of the whole glottis was revealed. The swelling was more marked on the right side. On the upper surface of the epiglottis an irregular ulcer, with a yellowish base, and injected margins was also to be observed. The diagnosis of syphilitic perichondritis with secondary œdema was made from the history and his laryngoscopic appearance.

DR. ARTHUR HALL read a short paper on the "Possible Dangers of Treating Extensive Burns with Boracic Ointment." The case which formed the text of the paper was one of a boy who was admitted into the Royal Hospital under Dr. White with extensive burns. He was treated as usual with ung. boracis. On the fifth day he developed an extensive erythematous eruption over the limbs, trunk and face, for which the writer was asked to see him. During the next few days he gradually became worse, and died on the ninth day. At the autopsy nothing was found to account for death, and previous to the eruption the boy was doing very well. There were no throat symptoms whatever; there was delirium at night; the rash developed more each day. Dr. Hall quoted many recorded cases of similar groups of symptoms occurring definitely from boracic acid poisoning, and pointed out that the extent of surface for possible absorption was very great, and although not pressing the connection between the boracic acid and the symptoms, thought that if there was no connection between the two, still the occurrence of such fatal symptoms was worthy of more extended inquiry than was at present given, with a view to preventing their occurrence by a more rigid antiseptic treatment.

FRANCE.

[FROM OUR OWN CORRESPONDENT.]

PARIS, April 11th, 1896.

HEART DISEASE.

At the Société de Médecine, Dr. Duroziez spoke on the method of diagnosing the pathological bruits of the heart. He said that frequently, in order to be able to distinguish

between the lesions of the different orifices, it was necessary to auscultate at a distance. Over the heart itself the bruits were often confused, difficult to separate, the cavities not always bearing the same relation to each other, while the pericardium masked the sounds.

The soufflé of aortic insufficiency, for instance, is easily distinguished in the inguinal region by the double crural soufflé, which sometimes reveals an insufficiency undetected by direct auscultation, and, in any case, where the crural phenomenon is absent there is no insufficiency. Mitral insufficiency can be always heard at the back, no other heart sound is heard in that spot. Frequently a tricuspid soufflé is confounded with the mitral lesion, and yet the former goes only from the sternum to the apex, while the latter goes to the vertebral column. Inefficiency of the tricuspid is revealed by the venous pulse felt in the jugular hepatic and crural veins, while stenosis of the aortic valves can be detected in the carotids.

The soufflé of chlorosis has unfortunately been frequently attributed to mitral disease giving manifest concern to the patient, and yet by a little care confusion ought not to take place, for when the soufflé is not heard behind it is never mitral.

The pulse also gives very important indications. In lesions of the right heart it is quick (90), in mitral stenosis it stands at 60, while in aortic insufficiency we have the pulse to which is attached the name of Corrigan. The humoral artery should be preferred to the radial, and frequently it will be necessary to examine the femoral in order to establish the quantity and quality of the circulation.

EPITHELIOMA.

Dr. Dumontpellier spoke on the advantages of treating locally and generally epithelioma of the mouth with chlorate of potash. Internally he gives a drachm daily of the salt, while externally he applies it in powder on the sore. In some the malignant tumour had disappeared after three months' treatment.

In a second case, that of a man of 52, who had been operated on for epithelioma of the tongue, and who, when seen soon afterwards by the honourable professor, had shown all the symptoms of relapse, the same treatment was adopted, and with a like result at the end of six weeks. A third case was that of a man who had undergone the anti-syphilitic treatment for an ulceration of the tongue of an inch in length without success. Eight days after the chlorate of potash treatment improvement was manifest, and at the end of three months the cure was complete.

According to M. Dumontpellier, success was chiefly due to the internal use of the salt, which is eliminated through the salivary glands, thus bathing permanently the parts.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, April 10th, 1896.

ULCERATION OF MIDDLE EAR.

POLITZER showed a young woman, *æt.* 19, who had suffered for three years from a chronic discharge from the middle ear without deriving any appreciable benefit from the different forms of treatment employed.

About the middle of last year dangerous symptoms supervened with pain in the head, vertigo, &c., when it was resolved to lay the middle ear open in conjunction with Körner's plastic operation.

After removing the skin and periosteum of the mastoid process by means of a crescentic chisel applied behind the insertion of the aural muscles, the membranous covering of the outer ear with the cartilage was lifted forward, after which the bone was carefully chiselled out, opening the atticus and removing the ossicles. The granulation tissue was then removed from the middle ear and antrum, the soft tissues of the outer ear replaced and allowed to unite with the support of tampons and stitches. There was no rise of temperature; the patient soon recovering, being able to leave hospital on the fourteenth day after admission. The promontorial wall of mucous membrane is now dry and healthy, although the "atticus" is lying exposed. Whispering can be heard three metres off, and the otometer at fifteen centimetres.

CHOLESTEATOMA IN MIDDLE EAR.

Gompey exhibited a patient, *æt.* 40, who had a cholesteatoma in the right middle ear for which he had operated. The case had a long history extending back to 1892. The active symptoms commenced about April, 1895, with vertigo and pain in the ear, and a small opening in the posterior quadrant of the tympanum. In a few days a large granulating swelling protruded like a polypus. Three months later the radical operation was performed by separating the ear from the bony attachments posteriorly, and chiselling into the antrum of the mastoid process, where a cylindrical space, 2 by 1 centimetres, was found filled with a brittle cholesteatomatous mass. The only remaining part of the ossicles was the malleus, which was removed. The periosteum, skin, and concha were next replaced, supported with stitches and tampons, which were not touched for sixteen days after the operation. The next dressing was made of sterilised oil and iodoform gauze. On the twenty-fifth day after the operation a thin pellicle of skin was observed over the internal wound, but it was not before the forty-fifth day after the operation that the wound could be said to be healed.

Urbantechitch, in criticising Gompey's results, said that the healing in these prolonged cases was often much accelerated by transplantation of skin.

MORBUS MENIERI.

Prof. Kaufmann brought an interesting case of morbus Ménièrei the notice of the meeting. The patient was 31 years of age, who had never had anything to complain of in her ears till after an attack of influenza. Her story was that she went to the theatre one night, drank some warm water as she usually did, and returned home perfectly well. After arriving home her ears began to ring; he went to bed and slept for an hour-and-a-half, but was awakened suddenly with vomiting, malaise, vertigo, great rushing in the ears and complete deafness.

On examining the ears nothing could be observed to account for this disturbance, neither could any hysterical symptom be noted that might assist in solving the problem. The left ear was perfectly deaf. The vomiting persisted three days after the first attack, occurring six to eight times in the day. The giddiness continued to afflict the patient so much that she could not leave her bed for twelve days. The giddiness, however, was now periodic, and no treatment seemed to assist it. He had now commenced the pilocarpin treatment with the hope of obtaining some relief.

Politzer remarked that this case very much resembled the first one he had ever seen of Ménière's disease.

Gruber said that most of the cases he had observed coming on suddenly with giddiness and deafness were

usually bilateral. Unilateral symptoms like those described in this case were very rare. As to the value of the tuning-fork in these cases, his opinion was that it was useless.

Urbantschitch related a similar case to this of Gruber's which came under his notice in private practice.

Politzer thought that Kaufmann's case was caused by labyrinthic hæmorrhage, and was not nervous in its origin. He did not agree with Gruber that the tuning-fork was of no value in the diagnosis of Ménière's disease, as the deep tones, in conjunction with other symptoms, often confirmed the diagnosis.

SUCCI.

This professional faster does not seem to meet with that favour here which has been afforded in other places. Physiologists, anatomists, physicians, &c., were ever ready elsewhere to watch and record every minutæ with faithful accuracy, but in Vienna, happily, nobody will recognise the martyr. He starves himself under the *surveillance* of the police.

Russia.

[FROM AN OCCASIONAL CORRESPONDENT.]

ST. PETERSBURG, April 6th, 1896.

INVAGINATION AND LAPAROTOMY.

At the last meeting of the Medical Society here Dr. Kernig showed the members the intestines of a patient whom he had exhibited at a previous meeting. The disease was diagnosed at first as invagination of the bowel. Subsequently Kernig performed laparotomy, but the patient did not long survive the operation, dying soon after from peritonitis in the pelvis. The post-mortem revealed a beautiful polyp running in close succession from the stomach to the rectum. Patches here and there were non-pediculated, but the greater length of the bowel was affected. A few of the polypi when examined microscopically were carcinomatous and of the adenoid type.

FINLAND IN THE TREATMENT OF PHTHISIS.

Musing read a long paper to the Society on the medicinal virtues of Finland in the treatment of phthisical patients.

In the discussion that followed, Luigen said that he had had patients who seemed to improve after residing in Finland.

Kernig also testified to the salutary effect produced on patients of this class in Finland, but thought that there were places on the Baltic nearer St. Petersburg where phthisical patients progressed equally well.

Moritz said that a summer residence in Finland might do good, but considered that residence there, in the winter, would be a dangerous experiment.

Assmuth affirmed that there was a great difference of climate between the east and west of Finland. The east coast seems to be the best for consumptive patients, but the disease itself was not uncommon there also.

Musing, in reply, said that he did not deny that there were many places within easier reach of St. Petersburg where phthisical patients improved, but he challenged any one to find as good a resort for this class of patients as the Government or County of Wiborg in the south-east of Finland.

THE INTERNATIONAL CONGRESS OF WARSAW.

I am glad to be able to record that the Committee of the International Congress have acknowledged the injustice

of excluding the English language, and have arranged that authors will be accepted in the sections to read their papers in that language.

The Operating Theatres.

LONDON HOSPITAL.

SARCOMA OF THE PALATE—CERVICAL LYMPHATIC GLANDS AFFECTED—LIGATURE OF EXTERNAL CAROTID ARTERY—REMOVAL OF GLANDS—TRACHEOTOMY—REMOVAL OF THE TUMOUR.—Mr. DEAN operated on a woman, æt. 40, who, besides a tumour of the palate and enlarged glands, presented a large goitre, which she had had for 15 years, and which she did not think had increased in size lately. Two months before the operation she noticed a swelling at the back of the mouth which interfered with swallowing; this gradually increased in size, and about a month ago, small swellings appeared on the left side of the neck in front of the left ear and on the right side of the neck. On admission there was a large, fleshy tumour, with its surface ulcerating, growing from the left side of the soft palate and of the wall of the pharynx, somewhat pyriform in shape, and about the size of a large pear. This rendered the swallowing of solid food impossible, and liquid food was taken with difficulty. In certain positions of the body, especially dorsal decubitus, respiration was much impeded by the growth. The glands in the neck and in front of the ear were soft, but solid. The diagnosis arrived at was sarcoma of the soft palate with secondary infection of the lymphatic glands. Chloroform was administered through a Junker's inhaler, an incision made along the anterior border of the left sterno mastoid, and four enlarged lymphatic glands, apparently sarcomatous, removed; the incision was then extended upwards in front of the ear and a similar gland removed from that region. The bifurcation of the common carotid artery was next exposed and the external carotid ligatured about half an inch beyond the division; the ascending pharyngeal artery which came off from the bifurcation was ligatured about half an inch beyond its origin. An attempt was now made to remove the sarcoma from the pharynx, but, although there was scarcely any hæmorrhage, the surgical manipulations interfered so much with respiration that tracheotomy was found necessary. Owing to the presence of the goitre, this was no easy matter, and, in order to expose the trachea, Mr. Dean was obliged to remove the upper portion of the right lobe; on cutting into this lobe, the appearance was almost identical with that of a section of the enlarged lymphatic glands which had been previously taken away. After a tracheotomy tube had been inserted the sarcoma was excised from the pharynx with comparatively little hæmorrhage. The tumour was found to extend widely to the left side and back on to the posterior wall of the pharynx, reaching upwards to the base of the skull; this region was thoroughly scraped with a sharp spoon and plugged with iodoform gauze. As the patient was rather collapsed, it was thought advisable not to remove the enlarged glands on the right side of the neck for a few days. Mr. Dean remarked that before the operation the case seemed a straightforward one of sarcoma of the palate with secondary deposits in the cervical lymphatic glands. In his experience vascular tumours of the palate can be removed with very little loss of blood after the external carotid artery has been ligatured, special precaution being taken to see that the ascending pharyn-

gail is given off above the level of the ligature; in the present case this artery was given off at the bifurcation, and so had to be ligatured separately. The interference with respiration during the attempted removal of the growth was not due to hæmorrhage, but to the fact that, as the attachment of the tumour was divided above, the latter naturally dropped down into the region of the glottis; this rendered tracheotomy necessary, and the portion of the thyroid tumour removed was so similar to the enlarged lymphatic glands that Mr. Dean was inclined to think that perhaps the case might turn out on microscopical examination to be rather different from the original diagnosis. He thought it quite possible that the goitre had recently become malignant, and that the growths in the pharynx and in the cervical lymphatic glands were secondary to the goitre. He pointed out that it was more common for malignant disease of the thyroid gland to start in a gland that had been enlarged for some years, although the goitre may have remained quiescent for many years, even as long as 20, it was not uncommon for malignant disease to develop suddenly without any assignable cause.

ST. THOMAS'S HOSPITAL.

ARTHRECTOMY OF THE ANKLE-JOINT BY THE ANTERIOR METHOD.—Mr. ANDERSON operated on a boy, *æt.* 7, for tubercular disease of the right ankle. An anterior incision was made through the integuments over the line of the ankle-joint from malleolus to malleolus. The musculo-cutaneous nerve was secured by means of two threads, and divided between, the threads being left with the needles attached. The tendons of the tibialis anticus, extensor pollicis, extensor digitorum, and peroneus tertius were in like manner pierced each by two threads separated by a distance of half an inch, and all divided between the threads; the anterior tibial artery was divided and secured. There was now a row of threads with needles attached connected with each end of the divided tendons and nerves. The ankle-joint was then opened, and after division of the anterior fibres of the internal and external lateral ligaments the whole interior of the joint could be exposed without interference with the peronei or the tibialis posticus. Extensive disease was found in the bones and synovial membrane; this was removed with the aid of scissors and gouge; the surfaces were saturated with iodoform emulsion; the tendons and also the musculo-cutaneous nerve were sutured by means of the threads employed at the early stage of the operation, the needle connected with the upper thread being carried through the lower section of tendon, that connected with the lower being passed through the upper section, so that each tendon was united by two sutures. In the case of the nerve a single suture was used. The skin wound was then united by continuous catgut suture. The line of wound was sealed with cotton wool soaked in collodion and dusted over with iodoform, the whole being covered in with dressing, and the foot fixed in plaster. Mr. Anderson remarked that this was the fifth case in which he had operated in this manner; all had united by first intention, and in all the functions of tendon and nerve were completely restored. In one case where the disease was but slight, a movable ankle had resulted; in the others ankylosis had taken place leaving a useful foot. The anterior operation had been first practised by Mr. Arbuthnot Lane who divided not only the anterior tendons, but also the peronei and tibialis posticus; these latter, however, Mr. Anderson thought, may well be spared

as shown by the cases referred to, the operation thus gaining in simplicity and rapidity. As compared with the older operations this one offers great advantages, it is more rapid and allows a more complete and ready exposure of the diseased parts and their removal with the greatest possible economy of healthy structures.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 15, 1896.

SECRECY AND PRIVILEGE.

THE eagerness with which the questions raised during the recent *cause célèbre* have been discussed in and by the daily press shows the importance which the public attach to professional secrecy, a moral obligation which has throughout the history of medicine been proudly acknowledged by medical practitioners in all climes, but which many of the public would like to see established in this country under a penal statute. The perusal of the letters and comments which have appeared in the lay press suggest a number of points which were not touched upon in our former article on this subject for want of space, but which are yet of sufficient importance to warrant our returning to the matter. It must be premised that there is no legal obligation to professional secrecy outside the provisions of the common law in regard to the dissemination of defamatory matter which apply to medical and non-medical men alike. In practice, however, the liability to damages for contravention works out much more severely when the transgressor is a medical man than in the case of a layman, for the simple reason that juries are composed of laymen who feel intuitively that they are interested in enforcing a high standard of

professional morality in this respect. All are agreed that a medical man ought to hold his tongue under ordinary circumstances and the majority of extraordinary circumstances, but this question has been discussed on the basis that he ought to do so under all conceivable circumstances under a penalty. The recent case did not decide that reticence, in respect of non-defamatory matter, is a legal obligation, indeed, the contrary is to be inferred. The law in fact expressly obliges the practitioner to violate professional confidences in a number of ways, as for example, in filling up a certificate of death, in the notification of infectious diseases as well as in the witness box. The moment the obligation ceases to be absolute the opportuneness of departing from established usages must obviously devolve upon the practitioner who is called upon, at his risk and peril, to decide whether or not particular circumstances justify his action or compel him thereto. We should be disinclined to allow the private interests of the practitioner to constitute an exemption under any circumstances, but when public interests of a high order are in jeopardy, the propriety of enforcing silence is certainly open to question. Take for instance the case quoted by Dr. Murrell, of the signalman suffering from aortic disease which might at any moment, without warning, entail results involving unknown but considerable risks to the travelling public; or the case of a dairyman whose manipulation of the milk may be the means of infecting generations as yet unborn. What scruples must even the most discreet of medical men feel when he becomes aware of the danger to which an innocent and healthy young woman is about to be wantonly exposed by an unscrupulous rascal whose diseased and infectious condition is within his cognisance, than which there can be no more delicate and responsible position. Then again a medical man is often called in by an anxious parent or guardian or by an employer, who, and not the patient, is called upon to pay for information which, if professional secrecy were absolute, must be evasive if not absolutely false. What is the position of a practitioner who is called in to give an opinion as to the pregnancy of a maid-servant. We doubt very much whether his communication to the mistress would be regarded as privileged by a jury should the girl subsequently bring an action for damages, and in view of the common practice in such matters greater circumspection is advisable in the future. This question crops up in a multitude of circumstances, as for instance, in respect of what one writer in the *Times* calls "the thoughtless and reprehensible disclosures by medical men, not defamatory, as to their patient having cancer or consumption." Ought we in every instance to assume a peremptory attitude when questioned by friends or relatives, and curtly refuse to gratify a very legitimate curiosity. The question is rendered all the more delicate from this point of view when it is remembered that the patient is often the very last person to whom it is desirable to confide information of this kind, yet, it must perforce be imparted to someone in the best interests of the patient. It is as cruel as it is unnecessary in the majority of instances to tell a patient that he is suffering from a

fatal and incurable disease, but unless someone is made the depository of the secret the immediate future of the patient may be compromised, and the ultimate reputation of his medical adviser may suffer. These are only a few of the many difficulties which surround this all-important question but they suffice to demonstrate the impracticability of laying down any hard and fast rule. Conceding that the occasions under which a medical man is not bound by law and under legal penalties to keep silence, should be very extreme and very few, justice requires that if his liabilities are to differ from those of the ordinary layman he is entitled to have them clearly defined and to know exactly what they are. There might be great danger, as well as hardship, in imposing by law on the physician a greater obligation to silence than he at present lies under, *i.e.*, not to publish libels or slanders on occasions not privileged. A sufficient safeguard of the secrets and honour of patients will, we believe, be found in the high sense of honour generally admitted to prevail in the medical profession and translated into a professional obligation by the traditions handed down by the fathers of the healing art.

SPARTAN JUSTICE ON ARMY MEDICAL OFFICERS.

In our issue for April 1st we commented upon the case of a Surgeon-Major in the Indian Medical Service who had been dismissed the Service because he asked a married lady for a kiss, and we ventured to suggest that, if the officer had belonged to any other department of the Service save the Medical he might have committed this minor discretion, and a great many additional major ones, without any serious indication of official displeasure. The case of Surgeon-Captain John Francis Scott Fowler is, we understand, about to be brought under the notice of Parliament by Sir Walter Foster, and it repeats the lesson taught by the previous case, *i.e.*, that a Medical Officer of Her Majesty's Army cannot expect from Her Majesty's "military advisers" the same measure of fair and honourable treatment which is supposed to be meted out to combatant officers. Surgeon-Captain Fowler has been dismissed because, having been present for a few moments at some blackguardly conduct by officers of the Limerick Militia (to which regiment he had been temporarily attached), he omitted to report the matter to his superiors. His defence was (a) that the Senior Captain of the Regiment was present, whose duty it was to report, and (b) that he had done all in his power to prevent the conduct complained of when present. It was charged, also, against him by his accusers that on examination, he had equivocated about the exact time, during which he had been present, which he stated to have been "a few minutes," when it was actually "about half a minute." This, so far as we have been able to ascertain, has been the whole head and front of the Officer's offending. On the other hand, it is stated that the entire proceedings of the military authorities were tainted with irregularity, and were in accordance neither with regulation nor justice. The charges were, sprung upon Surgeon-

Captain Fowler without any notice whatever. No opportunity was afforded to him to defend himself, and he has been refused the opportunity which he asked to vindicate his character before a court-martial or other competent tribunal. Even the time-honoured, but most unjust, excuse for ruining an officer, that he "had a bad record," cannot be alleged against Mr. Fowler, to whom the highest character, both personal and official, was given by the Director-General of his own Department. The simple fact is divulged by the narrative, so far as we can read it, that Sir Redvers Buller, the determined and vindictive enemy of the Army Medical Officers, had determined to smash another victim, and smashed he has been. We sincerely trust, however, that a majority in the House of Commons will be found to vote for fair play against military prejudice and influence. At any rate, the occasion will be afforded for some Member to ask whether it is the fact that several officers with no less disciplinary powers than Surgeon-Captain Fowler were present on the occasion of offence, and were all let off with a mild reprimand, while he was dismissed and ruined for life. The whole business will serve as a useful object lesson for candidates who may contemplate competing for the Army Medical Service, and these two instances of official partiality and prejudice may help to teach them that if they accept Her Majesty's Commission as a Medical Officer under the present conditions they may expect to meet with the covert hostility and ill-will of their official superiors, and will be liable at any moment to be cashiered and ruined both in professional and personal reputation for any little peccadillo which may give the "military advisers" the chance of destroying one more doctor.

THE FRIENDLY SOCIETIES QUESTION IN AUSTRALIA.

THE Friendly Societies question, about which so much discussion has arisen during the past year in this country, is becoming a burning one in Australia. A general meeting of the profession in New South Wales was held in Sydney, in January last, to discuss the matter. There is abundant evidence to show that our *confrères* also, in the Australian Colonies, have been for long "sweated" by the managers of these societies. The same practices in this regard prevail in the Antipodes as in this country; but apparently, if anything, to a larger extent in the former. Mention at the meeting in question was made by the chairman of a benefit association consisting of 5,000 members, that the medical attendance of the latter was obtained for £1,000 at the rate of four shillings per year per member, or less than one penny per week. This then was a flagrant instance of "sweating," and clearly called for remonstrance. But so far it would appear that the "sweating" process has to a certain extent been tolerated, and that it is only a new proposal to enlarge the scope of these benefit societies which has led to active steps being taken by the profession in this regard. The proposal now is to bring into the societies a different class of persons—those well able to pay at a respectable rate for professional advice and attendance. Of course,

any such arrangement, if carried out, can only have a serious effect upon the practices of those medical men whose patients would thus be alienated from them. If comparatively well-to-do persons are permitted to become members of such societies, and be provided with medical attendance at the rate of one penny per week, it is high time that the profession took a firm stand, and entered a protest against the arrangement. After all, it is needless to point out that the whole success of these benefit societies depends upon the work of the medical officers; the profits which are made out of the concerns are simply derived from the saving on the disgracefully inadequate payments provided for the medical attendance. It is satisfactory to see that the speakers at the meeting in Sydney showed that they were determined to bring about a change in this matter, and as a first step the meeting unanimously endorsed the following resolution: "That medical aid and benefit societies are intended for the use of poorer members of the community, and not for the well-to-do; and that, in the opinion of this meeting, it is not desirable that persons in receipt of incomes of £200 per annum should receive medical attendance and medicines from societies as at present organised." Subsequently the following resolution, after much discussion, was also carried: "That one per cent. on their annual earnings is a fair proportion to be paid by all members of benefit societies for medical attendance and medicines; and as the present recognised minimum rate of sixteen shillings per annum is already below this, no further diminution should be accepted by medical men." After this expression of opinion, it is clear that the medical practitioners of New South Wales are agreed as to a common ground of action in regard to the payment made by members of these benefit societies. The point raised is, in truth, one of great import; there is undoubtedly more or less competition among the promoters of these societies, and the bait that they rely on by which to attract members is the reduction in the annual subscription. If by making the subscription smaller a society can outstrip its competitors, the means, in the opinion of the promoters, quite justifies the end. But meanwhile, in order to attain this end, the "sweating" of the medical officers comes into force, and thus the evils of these demoralising agencies are further disseminated.

Notes on Current Topics.

The Charge Against an Edinburgh Practitioner.

WE mentioned the fact in one of our recent issues that one of the medical practitioners of Edinburgh had been arrested on a charge of homicide. As the Crown has departed from the charge we are at liberty to advert on the proceedings. It appears that Dr. Stocks, of Rankeillor Street, was called early in March to see a girl suffering from the effects of a decoction administered by a female friend for the purposes of procuring abortion. This precious decoction had been procured at a herbalist's. After endeavouring to allay the irritation

caused by the drug by giving morphia, Dr. Stocks prescribed ergot, but finding the patient very collapsed, proceeded to induce abortion in the hope of saving her life. After this had been successfully accomplished he ordered her to remain quietly in bed for some days. The patient, however, disregarded his advice, got up, and drank a quantity of spirits. Symptoms of peritonitis appeared, which were treated successfully, but the patient was so weak that she never rallied, and died from collapse. It has also transpired that before Dr. Stocks was called in two medical students, presumably from a dispensary, had been in regular attendance, and had attempted some kind of operation. Notwithstanding all these facts, the Crown Authorities allowed Dr. Stocks to remain in prison for a fortnight, he having been sent there handcuffed between two pickpockets. Dr. Stocks does not seem to have had the barest justice done him. One of the most serious blots on the administration of the present police-surgeoncy for Edinburgh, good though it may be in other respects, is the want of regard for the feelings and rights of the medical practitioners in town. As occurred in this case, the doctor in whose practice there has been a sudden death necessitating an official post-mortem, is seldom asked to be present, a right which belongs to him, and which is often absolutely necessary for the proper interpretation of the morbid anatomy disclosed. We may fairly assert that if Dr. Stocks had been requested to attend the post-mortem, no mistake would have been possible, and an innocent practitioner would have been saved much indignity and worry. We hope that the autocratic police-surgeon of Edinburgh will be warned by this case that it is one of the most dangerous and ill-advised modes of conducting autopsies in legal cases to contemptuously ignore the practitioner who has treated the patient, and who has a right to be present and check the proceedings on his own behalf. We have known of several other instances in which the post-mortem examinations in Edinburgh have been officially performed without the knowledge of the medical attendant, and it is now time that such mercetricious proceedings should be put an end to.

The Late Count Mattei.

THERE are some men who have owed their success in life almost entirely to their friends, and it must be confessed that the late Count Mattei was one of these. He was puffed in this country to an extent which has surpassed anything of the kind which had ever been attempted before. Here was a quack, dealing with a quack commodity, who pretended that he could cure cancer. His preparations consisted of bottles of distilled water, to which he gave the fanciful names of blue, green, and yellow electricity, and in addition he dealt in pilules of starch and sugar. With these as his stock in trade he was able to convert a too impressionable wife of an English ambassador, who took the first opportunity to write in an English Review of the marvellous virtues of distilled water in curing cancer, in arresting hæmorrhage and healing wounds. Soon after these platitudes of nonsense had been brought under public notice, the redoubtable Mr. Stead

championed the cause of Count Mattei, and made it appear that he seriously believed in the efficacy of the "electricities" to cure cancer. The subsequent history of the Mattei *fiasco* is well known. A committee was formed to watch the process of the cancer "cures," and for this purpose five patients suffering from malignant disease were placed in a private hospital under the care of two medical men named Kennedy who had professed their belief in the Mattei "remedies." The committee consisted of Mr. Lawson Tait, the late Sir Morel Mackenzie, Dr. Potter, and Dr. John Hopkins. While, however, the inquiry was still being carried out, we took occasion to refer to it in somewhat pronounced critical terms, as the result of which a letter was published in THE MEDICAL PRESS AND CIRCULAR, from Mr. Lawson Tait, one of the committee, giving some details of the inquiry and of the mode under which it was being conducted. The revelations of Mr. Lawson Tait were received with the strongest expressions of disapproval on the part of the Messrs. Kennedy, so much so, that the latter refused forthwith to have anything more to do with the committee. Thus the curtain fell upon the only scientific attempt which had ever been made to ascertain the truth of Count Mattei's protestations in favour of his "remedies." Enough, however, had been seen by the committee to prove that the electricities were absolutely worthless from a therapeutical point of view. Of the five patients who became the subject of the inquiry, four are now dead, and the last one is dying, and this despite the fact that "Matteism" has been carried out to the bitter end. Count Mattei was admitted by all his friends to be eccentric, and now that he is dead we may charitably suppose that this was the case.

Spain and Cuba.

THE Cuban troubles have at last roused the Spanish authorities to a recognition of the necessity of providing suitable accommodation for the sick and wounded royal troops in the Queen of the Antilles. Doñ Cesareo Fernandez Losada, Medical Director of the Royal Army in the Island, accompanied by a brilliant staff, laid the foundation stone of a new hospital in Havana. In honour of the boy-king the hospital is named "Alphonsus XIII Hospital." The building will consist of a number of isolated pavilions, and will contain every improvement that experience could suggest. The old hospital of San Ambrosio, which was situated in one of the most unhealthy suburbs of Havana, has been closed, and a very decided lowering of the mortality of the troops is being hopefully looked forward to. The patriotism of the medical profession in Spain is the subject of a warm eulogy in *El Siglo Médico*, and it is not undeserved, for we learn that the members of the profession are giving a month's receipts for the bettering of the condition of the wounded troops in Cuba. A subscription has been commenced, and is being quickly responded to, for the purpose of presenting Dr. Urbano Orad with the jewels of the Order of San Fernando, which has been so recently conferred on him. The Medico-Pharmaceutical College of Alicante, at the instance of Drs. Segin and Manero, have resolved to ask

their licentiates to (1) give their services gratuitously to military garrisons in their districts during the war. (2) To double their licentiate fee until the insurrection is stamped out. (3) To resign all connection with North American insurance companies. (4) To totally discontinue the use of North-American proprietary medicines. It is probably that Alicante will not be alone in her declaration of antipathy to the enemies of her country and assertion of her patriotism.

An Alleged Death from Anti-Diphtheritic Serum.

THE sensational details forwarded from Vienna by the correspondents of certain newspapers respecting an alleged death in that city from an injection of the antitoxin serum for diphtheria have undeniably been made the most of by the public press in this country, and especially so by those newspapers whose editors profess to condemn this form of treatment. The facts as reported are these:—A housemaid, employed by Professor Robert Langerhaus, of the Moabit Hospital, was taken ill with diphtheria, and was removed to the hospital. It was decided, in view of the fact that the professor's son had come in contact with the servant, to give him an 'injection of the antitoxin serum, as a prophylactic.' The injection was accordingly administered to the child, whose age was one year and nine months, but shortly afterwards death took place, apparently from the injection. This affair, sad though it may be to the grief-stricken parents, must still be discussed dispassionately. In the first place, we cannot admit that the injection was at all necessary. In this country it has so far never been the practice to use the serum as a prophylactic. Hitherto its use has been simply confined to the worst cases of the disease when it was evident that all the known forms of treatment had failed. We do not know enough yet of the properties, uses, and advantages of the serum to warrant its administration in any case otherwise than as a *dernier ressort*. Moreover, nothing has up to the present been published upon the effects of its administration for prophylactic purposes. If our German *confrères* have, as it is reported, been in the habit lately of giving "preventive" injections to the healthy members of households in which diphtheria has broken out, it is only fair to admit that no such practice has as yet prevailed in this country. Nor is it advisable that such a practice should be followed; inasmuch as, however valuable the antitoxin serum may be in the presence of virulent attacks of diphtheria, it is undeniable that our knowledge of the full extent of its potentiality has even now still to be elucidated.

The Press and the Outbreak of Small-Pox in Gloucester.

NEMESIS seems really at last to have fallen upon the anti-vaccinationist faddists, in consequence of the serious epidemic of small-pox in Gloucester. Almost without exception throughout the country the Press has condemned them and attributed to their folly and faddism the sad mortality which has occurred among the victims of their teaching. It must be rather galling to these irresponsible agitators to know that despite

their vehement diatribes, their converts in Gloucester have cast them off, and are now rushing to the vaccination stations there, seeking that protection against the virulent disease which they had been led to suppose was a filthy and disgusting rite. Again, Boards of Guardians in many towns have rescinded their resolutions not to take proceedings against defaulters under the Vaccination Acts. Thus all sensible persons will rejoice that the anti-vaccinationist faddists, despite their irresponsibility, will have a long time to wait before their "arguments" will be again likely to bring them converts. Meanwhile, some measure of sympathy will be felt for the poor unvaccinated children who have suffered so severely in Gloucester, in consequence of the folly and neglect of their misguided parents. Some of these children seem to have survived the attack of the disease, but only with their corneæ destroyed by which they have been rendered blind. The parents of such children will, it may be assumed, in these cases, have an ever present and painful proof of their stupid folly in neglecting to comply with the law of the land.

The Uncontrolled Trade in Poisons.

"DEATH by misadventure and no evidence of criminal negligence." This is the usual formula by which pharmaceutical carelessness is usually indicated in the verdicts of coroners' juries, of which we have two samples before us. In one case a man stole a bottle of cocaine from the woman with whom he lived, who was in the habit of taking it, and poisoned himself with it. The testimony disclosed the fact that a little girl had, without any difficulty whatever, bought a five-shilling bottle of the drug at the Civil Service Stores, and that the bottle was left in control of the deceased, although it was known that he had threatened suicide and had secreted the cocaine under his mattress for that purpose. In the second case an apothecary was called upon for a repeat of a sleeping prescription which had been previously dispensed by his manager, who happened to be absent at the time. The apothecary had never seen the prescription, and knew nothing about its contents or about the patient who was to take it, save from the verbal account given by the messenger, but he made up something of which he refused to tell the ingredients, and also refused to say whether he had weighed the constituents, and he gave it to the messenger without any written instruction as to administration. The result was death from narcotic poisoning. It certainly appears that the intervention of a public prosecutor is frequently wanted when it is not forthcoming.

Bacteria in Milk.

THE important subject of milk in relation to health is by no means worked out from a scientific point of view. There can be little doubt that this important article of food, which forms the staple diet of infants, has much to do with diarrhoea and other diseases that work such disaster among our infantile population. The bacteriology of milk was dealt with very fully last week by Drs. Hunter Stewart and Young, who read an important paper on the subject before

the Edinburgh Royal Society. From a number of experiments carried out in Edinburgh, it was found that, three hours after milking, there were, on the average, per cubic centimetre, in winter, 24,000 bacteria; in spring and early summer, 44,000; and in late summer and autumn, 173,000. It was further found that in dairies supplied by milk from the country the average number of micro organisms, five hours after milking, was 44,000 per cubic centimetre, while in dairies supplied by milk from town byres, the average was 352,000 per cubic centimetre. Numerous important observations on the sterilisation of milk were reported in this paper, which should be read by all who are interested in the practical issue of the prevention of disease.

The Modern Gunshot Wound.

SEÑOR PENA Y BUELTA, Medical Director of the Royal Army in Cuba, has published a very interesting account (*Revista de Clínica*) of a bullet wound produced by the new Spanish rifle, the Mauser. The patient, Leandro Moral Ebro, with the column of General Luiñares, received a gunshot wound on September 23rd last. The bullet struck the outer side of the shaft of the right thigh bone, and traversed the neck of the femur and smashed the tuberosity of the ischium. The exit opening was not larger than the entrance, and the appearance more resembled an incised wound than a wound of the old round bullet pattern. Dressed with splints, oil of turpentine, boric acid, and absorbent cotton, the wounds healed rapidly and the bones soon united. Unfortunately Señor Peña does not give any information on the weight or velocity of the bullet; nevertheless, it is instructive to know that the bullet pierced the femur without completely fracturing it, and still had sufficient force to smash the tuberosity of the ischium. It is probable that the immediate fatality from bullet wounds will be less than it has been; but that owing to the great velocity and range of the missile a greater number will be wounded.

Milk for Paupers.

THE proceedings of the last meeting of the North Dublin Guardians illustrate the ease of conscience with which some people regard laxity in commercial matters, and especially when the money obtained by such laxity is not their own. The time for making milk contracts for the ensuing year had arrived, and most of the outgoing contractors put in fresh tenders. It was stated in the discussion that there was scarcely one of them who had not been detected, some of them many times, in the attempt to palm off adulterated milk upon the paupers, and fined, while several of them had been legally prosecuted, condemned, and punished. A few of the Guardians thought, reasonably enough, that traders who had been guilty of these offences on one or more occasions ought not to be afforded the opportunity of doing so again, and should be excluded from the competition, but the rest of the Board, by a majority of two to one, decided that such tricks are only in the ordinary way of business, and

accordingly gave the contracts to the convicted contractors. It would, of course, be ridiculous to bother about the nutriment of paupers when one's political or religious ally is in the way of making a handsome profit by serving them with "skim sky blue."

An Amende Honorable.

A SHORT time ago attention was called in these columns to the fact that the Russian Committee of the International Medical Congress, which will be held in Moscow next year, had declined to include the English language among the official languages of the meeting. We are now, however, glad to announce that wiser counsels have prevailed, and that the Committee have rescinded their resolution upon this point. The English language will be placed upon the same footing as that assigned to the German, both for the reading of papers and for use in debate; but all the official business will be conducted in the French language. This latter decision on the part of the Russian Medical men may, or may not, be the result of political intrigue; nevertheless, the honour assigned to the representatives of France in this respect will probably meet with the appreciation which it will doubtless produce. In making the *amende honorable*, however, to English-speaking practitioners, the Committee of the Congress have simply done their duty. No Congress could be strictly called an international one from which the English language was excluded.

Medical Women in Austria.

THE field for medical women has just been enlarged by a decree of the Minister of Public Instruction in Austria. This official has intimated that women medical graduates of foreign universities will be allowed to practise medicine in Austria under the following conditions:—(A) They must be or become Austrian subjects; (B) have completed their twenty-fourth year; (C) have passed a matriculation examination in an Austrian college; and (D) have attended successfully ten consecutive terms at a foreign medical school ranking with an Austrian university, during which period their moral conduct must have been blameless. This last proviso seems somewhat unusual at first; it is quite common among the conditions of studentship so far as men are concerned, but, so far, we have not yet become accustomed to such inquiries in relation to student or qualified females. The Austrian authorities are of the belief that many foreign women graduates will avail themselves of these privileges, and qualify themselves under the regulations. In Bosnia and Herzegovina women doctors are stated to be greatly in demand. Many Mahometan women reside in these provinces who have hitherto been deprived of medical aid.

IN Brittany cider is drunk; in Paris, wine; in Normandy, coffee mixed with alcohol. Delirium tremens is frequent in Rennes, and the form it assumes is of a grave character. The same delirium when met with in Parisians is of a slight form, while in Normandy it is scarcely ever seen.

Child Murder and Baby Farming.

A SENSATIONAL murder trial is now in its police-court stage. For a long time past numerous bodies of infants have been taken from the Thames by the London police under circumstances that pointed unmistakably to murder. Recently some evidence has been gained, by reason of which two persons have been arrested at Reading and charged with murder. Three nurse children were found in the houses of the prisoners, and witnesses came forward to state that they had placed children there in answer to an advertisement offering adoption for a premium of £10. However the present case ends, there can be no doubt that a widespread and abominable traffic goes on under the pretence of adopting and caring for illegitimate children. It is high time that the trade of the baby farmer were made impossible, save under rigid restrictions. Only under stringent and constant police supervision would these poor waifs and strays of humanity have any chance of fair treatment. So far as London goes, the extent of the evil may be surmised from the statement that from 30 to 40 bodies of strangled infants were found in the Thames last year.

English Horse-flesh for Hollanders.

SOME curious facts transpired last week at the Thames Police Court in connection with the exportation to Rotterdam of worn out English horses to be used for human food. The immediate occasion of the disclosure was the prosecution of a groom for leading a lame horse through the streets. A dealer admitted that he had bought the horse at a repository and was sending it, along with others, over to Rotterdam. The value of the beast was stated by a veterinary surgeon to be about 35s. in England, but that value would be increased to £7 or £8 in Holland. The magistrate fined defendant £4 and costs, which seems a somewhat excessive punishment for the mere cruelty of leading about a lame horse. It is to be trusted that the magistrate has not allowed himself to be influenced by the purely æsthetic side of the question. Because most Englishmen regard the eating of horse-flesh with aversion, it does not at all follow that they are not denying themselves a wholesome and desirable article of food.

A New Industry.

THE development of the Röntgen's rays business is beginning to assume the proportions of a new industry. Laboratories are now being started, on commercial lines, for the purpose of enabling practitioners and their patients to benefit by the famous discovery. A correspondent has sent us a circular of a laboratory of the kind which has just been opened in Oxford Street. Arrangements have been made by which, doubtless, in return for a suitable fee, photographs for diagnostic purposes, will be taken in cases of disease of bones, malformations and fractures, and with the view of determining the exact position of the foreign bodies in cases of needles and fragments of glass impacted in the tissues. There is undeniably an opening for such an enterprise as this, and it is somewhat remarkable, after

so short an interval since Röntgen announced his discovery, that its utility for commercial purposes should have been recognised, and acted upon.

A New Method for Removing a Carcinomatous Rectum.

A NEW method, somewhat attractive from its description, has been devised for dealing with a rectum the seat of carcinoma. The author is M. Gaudier, of Lille, and the following are the steps of his operation. Laparotomy is first performed, the large intestine divided at the sigmoid flexure, the recto-vesical pouch is then opened, and the rectum separated from its attachments from above; this having been done, the patient is next placed in the lithotomy position, and a circular incision made round the anus; the incision is extended along the side of the rectum until the separation of the rectum is completed by the union of the external with the internal dissection. The rectum is next withdrawn through the perineal wound; the latter is then closed, and the loose end of the large intestine brought to the surface in the laparotomy wound, and an artificial anus established. The author has performed his operation once only, but the patient died on the fifth day. The cause of death is not stated.

Prizes at the Royal College of Surgeons, England.

AT the meeting of the Council of the Royal College of Surgeons, England, held last week, the Jacksonian Prize for 1895 was awarded to Dr. A. A. Kanthack, for his Essay on "Tetanus." Also, the Walker Prize, for the best work in advancing the knowledge of the Pathology and Therapeutics of Cancer, done either partially or wholly within the five years preceding the year in which the prize shall be awarded, was at the same time awarded to Mr. Harold Jalland Stiles, M.B., C.M. Edin., F.R.C.S. Edin., of Edinburgh University. The prize consists of a gift of £100—except on this, the first occasion, when it is only £60—and a document declaratory of the award. It is open to foreigners as well as to British subjects, and the committee are not restricted in any way as to the selection of persons qualified to receive the prize, with the exception that members of the Council are not eligible.

Hydrophobia.

WHAT would appear to have been an undoubted case of hydrophobia came from Dr. Barnardo's Reformatory to the London Hospital last week. The patient had been unexpectedly bitten by his pet dog a month since and died with all the symptoms of rabies, although he had, at the time, caused the wound to be cauterised, and had taken every other usual precaution. It is to be regretted that the common error was committed of killing the dog for which reason no proof is available that the animal was actually rabid.

DR. JAMES SCOTT, H.M. Prison, Stafford, and late of Dartmoor Convict Prison, has been appointed Medical Officer to H.M. Prison at Holloway.

Dr. J. E. Kenny, M.P.

By the retirement of Dr. J. E. Kenny from the representation of the College Green division of the city of Dublin in Parliament the profession loses one of its exponents in the House of Commons. Dr. Kenny's avocations as coroner for the city of Dublin and, up to recently, as Medical Officer of the North Dublin Union, and as a private practitioner, were so engrossing that his attendance in Parliament, and his appearances in debate were only occasional but his advice and influence were always at the disposal of his brethren in Ireland who will, therefore, miss his presence as their Parliamentary representative.

One-Price Pharmacy.

A CHICAGO firm has recently started a "dime" pharmacy, and undertakes to supply any medicine, however costly, at the price of a dime, *i.e.*, 5d. This is, however, no improvement on the other chemist who offers to dispense and give for nothing as much medicine as any patient can consume on the premises.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE DEPUTY COMMISSIONER IN LUNACY FOR SCOTLAND.

—Lord Balfour, of Burleigh, Secretary for Scotland, has appointed Charles Macpherson, M.D., parochial medical officer, Bonar Bridge, Sutherlandshire, to be a Deputy Commissioner in Lunacy for Scotland, in room of Dr. Lawson deceased. We do not wish to decry Dr. Macpherson's professional attainments, but seriously we question the advisability of appointing to such a post one who, if the record of his work in the Medical Directory be correct, can have had much less experience in all matters pertaining to the management of the insane than many of the other candidates for the post. It would be interesting to know, for all parties concerned, what was the nature of the influence brought to bear on the Scottish Office on his behalf. Can it be that he lives at Bonar Bridge? We make this comment because only the other day a public appointment was conferred on a respected member of the profession in Scotland who, a short time before, had written to a contemporary stating that he was not a candidate. The method employed in official appointments is difficult to fathom.

FIRE APPLIANCES IN THE EDINBURGH ROYAL INFIRMARY.—The managers of this infirmary must have felt many a qualm of conscience when the report of the Edinburgh Firemaster on the fire-extinguishing appliances of the institution was read at their meeting last week. From this report all the appliances seem to have been woefully neglected. The resident staff are never instructed in their use, and most of the apparatus is unserviceable, even if the staff did understand its working. The report on the dangers contingent on a fire anywhere near the dispensary is not reassuring, owing to the large quantities of ether, chloroform, and alcohol stored in it. The very good suggestion that the whole staff should go through a fire drill several times a year should be acted on.

EDINBURGH UNIVERSITY HONORARY DEGREES.—At a Convocation of the University of Edinburgh on Saturday last (April 11th) the honorary degree of LL.D. was con-

ferred on Sir J. Russell Reynolds, Bart., and Professor E. von Beneden, of the University of Liège.

Correspondence.

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

THE REPORT ON ANTITOXIN.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I trust that the remarks which follow will be held to justify my continued scepticism as to the efficacy of antitoxin as a specific in the treatment of diphtheria, or at least to warrant my contention that it is not so unequivocally established as at first sight appears on perusal of the Metropolitan Asylums' Board report.

I regret to see that you, in common with many other reviewers, assume that the reduced mortality of 7.1 per cent. on the past year is entirely due to antitoxin; that is not so, although the Report is so worded as to convey that impression. The mortality of 22.5 for 1895 is obtained on the total of 3,529 cases, of which only 2,182 were treated with antitoxin, of whom 615 died, giving a mortality of 28.1 per cent. The remaining 1,347 cases were treated without antitoxin, and of these there were but 181 deaths, giving the astonishingly low mortality of 13.4 per cent. It is therefore evident to the most casual reader that only 1.5 per cent. of the improved death-rate of 7.1 is due to the antitoxin.

With a curious want of candour no figures are given in the Report showing the result in these cases treated in 1895 by the methods in vogue before the use of antitoxin. Permit me to supply them:—

TABLE I.—GROSS MORTALITY UNDER THREE CLASSES OF TREATMENT.

Year.	Treatment.	Cases.	Deaths.	Mortality per cent.	
1895	Table XIV	With and without Antitoxin.	3,529	796	22.5
"	Table VII	With Antitoxin.	2,182	615	28.1
"	New Figures.	Without Antitoxin.	1,347	181	13.4
"	Table XX	Without Antitoxin.	3,042	902	29.6

It is true that, with certain exceptions, "the serum was administered only to cases which at the time of admission were severe, or which threatened to become so"; you discount those exceptions by the terms "generally speaking," but the exceptions are really important, and if we multiply the six hospitals by twelve months, we shall find that for at least a fourth—indeed for nearly a fifth—of the time all cases, mild and severe, had been treated without serum.

For at one hospital (the Eastern) the use of antitoxin was altogether "suspended for an interval of three months." For "periods of four months at the Western and North Western, of three months at the Fountain, and to a considerable extent throughout the year at the South-Eastern Hospital, all cases were consecutively treated [with antitoxin] irrespective of severity." Let us compare the results at these five hospitals, and to make the table complete add those of the South Western, the only hospital concerning which no exception is made, but the one in which the mortality on the non-antitoxin cases was lowest, namely, 3.3 per cent., as represented by 5 deaths on 151 cases.

It is true there were more cases under 5 years of age treated with antitoxin than without, but the figures do not bear out the statement that the mortality of those treated with serum was less than that of those treated without.

Thus the mortality of cases treated without serum under 5 years, in 1895 is more than 20 per cent. less than that of those treated under the same conditions in 1894, where it was 47.4; and more than 10 per cent. less than that of the serum treated cases.

TABLE II. SHOWING MORTALITY AT INDIVIDUAL HOSPITALS UNDER THREE CLASSES OF TREATMENT.

Hospital.	Treatment.	Cases.	Deaths.	Combined per cent.
Eastern—(antitoxin suspended three months)	With antitoxin	276	86	31.1
	Without „	365	78	21.3
Western—(antitoxin in all cases four months)	With antitoxin	432	110	25.4
	Without „	143	10	6.9
North Western—(antitoxin in all cases 4 months)	With antitoxin	363	117	32.2
	Without „	367	62	16.8
Fountain—(antitoxin in all cases three months)	With antitoxin	334	99	29.6
	Without „	230	15	6.5
South Eastern—(antitoxin in all cases, say eight months).	With antitoxin	461	109	23.6
	Without „	91	11	12.0
South Western	With antitoxin	316	94	29.7
	Without „	151	5	3.3

TABLE III.—SHOWING VARIATIONS OF MORTALITY OBTAINED UNDER THREE HEADINGS OF TREATMENT AT DIFFERENT AGES.

Antitoxin Cases, 1895.

Ages.	Cases.	Deaths.	Mortality per cent.
Under 5	1,013	379	37.4
„ 10	1,829	575	31.4
„ 15	2,056	606	29.4
All ages	2,182	615	28.1

Non Antitoxin Cases, 1845.

Ages.	Cases.	Deaths.	Mortality per cent.	Advantage without Antitoxin, 1895.
Under 5	440	118	26.8	10.6
„ 10	891	169	23.9	2.5
„ 15	1,088	173	15.8	13.6
All ages	1,347	181	13.4	14.7

All these facts go to swell the number of both classes of treatment, with so many exceptions that we are no more able to say with even approximate accuracy that one class was entirely of a grave type, than we are justified in contending that the other included only the mild.

But this is not all: “in a certain number the patients being moribund at the time of their arrival and beyond the reach of any treatment, no antitoxin was given.”

These hopeless cases were therefore included in the non-antitoxin class which have been described as mild. The number of them is not given in the report, but we can approximately gauge the proportion from details afforded in the Annual Report for 1894, of two of the Medical Superintendents, namely, of the North Western and South Western Hospitals. We there find it stated that of 484 deaths, 72, or as nearly as possible 15 per cent. died within 24 hours of admission; so of the 181 deaths out of 1,347 “mild” cases in this report 27 were hopeless on admission, and if we omitted them the mortality of 13.4 on the whole 1,347 would be still farther reduced to a percentage almost incredibly low even on the very mildest of cases on such a large total.

The public are naturally most interested in the question of mortality and they cannot be expected to greatly concern themselves with the fact that “no change has taken place during the year in the local treatment of the cases.”

It is, however, clear that if gargles, mouth washes, and local applications formerly in vogue for the purpose of

loosening the membrane and of destroying the micro-organisms held to be the cause of the disease are still employed, the scientific claims of antitoxin serum as a “specific” are considerably discounted with regard to these vitally important points. This is a fallacy at the root of many serum-treated cases. I will not trouble you with any other objections to this report, because although many tables appear to, and some probably do, demonstrate the value of antitoxin in some varieties of diphtheria, all results are vitiated by the want of candour in the figures on which the deductions are based.

Finally, it may be asked what is the cause of this great reduction of mortality in non-serum-treated cases. Without doubt it is due to the increased vigilance on the part of both doctor and nurse, and of all those causes which have brought the mortality of nearly over 60 per cent., in 1838 to under 39 per cent. in 1894.

I am, Sir, yours, &c.,

LENNOX BROWNE.

Mansfield Street, Portland Place, W.

THE ETHICS OF PROFESSIONAL ADVERTISING.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It does not seem of much use discussing what were the motives of long dead and gone founders of hospitals which have grown, after lapse of years, into what must now be described as noble public institutions; and it is even possible, evidence to the contrary notwithstanding, that the founders of historic institutions like, for example, Guy's and Bartholomew's were men of ignoble aims and sordid aspirations. The question of the day is whether it is desirable that any private individual should be allowed to start a hospital and carry it on without permission, or control of any public authority.

Dr. Brooke, no doubt, was actuated by the purest motives in founding the hospital which Dr. Campbell Black criticises, but this does not alter the fact that, with few exceptions in recent years, special hospitals have been started and conducted merely as cloaks under which to advertise at the public expense medical adventurers—men greedy of gain, or incapable of making a practice by legitimate means. These hospitals have been systematically used as touting shops for patients; they have tended to pauperise the poor; to rob legitimate practitioners of their dues; and worse than all—a demoralising spectacle—have shown that through their aid it is possible for any needy medical adventurer wanting in real professional knowledge, and furnished only with an inexhaustible fund of impudence to prey upon the credulous public and amass wealth beyond the ordinary dreams of medical avarice. These are the men whose quackery and rapacity are constantly being found out by a minority of more intelligent patients who are lured into their nets. Many such patients take these harpies as fair samples of medical men, and thus the whole body is brought into disrepute and the advance of the profession in public esteem is, by these means, retarded to a greater extent than by any other at present existing cause.

I am, Sir, yours, &c.,

ANTI QUACK.

April 10th, 1896.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—My attention has been called to an article in your issue of March 25th, entitled “What is Professional Advertising?” in which you seriously criticise the action of Sir Dyce Duckworth in printing a paper which he read before the Clergy of the Rural Deanery of Kennington, and as you put it “in parading his name, qualifications, and appointments in a local periodical, and by so doing making a bid for the clerical and other patients of the general practitioners residing in the Diocese.”

I venture to write a line—which I do without Sir Dyce's sanction or knowledge—to say that your criticism might perhaps have been just if only it had been accurate. Unfortunately, it lacks accuracy in the most important essential. Sir Dyce Duckworth had no more to do with the insertion of his qualifications and appointments than you had; and he only consented to the publication of his paper at all at the urgent and unanimous request of the clergy who heard it.

It was I who sent the paper to the Diocesan Chronicle, and following what I believed, and still believe, to be a valuable precedent, I added after his name one or two of the distinctions that his abilities have gained for him.

Sir Dyce Duckworth came at our request to do us a valuable service, for which we were all grateful, and so far from its advantaging the speaker, the unanimous feeling of the clergy was that it was all the other way. I am sorry to trouble you, but your sense of fairness will, I am sure, allow the real facts to be told.

I am, Sir, yours truly,
ALLEN EDWARDS, JUNR.,
Rural Dean of Kennington.

April 8th, 1896.

[We trust that our correspondent has learnt something from our criticism for his guidance on a future occasion. It was altogether opposed to the ethical law of the profession for him to have added to Sir Dyce Duckworth's name "one or two of the distinctions that his abilities have gained for him."]

THE REPRESENTATION OF THE UNIVERSITIES OF EDINBURGH AND ST. ANDREWS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—You have fallen into error re the Parliamentary representation of these two universities in the notice to a correspondent printed in your last issue. It is some years since a Liberal sat for them, and it will be in all probability many years more, thanks to Mr. Gladstone's Home Rule escapade, before one of the present so-called Liberal party can hope to win the seat. The present representative is a Conservative and will probably be succeeded by another. If my memory does not play me false Sir J. Eric Erichsen contested the seat in the Liberal interest, not the Conservative, as you mention, and was defeated by a large majority.

I hear that Sir James Crichton Browne has found it impossible to stand for the constituency, but that Sir William Priestley has consented to allow his name to be put forward.

The seat has for some time back been a sinecure for legal members of the Government, no sooner has one the prospect of an appointment to a higher sphere of usefulness than his successor, if not already provided with a seat, is pitchforked into Parliament by means of this legal pocket-borough. Such procedure gives a handle to those who object to university representation, of which they are not slow to avail themselves. A rumour is current that the prospective Solicitor-General for Scotland, who is not in the House at present, will be put up for the vacancy. If this is true the medical members of the constituency have a good right to object, for though by far the most numerous on the roster they have not had an opportunity of being represented by a member of the profession for a very long time.

There is one member of the profession in Edinburgh who has only to consent to his nomination to be elected by an overwhelming majority, but unfortunately he is, as yet, too diffident.

I hope that a medical man from some part of the kingdom will get the seat, but am afraid that Governmental necessities may ordain otherwise.

I am, Sir, yours, &c.,
M. D. EDIN.

"COUNTER PRESCRIBING."

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—An excerpt from your issue of this week, headed as above, has been posted to me, possibly by one of my patrons who may wish in this way to draw a reply. Having confidence in your liberality and breadth of view, and knowing that you allow a fair scope to correspondents on subjects raised in your valuable journal, I will venture to place one before you.

I will first of all deny that I recognise, or have encouraged "a development of the system of prescribing by chemists," and would assure you that, so far as I know my confrères, I believe it is not only not practised, but condemned. I do not deny that such a thing exists, for I do not profess to have the extended knowledge which Mr.

Allen and the Coroner assert they have of what is done, and, I believe very few principals have knowledge of their neighbour's business.

I beg to differ with you in the reading of the evidence and the conclusion you draw. You infer that Mr. Allen said he "thought it was legal in minor cases" to prescribe because he was an L.P.S. His answers to the Coroner were perfectly straight, as reported in *The Independent* of 10th March, viz., "His licence only permitted him to dispense and sell medicines and poisons." And again in reply to the Coroner's double question, "On what do you found your belief? What is there in your licence that gives you that opinion?" "I have it on the ground that I have served my time with a qualified medical man for prescribing medicine." Now, Sir, in my opinion, this indicates where your shaft should strike. This Mr. Allen had been prescribing in the establishment of a medical gentleman during his period of service, and he does not see an impropriety in continuing to do so now he is older, more experienced, has a competent knowledge of his Pharmacopoeia, has his own counter, and consequent increased personal responsibility to promote caution. With this the Pharmaceutical Society has nothing to do; they can only take care that their licence is not given to incompetent hands, and prosecute only for an offence against their own Act. They have no power "for the infliction of such disciplinary penalty" as your article suggests.

Your reference to "the old Apothecaries Act of 1815" surprises me. Have you forgotten the older Act of 1791? I know the Apothecaries Hall of Ireland used to recover penalties for "practising as an apothecary," and I do not think their powers have ceased, though they are in difficulties as regards their licence.

Before closing I would like to ask, Can you define the line between "prescribing" and "advising"? I presume we are not precluded from giving neighbourly advice or answering questions as to the suitability of medicines or suitable doses; if so, are we when asked for $\frac{1}{2}$ oz. of tincture of jalap for a child not at liberty to suggest that a dose of compound liquorice powder would be safer and more suitable. If asked for a draught for cramps or nervousness, or a mixture for a cough, are we to withhold what knowledge experience may have given, and direct a consultation with a physician. The public may be entirely wrong and foolish besides, but they will ask these things and they will judge their cases "minor" and refuse to consult a physician until they first judge that their case is serious and requires one, and though "two blacks do not make a white," if the chemist professes his ignorance and incompetence, they will discuss their complaints with their next neighbour, and they will "lose time." The greengrocer will recommend his celery for rheumatism, and tomatoes for the liver, and carrot poultices for bunions, and the limited company will advise Powell's Balsam, or Kaye's Essence for coughs, chlorodyne for cramps and cholera, Nimrod for asthma, and Elliman for sprains and stiffness.

The doctor's best friend is the chemist who does not refuse to hear complaints and to advise, for most certainly his advice will be taken when it is to "consult a doctor," because he has the confidence of his patrons, but if he refuses to listen and advise he loses that hold and opportunities for good.

I am, Sir, yours, &c.,
R. J. DOWNES.

[We are well aware that the most respected members of the Irish Pharmaceutical Society have always discouraged counter prescribing, but neither they nor the Council of the Society have been able to prevent it, and we have, therefore, asked whether that Council might not, at least, put moral pressure upon any one of its licentiates who appears as publicly condemned for doing so. We do not know whether the Council has jurisdiction to suspend or withdraw a licence for breach of regulation, but we are certain that an official remonstrance from the Council to the counter prescriber would have much effect. The excuse offered by our correspondent—that unqualified persons are allowed to prescribe under the cover of qualified medical practitioners savours of the "*Tu quoque*,"

and, also, is not consistent with the fact. If such a person is allowed by the criminal connivance of his master, to prescribe, his doing so is totally contrary to medical principle and medical law, and his master is liable to be expunged from the Register for allowing his name to be used for such purpose. Our correspondent asks us, "if asked for a draught for cramps or nervousness or a mixture for a cough, are we to withhold what knowledge experience may have given and direct a consultation with a physician?" to which we unhesitatingly answer. Yes, especially if the advice is to be given *in absentia* of the patient. The plea that, if the chemist refuses to prescribe the grocer will do so, is no plea at all, except that it may afford a commercial reason for doing what is wrong. If the law is not strong enough to reach the prescribing grocer it should be made so, but its laxity cannot excuse the prescribing chemist.—ED.]

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR. It is a pity that pharmaceutical chemists, instead of practicing quackery, do not give more attention to their legitimate business. Within a comparatively short time the following substitutions have been practised on my patients by Dublin pharmacists:—

1. Gallic acid given for agaric acid.
2. Phenol given for formol.
3. Chloral given for chloralose.
4. Liq. Opii (Battley) given for liq. hyosciami (Battley)

In each case the pharmaceutical chemist considered he had completely exonerated himself when he confessed total ignorance of the drug ordered. I may just add that in every case the customer was charged for the incorrectly compounded prescription.

Yours truly,

GEORGE FOY.

MEDICAL SOCIETY OF LONDON.

THE meeting on Monday last, April 13th, was the last clinical evening of the session. Among the cases shown was an interesting case for diagnosis by Dr. F. de Havilland Hall.

The patient, a man, had suffered from vomiting and diarrhoea, followed by some jaundice. On admission to the Westminster Hospital his liver was found to extend below the umbilicus, constituting a smooth, rounded tumour, evidently containing fluid. It is supposed to be a hydatid cyst, as the patient is only 31, and this view is supported by the fact that it has undergone some diminution in size since he has been under observation. The jaundice, which Dr. Hall was disposed to attribute to gastro-duodenal catarrh, has, however, persisted to some extent.

Dr. Hall also showed a well-marked example of elephantiasis in a young woman, *æt.* 23. She first noticed a swelling of the left foot four years ago, since which time the swelling has extended to the leg and thigh, which are now enormously swollen. The girl has never lived out of England, and her urine has always been normal, so it is classed as a case of lymphatic obstruction of unknown origin.

Mr. Clutton called attention to the futility of all endeavours hitherto made, even under an anæsthetic, to discover the seat of the blockage. The condition is associated with an increase in length of the affected limb.

Dr. Cautley showed an infant with a strange swelling of the neck which was only rendered evident when it cried, and the more it cried, the more prominent and dusky did it become. He inclined to the view that it was a venous angioma, the dulness of the tumour on percussion negating the possibility of its being a pneumatocele.

Mr. Clinton Dent showed a lad on whom he had operated for a large hairy mole on the face. Treatment had consisted in paring away the whole thickness of the cutis, but with only moderate success because the scar shows a tendency to keloid. He proposes to remove it later on in its entirety, filling up the gap by skin grafts after the method of Thiersch.

Mr. G. R. Turner pointed out that this could only be done at the risk of producing ectropion of the corresponding eye, and he suggested, not without reason, that "'tis best to bear the ill we have than fly to those we know not of."

Mr. Clinton Dent also showed a girl with a tumour of the abdominal wall, probably sarcomatous, dating from an injury early last year.

Dr. Gilbert Smith showed a larynx removed from a man, *æt.* 51, of which the interest lay in the fact that although the entrance to the larynx was from the first almost completely obstructed by growths springing from the epiglottis, respiration had been comparatively easy until the day before his death, when in consequence of an attack of violent dyspnoea tracheotomy was performed under an anæsthetic. His death, seven hours after, was attributed by the author to the employment of the anæsthetic, from the effects of which the patient never completely rallied.

Medical News.

Proposed Central Hospital Board.

AN influential meeting, under the auspices of the Charity Organisation Society, and presided over by the Earl of Stamford, was held yesterday in London for the purpose of considering a scheme for the formation of a Central Hospital Board for London, with 169 representatives drawn from the general hospitals, medical schools, special hospitals, provident dispensaries, and other medical charities, including five representatives from general practitioners resident in the metropolitan area. The Secretary of the Charity Organisation Society reported that 658 general practitioners had written approving the scheme, together with 106 physicians and surgeons on the various hospital staffs. After discussion of the various points put forward, a motion was carried pledging the approval of the meeting to the establishment of a Central Hospital Board for London on a representative basis.

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

A QUARTERLY COURT of the Directors of this Society was held on the 8th inst., Mr. Christopher Heath, V.P., in the chair. The deaths of two widows were reported, one having been in receipt of grants since May 8th, 1860, and had received £1,798, her husband having previously subscribed 36 guineas. Fresh applications for grants were read from four widows and four orphans, and a sum of £80 10s. given among them. Applications for further assistance were made from forty-eight widows and seven orphans, and a sum of £1,141 10s. recommended to be distributed at the July court. Four new members were elected, and the deaths of four announced. The receipt of a further sum of £215 was acknowledged from the executors of Miss Carpus, making in all £3,215 paid. The following gentlemen were nominated for election as directors at the annual general meeting to fill the vacancies caused by the death of Mr. Mousie and the retirement of the six senior, viz., Mr. W. H. Bennett, Dr. Wilks, Dr. Frederick Roberts, Dr. Sylvester, Mr. Malcolm Morris, Mr. Fountaine, and Mr. Butlin. The annual general meeting was fixed to be held on May 20th, at 5 p.m.

Royal College of Surgeons in Ireland.

SCHOOLS OF SURGERY: Class prizes (Winter Session 1895-96).—Descriptive Anatomy: Junior, W. J. Trembath, first; J. S. P. Stewart, second. Senior, D. A. Fitzgerald, first; W. J. Anglin, second. Practical Anatomy (first year): Miss R. F. Lynn, first; F. G. Fitzgerald, second; (second year) G. W. Little, first; J. J. Huston, second; (third year) W. M. Falkner and D. Hadden (equal), first; P. H. Walker, second. Physiology: W. Gavin, first; P. S. O. Reilly, second. Practice of Medicine: D. Hadden, first; F. J. Palmer, second. Surgery: F. A. Benson, first; W. H. May, second. Midwifery: S. G. Longworth, first; Miss L. F. S. Strangman, second. Theoretical Chemistry: C. B. Vance and S. L. Worthington (equal), first; J. S. P. Stewart, second. Pathology: F. J. Palmer, first; S. G. Longman, second. Physics: J. S. P. Stewart, first. The schools opened on Tuesday, April 7th, for three months' courses of operative surgery, practical chemistry, practical pharmacy, public

health, and forensic medicine, materia medica, practical histology, biology, and dissections.

Vital Statistics.

THE deaths registered last week in thirty-three great towns of England and Wales corresponded to an annual rate of 18.3 per 1,000 of their aggregate population, which is estimated at 10,860,971 persons in the middle of this year. The deaths registered in each of the last four weeks in the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000:—

Birkenhead 26, Birmingham 18, Blackburn 15, Bolton 17, Bradford 21, Brighton 16, Bristol 18, Burnley 18, Cardiff 13, Croydon 16, Derby 21, Dublin 25, Edinburgh 18, Glasgow 20, Gateshead 15, Halifax 20, Huddersfield 13, Hull 18, Leeds 20, Leicester 16, Liverpool 22, London 17, Manchester 22, Newcastle-on-Tyne 16, Norwich 15, Nottingham 16, Oldham 20, Plymouth 21, Portsmouth 11, Preston 21, Salford 24, Sheffield 16, Sunderland 18, Swansea 18, West Ham 12, Wolverhampton 17. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 2.4 in Manchester, 4.5 in Sunderland, and 6.2 in Birkenhead; from scarlet fever, 1.3 in Bolton; from whooping-cough, 1.2 in London and in Plymouth, 1.4 in Sheffield, 1.5 in Birmingham, and 1.9 in Leeds; from "fever," 1.2 in Blackburn and 1.4 in Norwich; and from diarrhoea, 1.1 in Gateshead. The 72 deaths from diphtheria included 45 in London, 5 in Birmingham, 4 in West Ham, and 3 in Liverpool. No death from small-pox was registered in any of the large towns.

Royal College of Surgeons of England.

AN election of examiners under the examining board in England by the Royal Colleges of Physicians and Surgeons will take place in June next, viz.:—

Four examiners in elementary biology (first examination).

Four examiners in anatomy (second examination); and three examiners in physiology.

Four examiners in midwifery (third examination).

Two examiners in public health; also.

Four examiners in anatomy and four examiners in physiology (all the present examiners being eligible and candidates for re-election) for the fellowship.

Candidates must send written application to the Secretary on or before Monday, the 4th of May next. Full particulars will be found in our advertising columns.

Vaccination Statistics—Free Pin-points.

MRS. ERNEST HART has just brought out a little brochure in which the statistics of mortality from small-pox, before and since the introduction of vaccination, are succinctly and simply set forth. If figures prove anything these prove the inestimable protection afforded by a trivial operation against a loathsome and formerly very common disease. It is, however, very necessary to bring home these simple facts to the class of people most amenable to the declamatory and mendacious eloquence of the "anti-faddists" and the present crisis is possible to a large extent due to our apathy in joining issues with the restless and indefatigable opponents of vaccination. There are, on the other hand, certain improvements in the technique of vaccination which urgently call for adoption, i.e., the uniform employment of animal lymph and precautions having for object the prevention of accidental contamination. We may note *en passant* that Dr. Worlombont's Association for the Supply of Pure Calf Vaccine Lymph (Pall Mall, London), have some time supplied "pin-points" specially designed with this object in view. The skin is abraded with the point and the vaccine is rubbed in with the flattened glass knob, which answers the purpose of a handle, and is supplied gratuitously to medical men by the Association.

French Hospital and Dispensary.

THE Twenty-Eighth Anniversary Banquet on behalf of the funds of this institution is announced to take place at the Whitehall Rooms on Saturday, April 25th, His Excellency the French Ambassador (Baron de Courcel) in the chair, supported by the Lord Mayor of London. Tickets (£1 1s.) may be obtained from the Hon. Sec., French Hospital, 172 Shaftesbury Avenue, W.C.

University of Aberdeen.

AT the Graduation Ceremony on April 4th, 1896, the following Degrees in Medicine were conferred:—

Degree of M.D.

Clark William Henry, M.B., C.M., Woodside, Aberdeen.
Davidson David M., M.B., C.M., Surgeon-Captain, Indian Medical Service.
Mackintosh, Ashley Watson, M.A., M.B., C.M., 34 Torrington Square, London, W.C.

Mansfield, Cyril James, M.B., C.M., Surgeon, R.N., H.M.S. Anson.

Rideal, Arthur Henry, M.B., C.M., Ashol House, Manchester.

Ross, William, M.B., C.M., 65 Ash Grove, Hyde Park, Leeds.

Wilson, James, M.A., M.B., C.M., Wilts County Asylum, Devizes.

Wilson, John Thomson, M.B., C.M., Inverclyde, Bothwell.

The Theses of Ashley W. Mackintosh were considered worthy of "Highest Honours," and those of James Wilson and John T. Wilson were considered worthy of "Commendation."

The Degrees of M.D. and C.M.

Clifford Thielston Bell, Aberdeen; George Brown, Aberdeen; David Buchan, Aberdeen; William John Byes, M.A., Aberdeen; Robert Fraser Campbell, Walk-on-Tyne; George Chalmers, Huntley; Clarence Eldred Ellis, Plymouth; William Arthur Irvine Fortescue, Kingarain; Andrew Thomas Gage, M.A., B.Sc., Aberdeen; John Lyall Grant Gillanders, London; James Leslie Gordon, Old Aberdeen; John A. Alex. Gordon, M.A., Dinwallow; Patrick Grant, M.A., Grantown-on-Spey; Thomas Harper, Netherton, Inshah; Francis Irvine, Aberdeen; John G. aut Jones, Glenislaie, Elgin; Charles Alex. Barclay Laing, M.A., Pitaligo; James Alexander Mearns, Kinellar; James Adam Milne, M.A., Aberdeen; Hugh Osborne, Kirkcubright; Alexander Fresslie, Aberdeen; Archibald Ramsay, Stonehaven; Andrew Eric Harrison, Aberdeen-on-Spey; George Brebner Scott, Peterculter; Henry Ashfield Sinclair, Colts; James Ramsay Smith, M.A., Elton; George Stephen, Elton; Geo. Irvine Thompson Stewart, M.A., Aberdeen; Andrew Thomson, Elgin; Andrew George Anderson Thomson, M.A., Keith; Frederick Mayfield Thindall, Fraserburgh; Alexander Watt, Stonehaven; Thomas Duncan Webster, Old Aberdeen; Charles Frederick Weinman, Colombo, Ceylon; James Strachan Wilson, Aberdeen.

John Geddes Pirie, Buckie, has passed the Examinations for the Degrees of M.B. and C.M., but will not graduate until he has attained the necessary age.

*Andrew G. A. Thomson graduates with "Honourable Distinction."

The Degrees of M.B. and Ch.B. (under the New Regulations).

Mackessack, Peter, B.Sc., Kinlosh, Forres.

The Diploma in Public Health was conferred on:—

Duthie, Wm. E. G., M.A., M.B., C.M., Woodside, Aberdeen,
Robb, Alex., M.A., M.B., C.M., Peterhead (with credit).
Swaine, Charles L., M.D., Indian Medical Service, Madras.

The following is a list of students who gained prizes and medals in the Faculty of Medicine, Winter Session, 1895-96:—

University Gold Medals.

Fife Jamieson Memorial Gold Medal in Anatomy, John J. R. Macleod.

Keith Gold Medal for Systematic and Clinical Surgery, Robert Bruce, M.A.

Shepherd Memorial Gold Medal for Systematic and Practical Surgery, Henry J. McGrigor.

Matthews Duncan Gold Medal in Obstetrics, C. A. Barclay Laing, M.A.

Dr. James Anderson Gold Medal in Clinical Medicine, William Hunter.

Class Prizes.—Anatomy.

Osteology—Henry Fraser, Aberdeen (prize); Arthur Westerman, Aberdeen (prize).

Junior Students—Arthur Leslie Sutherland, M.A. Aberdeen (prize).

Advanced Students—John J. R. Macleod, Aberdeen (prize).

Practical Work in Dissecting Room—John J. R. Macleod, Aberdeen (prize).

Theoretical Chemistry.

First Year Students, Silver Medal—Alexander White Cassie, Hopeman. Bronze Medals—John Anderson, Beauly, 91 per cent.; Alex. Grant Gavin, Grangemouth, 80 per cent.

Second Year Students, Silver Medal—Harold G. W. Adan, Aberdeen.

Surgery.

Juniors, Medallists and First Honours Certificates—Thos Fraser, M.A.; Fred Philip; Fred. Wm. Ellis. Bronze Medal and First Honours Certificate—Joseph A. Thomson.

Seniors, Bronze Medal and First Honours Certificate—Wm. M. Smith.

Practical Surgery.

Medal and First Honours Certificate—C. G. E. Munnik.

Physiology.

Junior Division, Medallists—George A. Finlayson, M.A., Aberdeen; James A. Tolmie, M.A., Portsoy; Alexander W. M. Sutherland, 1, Vergordon.

Senior Division, Medallists—Thomas Fraser, M.A., Newmachar; John Irwin, Limavady, County Derry; David E. Moir, M.A., Aberdeen.

Materia Medica.

Junior Division, Medals and First Class Certificates—F. Philip, Aberdeen; J. A. Thomson, B.Sc., Cullen; W. I. Moir, Aberdeen.

Midwifery.

Medallists and First Class Certificates—D. Buchan, Aberdeen; Thomas Snowball, Huntly; G. I. T. Stewart, Banchory-Devenick.

Practice of Medicine.

Silver Medal and First Class Certificate—A. G. A. Thomson. Bronze Medals and First Class Certificates—J. G. Jones and C. A. B. Laing—equal.

Notices to Correspondents, Short Letters, &c.

THE SO-CALLED REGISTRATION OF MIDWIVES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—As the supporters of the so-called Registration of Midwives are trying to give colour to the rumour that the Primrose League is supporting registration, will you please insert the enclosed? At the same time let me advise all practitioners to ignore, or treat with the gravest suspicion, all such rumours.

I am, Sir, yours, &c.,
R. R. RENTON.

Hartington Road, Liverpool.

"The Primrose League,
64 Victoria Street, Westminster, S.W.

DEAR SIR,—The Primrose League has taken no action in the matter of the Midwives' Registration Bill. The question is one of opinion, and not of principle, and altogether outside the province of the League.

Yours faithfully,
REGINALD BARNETT, Clerk to Council."

R. R. Renton, Esq., M.D.

P.S.—I shall be glad to hear from any practitioner who will help to oppose the Midwives' Bill.

MESSRS. ASH & SON, Ltd.—We are unable to comply with your request. It would be altogether at variance with professional usages for us to give publicity to the fact that a certain American surgeon is prepared to perform his wonderful operation at somebody's "office" in Dreden, even though this operation, as described, be "applicable to the most desperate cases and especially successful in children." The gentleman in question will have to be careful how he sets to work if he is to steer clear of the law regulating the practice of medicine on the Continent.

MESSRS. R & S.—It is useless to set the *ipso dixit* of a firm against the results of clinical observation, and we certainly cannot undertake to purge our columns of expressions of opinion which may conceivably interfere with the sale of particular preparations.

DR. SYMONS.—Your communication is unavoidably held over.

IRATUS.—It is idle to cavil at the persistence and ingenuity with which new pharmaceutical products are brought before the profession. However excellent a product, success can only be attained by publicity. It is open to any qualified practitioner to express approval of a drug or of a preparation after proper investigation, and, within certain limits, such a course is perfectly admissible.

Meetings of Societies, Lectures, &c.

WEDNESDAY, APRIL 15TH.

LARYNGOLOGICAL SOCIETY OF LONDON (20 Hanover Square, W.)—5 p.m. Adjourned Discussion on Foreign Bodies in the Upper Air and Food Passages, introduced by Mr. Charters Symonds at the February meeting.

ROYAL METEOROLOGICAL SOCIETY, (34, George Street, Westminster).—7.30 p.m. Papers by Mr. W. Ellis and Major H. K. Rawson. Mr. E. D. Friander will open a Discussion on Atmospheric Dust Observations from various parts of the world.

BRITISH RHEUMATOLOGICAL AND CLIMATOLOGICAL SOCIETY (Limmer's Hotel).—8 p.m. Dr. F. Fox (Strathpeffer spa): The Varieties and Treatment of Articular Gout. Discussion on Necessity of Increased Travelling Facilities to the British Health Resorts.

THURSDAY, APRIL 16TH.

HARVEIAN SOCIETY, (Stafford Rooms, Edgware Road).—8.30 p.m. Papers: Dr. W. Hill: Prognosis in Chronic Non-suppurative Catarrh of the Middle Ear. Mr. E. Johnson: Some Unusual Cases of Swelling of the Parotid Gland. Mr. Hodgson: A Demonstration of the Progress of Photography by means of Roentgen's Rays.

FRIDAY, APRIL 17TH.

THE BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION, (Chandos Street, London, W.)—3 p.m. Cases will be shown by the President (Dr. George Saker), Dr. Whistler, Dr. MacNaughton Jones, and Mr. Lake. Microscopical sections by Dr. Pegler. Discussion on the symptoms and Treatment of Attic Disease, introduced by Dr. Adolph Bronner (Bradford), and Dr. Dundas Grant. Demonstration of the Roentgen Ray Photography as applied to Laryngology, by Dr. John Macintyre (Glasgow).

Vacancies.

Bawnby Union, Swanlinbar Dispensary District.—Medical Officer. Salary £90 per annum, and £15 additional as Health Officer, together with the usual extra fees. (See advert.)

Donegal District Lunatic Asylum.—Assistant Medical Officer. Salary £100 with board and residence. (See advert.)

East London Hospital for Children and Dispensary for Women, Glamis Road, Shadwell, E.—Resident Medical Officer. Salary £90 per annum, with board and residence. Applications and testimonials to the Secretary on or before Saturday, April 13th.

Halifax Infirmary and Dispensary.—Assistant House Surgeon, (unmarried). Salary £50 per annum, with residence, board and washing. Applications and testimonials to the Secretary on or before Wednesday, April 13th.

Hastings, St. Leonards, and East Sussex Hospital.—Honorary Ophthalmic Surgeon. Applications and testimonials to the Secretary not later than May 1st.

Letchworth Infirmary.—Assistant House Surgeon. Salary £21 for six months, with residence, board and washing. Applications and testimonials to the Secretary on or before April 27th.

Liverpool Northern Hospital.—Assistant House Surgeon. Salary £70

per annum, with residence and maintenance in the house. Applications and testimonials to the Chairman not later than April 17th.

Sussex County Hospital, Brighton.—Resident Medical Officer. Salary £90 per annum, residence, board and washing. Applications and testimonials to the Secretary not later than April 22nd.

The Hospital for Sick Children, Great Ormond Street, Bloomsbury.—Surgical Registrar. Salary £40 per annum. Applications and testimonials to the Secretary not later than April 25th.

Wrexham Infirmary and Dispensary.—House Surgeon. Salary £90 per annum, with furnished rooms, gas, coal, and attendance. Applications to the Secretary not later than April 22nd.

Appointments

BERRY, WILLIAM, L.R.C.P., L.R.C.S.Ed., F.R.C.S.I., M.R.C.S. D.P.H.Glasg., Medical Officer of Health to the Hanley Urban District.

CHRISTIE, MARGARET, M. T., M.B.Lond., Junior Medical Officer for the Greenwich Workhouse.

COGHLAN, T., L.R.C.S., L.M.Irel., Medical Officer for the Kilmacoy Dispensary.

CRAINON, L. A. J., M.B., B.Ch.Irel., Medical Officer for the Rathmore Dispensary District.

GALLOWAY, A. E., M.B., C.M.Aberd., Assistant Anaesthetist and Assistant Medical Electrician to the Aberdeen Royal Infirmary.

GIBBS, CHARLES, F.R.C.S., Assistant Surgeon to Charing Cross Hospital.

HAWKINS, E., M.D., C.M.Édin., Medical Officer of Health, Sunderland.

HOPTON, RALPH, M.B., B.S.Lond., M.R.C.S., L.R.C.P., House Surgeon to the Hospital for Women and Children at Leeds.

LE FANU, H. G. P., L.R.C.P., L.R.C.S., Honorary Medical Officer to the Derbyshire Hospital for Sick Children.

MIVART, F. ST. GEORGE, M.D.Louvain, L.R.C.P., F.R.C.S.Ed., M.R.C.S., Medical Inspector by the Local Government Board.

MONTGOMERY, K. J., M.A., M.B.T.C.D., F.R.C.S.I., Ophthalmic Surgeon to the Drumconora Hospital (Whitworth), Dublin.

ROBERTS, LLEWELLYN W., M.B.Melb., &c., House Surgeon to the Victoria Hospital, Folkestone.

SANKET, J. IVOR, M.R.C.S., L.R.C.P., Medical Officer for the Sixth (Brenchley) District of the Tonbridge Union.

SREAKER, E. P., M.B., C.M.Glasg. Medical Officer of Health for the Gotham Sanitary District of the Bedford Union.

WALKER, J. D., M.B., M.S.Aberd., Junior Assistant Medical Officer to the Cornwall County Asylum.

Births.

EDWARDS.—April 12th, at 23 Brunswick Square, London, the wife of Robt. Edwards, M.D., of a son.

FOLKER.—April 7th, at Havelock Place, Hanley, Staffordshire, the wife of Herbert H. Folker, L.R.C.P., M.R.C.S., of a daughter.

GAGE-BROWN.—April 9th, at 74 Cadogan Place, London, S.W., the wife of C. H. Gage-Brown, M.D., of a daughter.

LANGDON-DOWN.—April 6th, at Harley Street, W. the wife of Reginald L. Langdon-Down, M.B., M.R.C.P., of a daughter.

LIEBSTEIN.—April 9th, at Caer Ryan, Preston, Brighton, the wife of David W. Liebstein, M.R.C.S., L.R.C.P., of a daughter.

SANDFORD-SMITH.—April 5th, at Eatham, Kent, the wife of H. Sandford-Smith, M.R.C.S., L.S.A., of a daughter.

Marriages.

BELL-SCARTH.—April 7th, at Binscarth, Orkney, Walter Leonard Bell, M.D., Lowestoft, Suffolk, to Margaret Lendrum, youngest daughter of the late Robert Scarth, of Binscarth.

BULLOCK-GRIFFITHS.—April 9th, at the Parish Church, Eilesmere, Charles Henry Bullock, M.A.Oxon, M.R.C.S., L.R.C.P., of Oswestry, to Frances Elizabeth (Beale) younger daughter of Mrs Griffiths, of Eilesmere.

KADY-BOYLE.—April 11th, at Christ Church, Chelsea, Geo. John Kady, M.D., of Enfield, to Lina, daughter of the late Joseph Boyle, of Clapham Common.

FINCHAM-GIBBON.—April 8th, at St. Mary's, Hornsey Rise, N., Ernest C. Fincham, M.R.C.S.Eng., L.R.C.P.Lond., only son of James Fincham, M.Inst.C.E., of Hobart, Tasmania, to Blanche, youngest daughter of the late Richard Gibbon, of Shanghai.

MACKAY-MOHAIRY.—April 8th, at the Cathedral Church of St. Mary, Edinburgh, by the Right Reverend the Bishop of Edinburgh, George Mackay, M.D., F.R.C.S.E., eldest son of Deputy-Surgeon-General Geo. Mackay, M.D., to Miss Marjory, younger daughter of Lieutenant-Colonel Alex. Burness McHardy, R.E.

REED-MAWRA.—April 11th, at Unity Hall, Wood Green, Arthur L. Reed, M.R.C.S., L.R.C.P., to Lella Ada, eldest daughter of W. Mawra, F.G.S., of Southgate.

Deaths.

BURFORD.—April 1st, at Greville Road, Kiburn, N.W., Henry Thomas Buttanshaw Burford, M.R.C.S., aged 90.

KANE.—Easter Sunday, at Bishopscoteign, Joseph George Auriol Kane, M.D.Dub., of Exmouth, aged 80.

SHARP.—April 10th, at Llandudno, William Sharp, M.D., F.R.S., of Rugby, aged 91.

SMITH.—April 1st, at Hammersmith, Wilberforce Smith, M.D., Heidelberg, of Stratford Place, London, W., aged 61.

WELSH.—April 7th, at Oakdene, Oak Hill Road, Surbiton, Francis Fawcett Welsh, F.R.C.S., aged 79.

NOTICE.—Announcements of Births, Marriages, and Deaths to the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXII.

WEDNESDAY, APRIL 22, 1896.

No. 17.

Original Communications.

PROGNOSIS IN SYPHILIS.

By JOHN A. SHAW-MACKENZIE, M.D. Lond.

THE annotation in THE MEDICAL PRESS AND CIRCULAR of March 4th, with the kind invitation for opinions on syphilis from an insurance point of view, encourages me to think the following cases and observations may be of interest.

The following series of 355 cases, by the kindness of Mr. Henry Lee, have been collected mainly from some of his case books. They indicate some of the sequelæ of syphilis, for which relief has been sought at different periods of time from primary infection. These patients had been under usual methods of treatment, and their circumstances had permitted their treatment to have been presumably "proper."

The 8 cases which died came under my own notice, and are in the following order:—

4 years from primary. Enormously enlarged testicles
Necrosis of cranial bones. Meningitis. Phthisis in family.

5 years from primary. General paralysis.

6 years from primary. General paralysis.

14 years from primary. Pneumonia from chill (got wet through).

16 years from primary. Impotence. Suicide.

18 years from primary. Suicide.

30 years from primary. Cerebral hæmorrhage.

30 years from primary. Found dead in bed. Mitral calcareous vegetations. Contracted kidneys. Small slaty-coloured liver. In habit of taking chlorodyne.

THREE YEARS—41 CASES.

Scaly eruption.

Suppurating tubercles of neck, arms, and lower parts of body. Onychia. Throat affection (2 cases).

Loss of hair.

Loss of sexual power. Double vision.

Node of tibia. Rupia.

Aceneform rash on shoulders.

Rheumatism. Eruption of skin. Numbness. Iritis.

Eruption on skin. Throat affections.

Soreness of tongue (3).

Periostitis of right tibia. Cachectic ulceration.

Circular brown patches of trunk.

Urethritis.

Muddy water.

Headache.

Brown stains. Loss of hair.

Eruption on chest. Node.

Periostitis. Epilepsy.

Eczema. Iritis.

Ulceration (rectum). Enlarged glands (inguinal).

Eruption on skin and ankles.

Eruption on skin. Enlarged submaxillary glands.

Varicocele.

Urethral stricture. Rupia.

Psoriasis. Nasal bones affected and discharge.

Urethritis.

Circular raised tubercles of face and arms.

Dark stains of skin.

Ulceration of tongue. Patches of eruption on skin.

Mental depression. Loss of flesh. Enlarged vas deferens.

Ulceration of tongue. Has had dysentery and fever.

Pityriasis. Brown spots on legs.

Sore of prepuce.

Iritis and throat.

Ulceration of tongue.

Ringing in the ears.

Vague persistent headache, dizziness.

Rheumatism of shoulder.

Psoriasis of hands. Discolouration of fingers. Sore throat. Sores on penis.

FOUR YEARS.—32 CASES.

Pain in forehead, ulcers on legs, eruption on shoulders.

Slough of throat. Nodes.

Excess of moisture of glans penis. Psoriasis palmaris.

Throat affection. Eruption on shoulders.

Tongue soreness. Constipation. Redness *alæ nasi*

Tongue ulceration.

Tongue soreness. Nervous. Shaky.

Ulceration of cartilage of ear.

Glazed tongue. Hæmorrhoids.

Lepra of skin.

Ulceration of phalanx of toe.

Circular indurations of skin.

Chronic sores of tongue and repeated throats.

Debility. Acne.

Pains in head.

Headache. Eruption on skin.

Urethritis.

Throat affection. Milky appearance.

Loss of hair. Urethral stricture. Boils.

Ozæna. Scrotal eruption.

Eruption on arm and back.

General eruption. Ulceration of tongue. Psoriasis palmaris.

Eruption in skin of back. Enlarged inguinal glands.

General eruption. Throat affection

Impotence. Fissure of anus.

Ozæna.

Sore tongue. Headache. Urethral stricture.

Blind boils.

Scrotal eruption.

Pain in tibia.

Nil. No manifestation. Came to report himself.

Enlarged inguinal glands. Vesicular eruption of glans penis.

Enormous testicles. Necrosis of cranial bones.

Meningitis. Phthisis in family. Died.

FIVE YEARS.—30 CASES.

Node.

Eruption on skin.

Onychia. Hæmorrhoids.

Mottled tongue.

Throat affection. Headache (frontal). Eruption on back.

Loss of hair. Psoriasis palmaris.

Eruption on hands. Cold extremities. Diarrhœa.

Paraplegia. Skin affection of nose and ear.

Throat affection. Eruption on shoulders and scalp.

Loss of hair. Sore of penis.

Eruption on hands.

Sciatica.

Throat and tongue ulceration.

Spots in throat. Inflamed eye.

Throat affection (2).

Gout. Insomnia. Acne.

Circular sore on skin and general eruption.

Pityriasis. Gumma of leg affecting muscle.

Nodes (2).

Papules on shoulders. Sore throat. Enlarged left inguinal glands.

Iritis.

Throat and tongue affection.

Emaciation. Eruption of skin.
Vague persistent headache, dizziness.
Irritable sore roof of mouth.
Excavation of surface of tongue.
Ulceration of lips and tongue.
Right femoral glands greatly enlarged. A large gland in Hunter's canal and middle of left arm.
Ulceration of throat.
Died.
General paralysis.

SIX YEARS.—27 CASES.

Eruption on shoulders, increased by baths at first, subsequently cured.

Rupia.
Affection of skin of nose.
Headache.
Necrosis of mesial bones.
Loss of hair. Eruption on back. Varicose ulcers.
Throat affection. Enlarged glands of neck and groin.
Eruption of upper lip.
Loss of hair.
Brown spots of skin.
General eruption of skin.
Soft sore of penis. Re-infection.
Sore on tongue and skin of leg.
Painful node of sternum.
Ulceration of nose. Urethritis. Enlarged liver.
Pimples on legs.
Hemiplegia.
Enlarged testes.
Nervous. General eruption. Palpitation.
Sore tongue.
Eruption on skin.
Ozæna.
Prostatic discharge.
Soreness of tongue.
Aphasia. General paralysis. Died.
Ulcerating gummata of skin, symmetrically over body and limbs, from size of pea to shilling-piece.
Nil. Permitted to marry.

SEVEN YEARS.—27 CASES.

Pityriasis on stomach. This is the first manifestation after primary.
Copper-coloured spots on back and loins.
Slight eruption on arms and ankle.
Mottled skin. Hydrocele.
Raspberry spots on penis.
Psoriasis palmaris.
Pain in head, Brain troubles. Constipation. Swimming in head. Indurated glands of groin. Slight enlargement of liver.
Iritis. Eruption on nates.
Herpetic eruption on trunk, circular on legs.
Bilious attacks. Copper-coloured eruption on skin.
Onychia.
Iritis. Deafness. Pains of sternum and joints.
Node.
Node. Left testis enlarged.
Ulceration of skin of foot.
Throat affection. Bullous eruption.
Ulceration of tongue.
Affection of throat. Prostatitis. Stricture.
Eruption on hands. Enlarged glands.
Eruption on arms.
Affection of tongue and throat.
Pimples on back. Ulceration of mucous membrane of mouth.
Throat affection.
Gouty, cystitis.
Eruption of skin.
Loss of hair.
Gumma of skin.

EIGHT YEARS.—12 CASES.

Throat sore. Eruption of skin, on and off. Married, 4 years, first child healthy, next two syphilitic.
Frequent desire to pass water.

Eruption on skin. Soft sore of penis. Enlarged glands in groin.

Eruption behind ears and on neck.
Eruption on face and back slightly.
Node. Eruption on face and shoulders. Weak chest.
Hemiplegia.
Iritis. Circular eruption of skin.
Nodes.
Node of tibia. Necrosis of left nasal bone.
Deafness. Remains of node of forehead in deep depression. Node of tibia. Hoarseness. Numbness of scalp at times.
Ulceration of tongue. Submaxillary gland enlarged left side, and slight enlargement of inguinal glands.

NINE YEARS.—17 CASES.

Brown spots, papular on back. Epigastric pain.
Rupia. Ulceration of skin of big nodes.
Sore throat.
Iritis. Tingling left hand. Left eyelid and left toe swollen. Hæmorrhoids.
Stains between eyes.
Debility. Neuralgia. Hæmorrhoids. Urethritis.
Sore of left ear.
Pain in head. Twitching of hands, arms and legs.
Eruption on scrotum.
Eruption on skin. Facial paralysis.
Throat affection.
Aching of bones.
Deep ulceration of throat.
Node of forehead.
Urethritis. Lichen on back.
Rheumatism. Mottled skin. Twitchings.
Slight eruption on arms.

TEN YEARS.—31 CASES.

Ulceration of lips.
Soreness of roof of mouth.
Eruptions on back.
Node of clavicle. Enlarged testis.
Scaly eruption of nose and trunk.
Age 71, married two years. No symptoms.
Nil. No manifestations. Came for permission to marry.
Irritable throat.
Eruption on skin.
Eruption on skin. Enlarged inguinal glands.
Sore mouth. Coated and foul tongue.
Ulceration of back of tongue.
Throat affection. Soreness of tongue. Loss of hair of eyebrows and head.
Giddiness. Eruption of back and sides.
Specific urethritis. Gouty.
Rheumatic pains.
Spots on back and nates. Iritis.
Eczema of nose and fingers.
(2) Reinfection.
Loss of memory and power of right arm.
Eruption on legs, round umbilicus and forehead.
(2) Throat affection.
Inveterate psoriasis. Insomnia. Enlarged inguinal glands.
Impotence. Mental depression.
Sore of prepuce. Throat.
Throat and tongue affection.
Glycosuria.
Spots of inveterate psoriasis on arms and legs.
Roughness of mouth. Excoriation of penis after intercourse.

ELEVEN YEARS.—11 CASES.

Node of forehead. Ankle bones enlarged.
Rupia.
Psoriasis.
Throat affection.
Node.
Loss of hair. Eruption of skin of neck.
Pityriasis. Sore on prepuce.
Pityriasis.
Necrosis of nasal bones.

Dull heaviness of head and back of neck. Circular eruption on chest.
Herpetic eruption of penis.

TWELVE YEARS.—18 CASES.

Impotence. Spermatorrhœa.
Testis enlarged. Node and tenderness of tibia and joints.
Psoriasis palmaris. Pain of hips. Irritable general rash. Urethritis.
Iritis.
Sore tongue. Constipation. Eruption of scrotum. Swollen testicle.
(2) Throat affection.
Affection of tongue.
Affection of tongue. Enlarged glands of neck.
Affection of tongue and throat. Circular eruption on skin.

Nodes.
Necrosis of nasal bones.
Eruption of skin.
Tongue sore. Mottled skin. General eruption. Enlarged inguinal glands.
Mitral disease. Syphilophobia. Neurasthenia.
Headache constant. Rheumatism. Nervous exhaustion. Malarial fever, several times.

THIRTEEN YEARS.—11 CASES.

Enlarged testis. Redness of forehead.
Deafness. Ear discharge. Sore tongue. Red eyes.
Noises in head. Discharge from nose.
Throat affections on and off last four years.
Irritable ulceration of leg.
Affection of throat. Reinfection. Sore primarily and previously excised.
Rheumatic pains.
Hæmorrhoids. Eruption on skin.
Pityriasis. Urethral stricture.
Eruption of back and nose.
Eruption on forehead.
Circular sore size of threepenny piece on prepuce.
Relapse of sore.

FOURTEEN YEARS.—12 CASES.

Nodes. Eruption on skin.
Sore tongue.
Rheumatism. Swollen joints. Urethritis. Rupial sore of skin and leg.
Pityriasis. Married three years, infected wife.
Affection of tongue.
Enlarged inguinal glands.
Eruption of scalp, face and sides.
Eruption of skin. Diplopia.
Eruption of skin. Urethritis.
Eruption on arms and shoulders.
Indolent ulceration right shin. Tubercular acne-form spot of rim of ear. Follicular tonsillitis.
Ragged soft sore at frænum. Slight throat symptoms. Married two years. Died, pneumonia.

FIFTEEN YEARS.—9 CASES.

Eruption of thighs and back.
Affection of throat. Sciatica. Slight eruption on head.
Node of right tibia and head. Iritis.
Node on tibia. Loss of nasal bone. Gained three stones under general fumigation.
Affection of tongue (Uxor).
Ulceration of throat and lip.
Nil. (Measles.)
Necrosis of nasal bones and inferior maxilla.
Severe inflamed pharynx and tonsils. Patches of ulceration, attributed to severe cold.

SIXTEEN YEARS.—13 CASES.

Hoarseness. Ulceration of tongue.
Specific hæmorrhoids.
Nil. No manifestations.
Vague pains. Hemiplegia. Palpitation.
Affection of throat. Discolouration of skin of nose.
Eruption on nates and back.

Periostitis tibia. Soft palate inflamed.
Pains of lower extremities. Insomnia.
Excoriation of prepuce.
Loss of smell.
Impotence. Melancholia. Suicide.
Superficial neuritis. Patches of numbness. Tremor.
Severe gout. Enlargement of ankles and wrists.

SEVENTEEN YEARS.—6 CASES.

Eruption of hand and foot.
Eruption of skin, enlarged glands. Induration like a piece of bone.
Pains in head, brow ague. Ulcers on leg. Enlarged testis.
Roughness of skin.
Eruption of skin of arms and trunk. Deafness.
Affection of tongue.
Deafness. Catarrh of meatus.

(To be concluded in our next.)

ABDOMINAL SURGERY—NOTES OF CASES.

By RUTHERFORD MORISON, M.B., F.R.C.S.,

Senior Assistant Surgeon Royal Infirmary, Newcastle-on-Tyne
Consulting Surgeon Newcastle Dental Hospital.

(Continued from page 394.)

THE cases of intestinal obstruction referred to in the first portion of my paper point out two plain lessons:—

1. The difficulty of diagnosis in many instances, and
2. The fact that operation is often too long postponed.

These two are cause and effect, for uncertain diagnosis makes decision difficult, and operations for intestinal obstruction still remain the most dangerous in abdominal surgery. Three of the five cases would almost certainly have been saved by earlier operation; no case was lost by unnecessary operative interference.

In this series the absence of deaths following gynaecological abdominal cases will be noticed, though the operations for diseases of ovaries, tubes, and uterus make up 75 per cent. of the whole number of abdominal operations. The mortality from ovariectomy and hysterectomy has been reduced to almost vanishing point, and there are many other conditions capable of nearly as successful treatment.

CASE VIII. Cancerous Stricture of Pylorus—Pylorus adherent to head of Pancreas—Gastro-Enterostomy—Regurgitation from Stomach of Bile and Pancreatic Fluids.

A man, æt. 46, emaciated and feeble-looking, about three years ago first felt discomfort in his stomach like heart-burn. For two years he continued much the same, and vomited about three times a week. The vomited matter was frothy like yeast, and smelt badly. He gradually got thinner. Eight weeks ago he was obliged to leave work with pains in the stomach, and has been unable to do anything since. The pains were accompanied by swelling over the stomach, were relieved by vomiting and were aggravated by taking food. The patient often felt hungry, but dare not eat. His stomach had been washed out several times with temporary relief. All his organs appeared to be sound with the exception of his stomach.

The stomach was much dilated, as shown by succussion, percussion, and auscultation. It extended below the umbilicus, and held 4½ pints of water. No tumour could be felt.

Operation, Dec. 12th, 1895.—The abdomen was opened above the umbilicus, and the pylorus exposed. It was fixed high up behind and under the liver, and gave the impression of being involved in a large tumour. Gastro-enterostomy was performed by attaching the jejunum as near its commencement as convenient to the

anterior wall of the stomach. Care was taken to make the attachment in such a manner that the proximal end of the jejunum lay towards the cardiac end of the stomach, and the distal end towards the pylorus, and the jejunum was left without kink. An opening about two inches long was made in the jejunum and stomach, and the openings in the viscera were united by a continuous catgut suture close to the margin of each opening, and through the whole of each wall. Outside of this a row of interrupted Lembert's sutures were placed all round, about one-fifth of an inch from the edges, united by catgut. The operation was easy, and rapidly performed, and the patient was put to bed apparently no worse for it.

After progress, Dec. 13th, 1895.—Has had a good night. Was sick once immediately after being put to bed. Pulse and temperature normal. Continued well all day. Took small quantities of water.

14th.—Has had a bad night. Constantly sick and bringing up quantities of green foul-smelling fluid. Pulse and temperature normal. No pain. After being raised in bed into a sitting posture the sickness ceased and he had small quantities of whisky and soda water which he retained. In the afternoon the sickness commenced again. Green offensive fluid was frequently vomited. Change of posture now effected no improvement. The vomiting continued incessantly. On the morning of the fourth day it was evident that he was going to die, and he was permitted to drink anything he fancied. He partook freely of champagne and other fluids and died in the afternoon.

Post mortem.—There was no trace of peritonitis and the union between jejunum and stomach was perfect. The stomach and jejunum, as far as the opening in the latter, were distended with the same green stinking fluid as had been vomited during life. The jejunum beyond the opening was empty and contracted. It was lying parallel with the anterior stomach wall, and there was no mechanical obstruction whatever. The stomach was very large and its walls appeared to be thicker than normal. A round ring of malignant growth surrounded the pylorus and constricted it to such an extent that an ordinary slate pencil could be passed through it with difficulty. The pylorus was adherent to the head of the pancreas behind, and the malignant growth had invaded the pancreas. It was this that misled me as to the size of the tumour during the operation. On opening the stomach the anastomosis between it and the jejunum was found to admit the tips of three fingers. It was round-edged, smooth, and the passage from it into the distal portion of the jejunum was perfectly free. There were no secondary deposits in any of the viscera and no enlarged glands.

NOTE.—In the Surgical Section of the British Medical Association at Newcastle in 1893, I showed a series of specimens from cases of gastro-enterostomy, and drew special attention to the result obtained in this case, demonstrating on my specimens that when regurgitation of intestinal fluids occurred the stomach was dilated and incompetent. The explanation given by me then was that if the stomach operated upon was incapable of perfect systole, the intestinal contents would not pass the opening in it but would fill the stomach instead of going on through the intestine. This I still believe to be true. The ease with which such an operation can be performed and the occasionally brilliant result of it have made it popular with surgeons. That popularity, I feel assured, would immediately disappear if the true results were known. This would be one of the advantages, not the least perhaps, of publishing unsuccessful as well as successful cases. The opportunities I have had of observing results have convinced me that though the principle of operation is good, the details of this gastro-enterostomy as at present performed make it one of the worst operations ever invented. The mortality, which is

appalling, depends upon conditions over which the surgeon has no control. The new operation must more closely imitate natural conditions. I am at present working at the subject and hope next year to report my results.

CASE IX. Carcinoma of Pyloric End of Stomach and Glands in Lesser Omentum—Excision of Growth—Gastro-enterostomy with Murphy's Button—Retention of Button in Stomach—Persistent Vomiting—Death on 15th day.

A woman, *æt.* 42, pale, thin, and always delicate. She had a child eleven years ago and has never since been well. Sick headaches and pain in the stomach have been her chief troubles. Ten weeks ago she noticed a lump in the pit of her stomach; found she was getting weaker; could eat no solid food on account of pain, and was frequently sick, no matter what she took.

Previous to the birth of her child eleven years ago she had fair health. All her organs appeared to be sound with the exception of the stomach.

On examination of the abdomen a swelling could be seen under the upper half of the left rectus muscle, which descended a full inch on deep inspiration. It felt of somewhat square shape, measured about 1½ in. in each diameter, was hard and nodulated on the surface, had a well-defined sharp edge below, and an ill-marked outline above. It was freely movable from side to side and from above downwards. It could be pushed into and distinctly felt from the left loin. When the patient lay on her right side the tumour, except a narrow margin, passed over to the right of the middle line. It could be pushed above under the costal margin and below entirely beneath the umbilical level. After a seidlitz powder administered as two drinks the tumour passed over to the right side.

Operation, May 13th, 1895.—The abdomen was opened above the umbilicus and the pyloric tumour drawn out. It was larger, perhaps double the size, that it seemed to be before it was fully exposed. The tumour was isolated by separating the great omentum below and the lesser omentum above. In the lesser omentum and close to the tumour there were two glands the size of filberts which were left attached to it. Clamp forceps were applied to the stomach and duodenum half an inch from the growth, both were divided with scissors beyond the forceps, and growth and glands with the involved portions of stomach and duodenum were removed in one piece. A few vessels were tied in the cut edges of the stomach, and then the opening in the stomach was closed by a continuous suture through all its walls. The cut end of the duodenum was similarly closed, because such an amount of tissue had been taken away that it was impossible to attach the duodenum to the stomach. Each row of sutures in stomach and duodenum was inverted and buried by a second row of interrupted Lembert's sutures. The jejunum was now drawn forward with the object of doing gastro-enterostomy. The portion of stomach left was too small to allow of this being done by simple suture, the method I prefer, but it was accomplished with the aid of a Murphy button. The operation occupied an hour, and the patient was put to bed in good condition.

After Progress.—1st day.—Vomited three times small quantities of dark odourless fluid. Nutrient enemata ordered. (These were continued regularly till she died.)

2nd day.—Hot water to drink at intervals. Early in the morning (4.30 a.m.) vomited two ounces of greenish fluid.

3rd day.—General condition good. Pulse and temperature normal. Propped up in bed. Had bowels freely moved after a soap and water enema. Barley water and milk in half-ounce doses and a little brandy and soda occasionally to drink.

4th day.—One ounce of barley water and milk every hour. Complains of pain in stomach.

5th day.—Cup of tea. Took twelve ounces of milk

and twelve ounces of barley water during last twenty-four hours. Menstruating.

6th day.—Wound dressed for the first time. Edges red.

7th day.—Looks well but complains of pain in stomach.

8th day.—Wound dressed on account of bad smell. A small quantity of some feculent-looking discharge had come through between the edges of the wound to the dressing.

9th day.—Wound dressed. A larger quantity than yesterday of similar foul smelling discharge on dressing. At 8 p.m., half a teacupful of arrowroot. 8.40 p.m., vomited first time since early on second day. Vomited matter consists of arrowroot and changed milk.

10th day.—Good night. A quantity of dirty feculent smelling discharge from wound. Wound ordered to be frequently washed into with boracic lotion. This was continued till her death. Vomited at 4.30 a.m., 8.45 a.m., 11 a.m., 12.30 p.m., 3 p.m., and 9 p.m.

12th day.—Fair night. Vomited at 8.45 a.m., 12 p.m., and 1.50 p.m. On each occasion the vomit was distinctly faecal and of the same character as that coming from the abdominal wound.

13th day.—A very bad night. Vomited seven times a thin yellow faecal matter.

14th day.—Vomited faecal matter so frequently that the number of times was not noted. After five grains of calomel the bowels were moved. The motion was a white frothy liquid with very little odour.

15th day.—Passed a fair night with morphia but frequently sick. Died at 3 p.m. somewhat suddenly.

Post-mortem.—The abdominal wound was not entirely healed and was red round the edges. A sinus large enough to admit a slate pencil went into the abdominal cavity. On opening the abdomen the sinus was seen to lead down to a point between the remains of the stomach and duodenum. It was small throughout, and was entirely shut off from the general abdominal cavity by adhesions. There was no peritonitis and no sign of intestinal obstruction. The whole gastro-intestinal tract was nearly empty. There was no distension. The whole of the abdominal contents were removed in one block without disturbing the relations any more than was possible. A water tap was fitted on to the gastric end of the oesophagus, and water was allowed to trickle into the stomach. A small quantity oozed out of the sutured ends of both stomach and duodenum into the sinus which had communicated with the surface. The water passed readily down and through the whole intestinal tract. Only the cardiac end of the stomach was left. More than half of it had been removed. The anastomosis between the stomach and jejunum was perfect and the opening good. The Murphy button was lying free in the remaining portion of stomach. There was no evidence of disease, all appeared to have been removed. No secondary deposits.

CASE X. Acute Appendicitis—Early Involvement of Pelvic Peritoneum Diffuse Peritonitis—Drainage—Death.

A very big stout man, *æt.* 42, had never been ill before, but two days previous to the sudden and severe commencement of his present illness, he had felt some uneasiness in his bowels. There was no bad pain, and he went about his duties and was able to sleep.

Early on the morning of the third day he was awakened by an agonising pain all over the bowels, which made him feel sick and faint, cold and sweating. He knew he was very ill and sent for the doctor. After a hypodermic injection of morphia, hot applications, &c., he got relief, but never complete, for he was unable to pass flatus, felt his bowels swollen, was very thirsty, and occasionally sick. At the end of the fourth day I saw him. He spoke cheerfully and made little complaint, except of having to lie in bed, but his grey,

pinched face, and dark-rimmed eyes, told a different story. Every now and again he swallowed forcibly, as if to dispose of a rising in his throat which he was attempting to keep back. There was nothing in his temperature or pulse to excite suspicion. His abdomen was swollen, and more rigid than normal, and this was specially marked on the right side, low down, where there was also some tenderness. On examination per rectum, fulness and fluctuation were discovered in the pelvis. We agreed on the diagnosis of acute perforating appendicitis, with extensive pelvic peritonitis and fluid in the pelvis, and made a very gloomy prognosis. Operation was discussed, but decided against, for it was considered too late to attempt a radical operation with any fair chance of success, and too early to deal with a possibly localised collection of fluid, deep in the pelvis, by simple drainage. The progress of the case was steadily down hill, tympanitis increased, vomiting was with greatest difficulty restrained, hiccough became a troublesome symptom, and it was evident to all of us on the eighth day that, unless something more could be done, the patient was about to die. In consultation on the eighth day, it was decided to give the patient what chance drainage of the collection offered.

On July 23rd, 1895, an oblique incision was made over the cæcum which was exposed. My finger pushed over to the inner side of this, allowed of the escape of a little foetid pus, which slowly oozed out, and I could feel the firm enlarged appendix dipping over the pelvic brim. A full-sized india-rubber drainage tube was left in position. The patient soon recovered from the anæsthetic and appeared to be relieved, but six hours later he suddenly collapsed and died nine hours after the drainage tube was introduced. A limited post-mortem examination showed diffuse peritonitis due to gangrenous perforation of the end of the appendix. A faecal concretion was found in the peritoneal cavity, close to the appendix from which it had escaped.

CASE XI. Acute Appendicitis—Gangrene of Appendix and Cæcum—Removal of Appendix and Suture of Cæcum. Death from Extension of Gangrene.

A woman, *æt.* 30, gave the following history. On Saturday, June 28, abdominal pain commenced after returning from a walk about 7 p.m. Hot fomentations and brandy were tried, but no relief was obtained. At 1 a.m. the doctor found the patient in severe pain referred to the lower part of the abdomen but especially to the right inguinal region. The temperature was normal. The bowels had been moved the previous day and there was no vomiting. Morphia was given hypodermically. Later on Sunday morning the patient was easy and seemed better. An enema was administered in the afternoon and opened her bowels. On Sunday evening vomiting commenced and some abdominal distension was noticed. Her temperature was elevated. From this time her progress was steadily downwards. The abdominal distension increased, the temperature remained high and vomiting became more frequent.

Three days after the attack I saw her and agreed with her medical attendant's opinion that the appendix should be removed without delay.

Operation.—July 2nd, 1895. The abdomen, a fat one, was opened in the linea semilunaris and the cæcum exposed. It was red, roughened, and adherent on its outer side to the parietal peritoneum. A second incision was now carried from the centre of the first, obliquely backwards and outwards to the posterior surface of the ilio-costal space. The abdomen on the inner side of and below the cæcum was thoroughly packed with sponges. The adhesions on the outer side of the cæcum were next separated (they were very feeble) and a cavity with stinking fluid contents was opened. On drying and exposing this a yellow sausage-shaped swelling was seen lying in the groove between the cæcum and ascending colon on the inner side and the peritoneum lining, the parietes on the

outer. This was easily detached and turned out to be the appendix. No cutting was needed to separate it from the cæcum to which it was only attached by a small gangrenous thread of tissue. A gangrenous ulcer perforating the cæcum, the size of sixpence, represented the place of attachment of the appendix. The gangrenous ulcer was dried, then swabbed with pure carbolic acid, dried again, inverted into the cæcum and retained by Lembert's sutures. The cavity on the outer side of cæcum and colon was packed with iodoform gauze and drained by a large india-rubber tube from the loin. The abdominal wound was entirely closed except the portion behind where the tube and gauze were left protruding. The appendix was nearly four inches long, looked as if it was filled with pus, the colour of which could be seen shining through, and the thickness of an ordinary middle finger. On sticking it up the whole interior was occupied by a dark, foetid slough, but there was no pus. Only the peritoneal coat remained.

The patient recovered satisfactorily from the operation and for the first four days promised well.

On the fifth day the discharge from the tube, previously sweet, became abominably foetid, and on the sixth day the patient died.

There was no post-mortem, but the doctor's belief, in which I share, was that death resulted from an extension of the gangrenous ulceration of the cæcum.

CASE XII. *Pelvic Abscess reaching to Umbilicus—Incision and Drainage from Abdomen and Vagina.*

A girl, æt. 18, with a history of abdominal pain and illness of a fortnight's duration. The history was suggestive of ruptured appendix and to this the pelvic peritonitis present was ascribed.

When I saw her she was delirious and could not be properly aroused; her pupils were dilated, and pulse quick, but of fair strength. How far her mental condition might be due to the drugs she had taken in her illness I was unable to determine. Her abdomen was swollen and hard below the umbilicus and dull on percussion.

Per vaginam.—The whole pelvis was blocked with exudation.

On May 12th, 1895, the abdomen was opened above the pelvis, and over a quart of stinking pus escaped. The patient was then placed in the lithotomy posture, and an opening made behind the uterine cervix into Douglas's pouch. A tube was passed from above and through the vaginal opening for irrigation purposes. The patient never recovered consciousness and died on the following day. There was no post-mortem.

(To be continued.)

THE LOCAL APPLICATION OF GUAIACOL AS A MEANS OF REDUCING TEMPERATURE.

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HAVING had an opportunity during the past few months of observing the action of guaiacol when applied locally as a means of reducing temperature, I give briefly the notes on a few of the cases. As to its mode of application, we generally select the axilla as being most convenient, the axilla is first washed with a little soap and tepid water, then dried; the guaiacol is then gently rubbed in with the finger and covered with oil silk to prevent evaporation; in cases of enteric fever it may be applied to abdomen, and in phthisis it is better perhaps to apply it directly over the affected lung beneath the clavicle. After rubbing in the guaiacol it causes only very slight irritation which rapidly passes off. It may also be applied in solution in oil or glycerine.

CASE 1.—Male, æt. 18, acute phthisis, both lungs and larynx affected, profuse night sweats. Average evening temperature for the first 24 days in hospital 102°, and for the last six days of that time it averaged 102.6°. Guaiacol ℥x was then ordered to be applied every night. The notes are as follow—From half to one hour after the application of guaiacol the skin becomes moist accompanied by a fall in the temperature ranging from 1° to 3°, the night sweats, which were previously severe, became much lessened and sometimes absent, the patient slept better during the time it was applied, and the pulse rate diminished in frequency. The guaiacol was applied in this case for eight successive evenings with the following results, average fall in the temperature three-quarters of an hour after each application was 1.9° with a decided drop in the morning temperature, so that when the guaiacol was stopped the evening temperature was 100°, and it only exceeded this on two evenings for a period of three weeks, when the case terminated fatally.

CASE 2.—Also a case of Acute Phthisis. In this case we used the guaiacol from his admission. In this case the average evening reduction was only 1.3° during the 26 days the patient remained in hospital. The fall in temperature I feel sure would be much greater, but in this case only ℥vi were used at each application, and the temperature was taken half an hour after, whereas, as a rule, a much greater fall in the temperature occurs about an hour after. Here also the night sweats were diminished and patient left hospital very much improved.

CASE 3.—Tabes mesenterica; average evening temperature for the ten days previous to the application of guaiacol was 103°. After the first application of 5 minims, the temperature fell from 102.2 to 100°, and on the second evening it fell to normal, and practically remained at normal for four days, when the guaiacol being stopped, it rose again to near its former level.

CASES 4 & 5.—Two cases of puerperal fever, both with a temperature range between 103° and 106°; average fall in temperature after the application of 10 minims of guaiacol was 2.5°.

CASE 6.—Enteric fever; in this case the only bad symptom was the protracted high temperature. Sponging had no effect on the temperature, the application of ice cloths continued for twenty minutes only brought down the temperature a little over half a degree. Guaiacol ℥x was then ordered, the average fall in the temperature during the eleven days it was applied being 2°, the lowest fall being 1°, and the highest 3.5°.

In about eight other cases of enteric the average reduction after its use from 1° to 4°.

CASE 7.—Patient under observation (suspected small-pox). On the first day of illness the temperature was 104°; after sponging temperature continued to rise; ten minims guaiacol then applied, thirty minutes afterwards thermometer registered 101.2° and two hours afterwards 100°. On the second day at 1 p.m. patient's temperature was 105.2°, application of ice-cloths for twenty minutes only caused a further slight rise in temperature, then the guaiacol was applied and succeeded in bringing down the temperature a little over 1°. On the morning of the third day small-pox eruption appeared on face. In severe cases of scarlatina, both in children and adults, associated with high temperature and hot dry skin, the application of guaiacol was equally effective, a short time after its application the skin becoming soft, and moist together with an average reduction of temperature of over two degrees.

In one case only did its application seem to have no effect, this being a case of phthisis, however, in this case there was very slight fever as evening temperature rarely exceeded 100°; in this case also it seems to have diminished the night sweats. Not only, as a rule, does the temperature fall in a short time after its

application, but it does not tend to rise again as very often occurs after sponging, icing, &c. In acute phthisis it seems specially indicated, as it often checks to a great extent the night sweating of this disease; in many of the cases also it seemed to relieve the cough, and also when continued for some time the temperature approaches to normal, and even when its application is stopped the temperature as a rule remains at a lower range than formerly.

In enteric fever, where there is a protracted high temperature, or in those cases where sponging the patient has no effect, guaiacol rarely fails, otherwise it does not seem to have any effect upon the disease itself, or cut it short in any way. During its application the urine is increased in quantity.

In none of the cases did we notice any bad effect from its use, possibly because we only used 5 to 10 minims at each application, and in young children 3 to 5 minims. In the notes of the above cases the guaiacol was only used in the evening; I feel sure if 20 or 30 minims were used the results would be much more manifest. The only contra-indication to its use as far as I am aware is cardiac failure. To sum up, guaiacol is useful in acute phthisis and other tubercular diseases, also in fever, both in children and adults, more especially in enteric and pneumonia, and also in scarlatina where the temperature remains high and the skin is not acting; it causes a fall in the temperature in from $\frac{1}{2}$ to 1 hour after its application of from 1 to 4 degrees, accompanied by moderate perspiration. My thanks are due to Dr. Day, also to Dr. St. George Ashe and Dr. Drury, Visiting Physicians, for allowing me to publish the notes on the cases.

THE CHEMICAL CONSTITUTION OF THE CARBOHYDRATES AND ALBU- MINOUS SUBSTANCES, WITH SPECIAL REFERENCE TO THE TREATMENT OF DIABETES. (a)

By J. L. W. THUDICHUM, M.D., F.R.C.P. Lond.,
Ex-President West London Medico-Chirurgical Society.

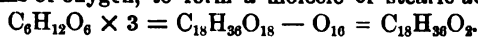
SHORT reference was made to the genesis of carbohydrate by the *polymerisation* of formic aldehyde, and how this gave the opportunity for the formation of many bodies homologous to the sugars, which were named with Greek numerals, to which the terminal *ose*, from dextrose or glucose, was attached. We had thus diose, triose (of the glycerol series), tetrose, pentose, hexose, heptose, and so on to dodecatose. To this series corresponded parallel a series of dehydrated bodies, which were called *carbohydranes*, and were recognised by the numeral and the ending *ane*. Such bodies were *glycogen* formed in the liver, and the various starches. Another parallel series were the *carbohydrites*, more *hydrogenised*, of which *mannite* was the type. Of the carbohydrates many served as food, being vegetable products, others were produced in the body, and entered into the composition of the albuminous substances. The changes of carbohydrates by enzymes and chemical reagents were then alluded to. Kryptophanic acid, the extractive acid of the urine, was shown to be a nitrogenised derivat of the pentane series (C_5). Of new combinations of the carbohydrates, the one with *phenylhydrazine* was the most important, as it enabled the inquirer to separate in a crystalline form those carbohydrates which reduced an alkaline copper-solution. Such a compound of a sugar with phenylhydrazine was called an *osazone*, the *ose* being derived from the terminal

syllable of glucose, and the azone from the *azine* of the phenyl-compound. The author then showed that *all the albuminous substances contained carbohydrate radicles*, as he had proved in 1879 in "Annals of Chemical Medicine," vol. 1, p. 1. But they were not sugars, although they appeared as such on chemical decomposition, there were other bodies besides sugar produced, similar to dextrine or gum, and, therefore, it was clear that the carbohydrates in albumins had a composition similar to that of starch; and the albuminous substances should therefore not be called glucosides, which they were not, but *amyloides*; this was the more necessary as there were true glucosides present in the body, in the brain, and nervous system. Such was *phrenosin*, of which there were perhaps a hundred grammes in each brain, and which by chemical means, or by disease, split up into a sugar, *galactose* (being the half sugar of *lactose*, or milk-sugar), *neurostearic acid*, melting at $84^{\circ} C.$, and an alkaloid *sphingosin*, which was now manufactured as a medicine. The albuminous substances could yield 4 per cent. of sugar, or a pound of meat could yield five drachms, therefore not much of the sugar of diabetic patients could be derived from flesh. But if any were so derived, the albuminous molecule was broken up entirely; for the amyloside radicle kept the other radicles together as the frame. There might be seventy radicles with six carbon each combined, and each might give rise to the entrance of six new radicles, so that an albuminous matter might contain 420 radicles, besides the amyloside ones. The author then considered the glycogenic theory, and came to the conclusion that the evidence for it ended in the liver, and that beyond that it was not proved. The liver acted as a filter and reservoir, and purified portal blood from excess of carbohydrates over the 1.1 per mille contained in all blood and juices. If the liver failed in this then glycohaemia and glycosuria resulted. The *glycosgon* in the liver after purely animal food was derived from amyloides of albumins by the biolytic action of the intestinal ferments. But the amount of carbohydrate thus formed would probably not exceed 4 per cent. of the weight of the dry matter of meat or albumen. From a variety of data, both qualitative and quantitative, the author came to the conclusion that of the uses to which glycogen is put in the liver, the formation of dextrose is only a part; the other products had to be investigated. The liver transformed the constituents of its protoplasm in a manner which was mainly (speaking of quantity) and absolutely (*i.e.*, unavoidably) connected with or consisted in the *biliary function*. It was an astonishing fact that the adherents of the glycogenetic hypothesis had never attempted, and never been able to connect this with the cholepoetic function. About this latter, both physiologists and physiological chemists so-called were very badly informed; *e.g.*, all handbooks stated that *bilirubin* was the normal colouring matter of the bile of the ox and of man, but no one had ever extracted it from healthy bile. It was present only as a precipitate in *unhealthy bile* in combination with calcium; it was formed *only by decomposition*, *e.g.*, putrefaction.

The mere presence of bilirubin therefore, always indicated concurrent or previous disease. Hence the speculations of some pathological authors, *e.g.*, Nannyn, to the contrary, were erroneous. The formation of the biliary acids, and their constitution was quite unknown. On other essential ingredients of the bile the information proffered in books was absolutely erroneous, *e.g.*, on the alleged presence of lecithin, whereas, the phosphate present contained four atoms of nitrogen, and crystallised as platino-chloride in great purity. The specific biliary alkaloids were quite neglected, no notice at all was taken of them. Cadaverous results were mistaken for healthy life action, just like to sugar formed after death. The author then discussed the bearing of sugar in blood, its normal quantities and

(a) Abstract of Paper read before the meeting of the West London Medico-Chirurgical Society, April 10th, 1896.

alleged disappearance on standing. In blood from diabetic patients he had found no change as regards quantity of sugar on standing. The question of sugar in normal urine was much contested, but happily of no practical importance; it gave, however, rise to much analytical blundering, e.g., when the reducing action of creatinin was mistaken for that of glucose. The quantity of sugar in the tissues, and blood gave rise to voluminous blundering, and not rarely authors ate their own children at an age of less than twelve months. The author distinguished three forms of glycosuria recognised by the presence of a sugar. *Cerebral glycosuria* was caused by mechanical, chemical, or mental injury to the nervous system, and was diagnosed by the presence of galactose in the urine (the sugar present in any obstruction of the lacteal ducts in suckling women was lactose; galactose yielded mucic acid by oxydation, which dextrose did not. *Albuminous glycosuria* also yielded no dextrose, but an optically inactive isomer. *Intestinal glycosuria* gave larger amounts of dextrose in the urine, and so did the *hepatic form*. In all cases a decomposition ensued, by external influence, until, as in the case of general saccharopathy, the diabetes of young adults, all tissues and liquid seemed to form the morbid material, and hasten to the destruction of life. The *formation of fat* from sugar was a difficult problem, seeing that three molecules of sugar had to unite, and then lose 16 atoms of oxygen, to form a molecule of stearic acid.



In diabetes of the pronounced kind in young persons the well-known special diet was a useful palliative, but in aged persons it was not rarely injurious, and was frequently cast aside by all. In cerebral glycosuria nitrate of sphingosin was of great effect, and better than ordinary sedatives, which, however, healed many cases. In the author's experience the waters of some reputed springs were a delusion in diabetes as in gall-stone disease and jaundice, or fatty liver. The glyco-genic theory so-called had given no aid whatever in the treatment of the disease. Glycosuria was eminently a subject for chemical study, but only systematic researches by experienced savants could advance the subject. The late development of the chemistry of the carbohydrates and albuminous matters had opened a new field on which rich harvests might reward the assiduous inquirer.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF PATHOLOGY.

MEETING HELD FRIDAY, MARCH 13TH, 1896.

The President, DR. CONOLLY NORMAN, in the Chair.

STENOSIS OF TRACHEA AND BRONCHI, DUE TO SYPHILIS.

MR. F. ALCOCK NIXON showed the trachea and bronchi which were the seat of syphilitic stenosis. A large gummatous mass, implicating the lymphatic glands, and moulded round these tubes, diminished their size, so that a No. 4 catheter could with difficulty be passed through the trachea from above. The lesion was diagnosed as syphilitic, and the patient was treated with mercury, and subsequently with large doses of iodide of potassium, up to several ounces, but without effect. The diseased mass, gradually contracting round the air tubes, slowly strangled the patient in the course of seven weeks. An examination of the specimen showed that, even if the disease had been accurately localised, no operation could have saved life, as it was deeply situated behind the aorta and implicated extensively both bronchi, as well as the lower half of the trachea. The larynx was quite healthy.

SUDDEN DEATH DUE TO ATHEROMATOUS CORONARY ARTERIES.

DR. FINNY exhibited a heart (with microscopic sections)

which was taken from the body of a female patient, æt. 58, who died very suddenly after ten days' residence in Sir Patrick Dun's Hospital, where she was admitted for debility, general dropsy, and purpura of the extremities. The more distressing symptoms were breathlessness and orthopnoea at night, and considerable substernal pain, and this last was much complained of towards the fatal termination. The left ventricle of the heart was excentrically hypertrophied, and mitral incompetence was evident from the physical signs. During the last three days double hydrothorax came on with some pulmonary oedema, and hæmaturia with renal casts (granular, blood, epithelial) set in about the same time, although on admission the urine contained but a trace of albumen, and no blood. Following a sleepless night, the patient took no breakfast, and was speaking to the nurse when she suddenly expired, the pulse instantly ceased, and the heart sounds were arrested. The pathological conditions found were a heart with slight fatty infiltration, and moderate fatty degeneration in various spots of the ventricles, and of the right ventricle in particular. Advanced arteritis deformans of the coronary arteries, but especially of the left, so that the branches of the vessel could be seen and felt running down the front of the septum to the apex as rigid calcareous tubes. This left artery contained a clot, the upper part of which was recent, and extended back to its origin from the aorta, and there the clot filled the left sinus of Valsalva, the rest of the aorta, as well as the left ventricle, being free from clots. The aortic valves were thickened and rough on the ventricular surface, though they filled the ostium. The mitral valve was incompetent owing to atheroma and calcareous plates. The liver was a good example of cyanotic induration, and the kidneys presented evidences of moderate, chronic, interstitial inflammation, with thickening of the arteries in some places, and of recent hæmorrhages into the tubules. This bleeding was explicable only on the supposition that the renal capillaries were diseased and gave way. Sudden death, with instantaneous cessation of the heart and pulse, occurred on November 18, 1895, and was in all probability due to the closure of one of the main coronary arteries by a clot, and the resultant paralysis of the organ which was already weakened by persistent disease in the kidneys, the mitral valves and atheromatous vessels, and was undergoing fatty degeneration of the muscular fibres in spots in the neighbourhood of the coronary arteries.

DR. M'WEENEY said that the subject was a highly important one, in view of the difficulty sometimes encountered in arriving at a conclusion as to the cause of sudden death. Atheroma of the coronaries should always be carefully sought for. In his experience death was not due directly to this cause but to the small patches of fibrous tissue, the so-called Herz-schwien of the Germans. These were the almost invariable result of atheroma of the coronaries, and would account for death independently of either valvular disease or thrombosis.

TESTING DRINKING WATER FOR COLON-BACILLI.

DR. M'WEENEY gave a demonstration of some recent methods of testing drinking-water for colon-bacilli. The importance of the subject from the hygienic point of view was very great. When outbreaks of typhoid were traceable to drinking-water, it was only rarely that flawless demonstration of Eberth's bacillus in the water was effected. The period of specific contamination had in too many cases passed before the water was subjected to analysis. All hygienists are agreed that the demonstration of *B. coli* possesses a high significance, as affording evidence of the possibility of specific contamination. He now showed the results of three modern tests—Parietti's, v. Freudenreich's, and Abba's, as applied to three samples of water. Each sample consisted of half a litre of Varty water drawn off into a clean flask 48 hours previously. To flask 1 was added a trace of typhoid stool obtained by once dipping a straight platinum needle into the stool and then into the water. To No. 2 was added a trace of pure culture of *B. coli*, var. *lactis aerogenes* from the fæces of a suckling. Sample 3 was left untouched. After 24 hours Parietti's test was performed, $\frac{1}{2}$ c.c. of each water being added to a series of tubes containing broth acidified with HCl, and containing phenol in various proportions. The tubes were now shown, after 24 hours' incubation, when it was at once seen that those corresponding to the infected samples were

turbid, whilst the uninfected were limpid, and showed no signs of growth. V. Freudenreich's and Abba's methods depend on the ability of *B. coli* to develop at blood-heat in solutions containing lactose. V. Freudenreich causes this to take place in a fermentation tube—as originally recommended by Th. Smith, of Washington, and observes whether gas has accumulated in the closed side by the end of 24 hours. The tubes were passed round, showing that one-third of the fluid in one tube (that corresponding to the typhoid sample), and nearly two-thirds in the other (the *coli* sample), had been expelled from the closed limb by gas. The pure sample had not evolved the smallest bubble. Abba's method consists in converting the whole sample, or 1 litre of it, into a nutrient solution by the addition of 100 c.c. of a concentrated solution of peptone and lactose, then adding a little phenolphthalein and imparting a rose-colour with soda. After 24 hours' incubation the samples inoculated with typhoid stools and *coli* were completely decolourised and turbid, whilst the pure Vartry sample showed but little growth, and was not in the least decolourised, as comparison with an uninoculated portion shows. The bleaching of the two infected specimens was, of course, caused by the neutralisation of the alkali by the lactic acid developed from the fermentation of lactose by *bacillus coli*. All three methods yielded, on plating out the fluid, abundant colonies of *bacillus coli*. Whilst Parietti's method permitted only quantities under 1 c.c. to be used, and v. Freudenreich's about 5 c.c., Abba's method placed the analyst in a position to detect *coli*-bacilli in a litre of the water. After giving further details as to the respective merits of the plans exhibited, the speaker pointed out that too much importance ought not to be attached to the presence of small numbers of *bacillus coli* in water. The originally-sterile intestine of the breast-fed infant came to contain this organism in millions a few days after birth—a fact pointing to its universal diffusion through the air. It was only when present in large numbers, and associated with organic matter capable of affording it pabulum, that its presence could cause the condemnation of the water.

Dr. O'SULLIVAN said that it was an extremely interesting communication. He wished to know what was the time limit of the changes diagnostic of the *bacillus coli communis*. Other bacilli—for instance, the diphtheria bacillus—also rendered the medium acid in which they grew.

Dr. PARSONS pointed out that the tests were tests not for the typhoid bacillus, but for the *bacillus coli communis*. Formerly, from a bacteriological point of view, water was considered bad which contained a great number of micro-organisms. Now, if the *bacillus coli communis* was present in large numbers, the water was rejected, as it showed probability of the water having been contaminated. If only a few were found, it was not looked upon as impure. He wished to know whether the tests they had seen would show the typhoid bacillus in the urine; also whether the *bacillus coli communis* was present in the urine of typhoid patients.

Dr. McWEESEY, replying, said that with reference to the time limit no attention should be given to any result that took over twenty-four hours to develop. It was true that other organisms made the medium acid, but they were distinguished from the *bacillus coli communis* in that they would not develop in a solution containing a large quantity of lactose. He could not, however, speak with certainty of the diphtheria bacillus. Two of the tests were not for the typhoid bacillus, but Parietti's (?) test reached to both it and the *bacillus coli communis*, and by plating out it was easy to know which was present. He did not believe that there was a radical division between the typhoid bacillus and the *bacillus coli communis*. The four characters which distinguish them—viz., the growth on potato, the mobility, the fermentation of lactose, and the coagulation of milk—are all mutable. As regards the fermentation, however, he had only found it to occur with the *coli* bacillus. There are clinical facts which show auto-infection from one's own bowels may take place, and the *bacillus coli communis* may set up inflammation in Peyer's patches, and toxic substances may be absorbed giving rise to symptoms the same as in typhoid fever. He did not know whether a rash would be present or not. Parietti's test would enable the typhoid bacillus to be found in the urine, but in any catarrhal or inflammatory

condition of the urinary tract the *bacillus coli communis* would also be present.

WEST-LONDON MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD FRIDAY, APRIL 10TH, 1896.

A. SYMONS ECCLES, M.B., President, in the Chair.

Localised Scleroderma.—DR. DICKMAN showed this case, a girl, *æt.* 6, who presented two ovoid patches about $1\frac{1}{2}$ inch long, of a dead, white colour, one of them showing distinct induration. Both were situated on the back, one nearly in the middle line, the other to the left of it. They were first noticed nineteen months previously as minute spots of pinkish colour, with a surrounding capillary injection.

Dr. H. MENZIES read some notes on a case of

INFANTILE SCURVY.

The patient, E.H., a male infant, *æt.* 11 months, the younger child of healthy, well-to-do parents. He was well grown, and until the present attack had always been healthy. After a few days' malaise, on February 18th of the present year, his left eye suddenly swelled and became discoloured, and all the classical signs of the disease rapidly developed, viz., loss of strength, pallor, limb-swelling, proptosis of the left eye, spongy gums, bruise-like ecchymoses, and minute purpuric spots. A rapid disappearance of all the symptoms followed the administration of anti-scorbutic dietary of fresh milk raw meat juice, potato pulp, and orange juice. The case was instructive in two ways:—(1.) The absence of all positive signs of rickets. (2.) The danger of a long continued use of sterilised milk upon which the child had been brought up. After referring to the writings of Drs. Cheadle and Barlow on the subject the author pointed out the curious fact that while authorities in England and America agree in recognising the scorbutic nature of the affection, many German and some Danish writers still regard as improved this etiological factor, and maintain that rickets, plus a hemorrhagic tendency, is the real malady—a view which seems to be opposed to all the evidence of its morbid anatomy, and certainly contradicted by the result of dietetic treatment, for the rapid improvement which follows the administration of anti-scorbutics is one of the most remarkable facts in medicine.

Mr. ALBAN DORAN doubted whether sterilised milk was wholesome and nutritious, and suggested that some of our efforts at the exclusion of germ life might be misdirected.

Mr. KRETLEY considered that the advantages of giving sterilised food to infants quite outweighed its dangers, which could be averted by the addition of a due proportion of anti-scorbutics. He affirmed the distinction between infantile scurvy and rickets, which latter might be produced by more than one micro-organism including that of syphilis.

Dr. SUTHERLAND believed that from a scorbutic standpoint the boiling of milk, as usually practised, was probably harmless, but the use of milk exposed to a very high temperature for a long time was not to be regarded as safe.

Dr. COURTIS believed that the milder forms of infantile scurvy were common, and frequently unrecognised. He advocated the addition of anti-scorbutics to sterilised milk.

Mr. ALBAN DORAN showed three specimens,

TRUE AND FALSE CAPSULES OF OVARIAN CYSTS.

(1) The patient was single, *æt.* 25. A small cyst filled the lower part of the abdomen and intestine, lay in front; the fundus of the uterus could be felt in the right groin. No part of the cyst came down into the pelvis. On tapping, a pint and six ounces of fluid escaped. On inspecting the tapping hole two distinct layers could be seen as though there were a true capsule. On pushing the hand down behind the supposed capsule the entire cyst was displaced with a normal pedicle. There were no adhesions and the opposite ovary was healthy; the "capsule" was simply the ovary itself distended by the cyst within its substance. The true cyst wall was connected with the ovarian capsule by very loose connective tissue. Had the union been close

and firm that would have been the usual condition in ovarian cystoma, and no two layers would have been seen on inspecting the trocar wound. On the other hand, had the capsule of ovarian tissue been adherent to pelvic structures the cyst might have been deliberately enucleated from the ovary itself; the appearance after enucleation would then have been puzzling. (2) Hypertrophied tube on the surface of an inflamed ovarian cyst. Meso-salpinx adhered firmly to the cyst, so that at first the cyst seemed as though it had furrowed into its layers. This is a "false capsule cyst." (3) A dissection showing the relations of a cyst developed between the folds of the meso-salpinx. The greatly elongated Fallopian tube runs on the surface of the wall of a similar but very much larger cyst, the greater part of which has been cut away. These are typical encapsuled cysts.

Mr. DORAN remarked on the non-identity of pathological and surgical cysts, and on the grave results which might ensue on their confusion, for if the surgeon mistook these adhesions for a capsule and attempted enucleation, intestinal vessels or the uterus might be damaged.

Dr. THUDICHUM read a paper on

THE CARBO-HYDRATES IN THE TREATMENT OF DIABETES, which will be found in another column.

HEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD THURSDAY, MARCH 26TH, 1896.

The President, Dr. PORTER, in the Chair.

CASE OF ACQUIRED NYSTAGMUS.

Mr. SNELL introduced a patient, *æt.* 33, a sanitary tube maker, the subject of acquired nystagmus, due to the manner of work followed at his occupation. The man had been compelled to relinquish his employment on two or three previous occasions, for lengthened periods, owing to the distress occasioned by the subjective symptoms of the nystagmus. Mr. Snell referred to nystagmus in other occupations, remarking that, if looked for, the affection would be found to be associated with other employment, and not entirely that of coal-mining. Since he had recorded, some years ago, the case of a compositor with acquired nystagmus, he had met with other cases in the same class of work, and had observed a fairly large number of instances in other occupations.

Mr. SNELL also showed a girl, *æt.* 18, with double papillitis (passing into atrophy) the result of plumbism due to her work as a file-cutter.

SPECIMENS.

Dr. ARTHUR HALL showed specimens of (1) cerebellar tumour, the size of a hen's egg, sarcomatous, with secondary distension of the lateral and third ventricles to a very large extent. The affection had lasted eighteen months, and the gradual enlargement of the head had been watched. Lumbar puncture was performed by Mr. Pye Smith, but without benefit, in fact, it aggravated the pain, and the boy died the following day. Two drachms of fluid were removed. (2) Hæmorrhage into the pons, extending over the base of the brain and into the left lateral ventricle. (3) Softening of the right optic thalamus.

Mr. MARRIOTT showed: (1) An intra-pericardial rupture of the aorta, which showed marked atheromatous changes, and was the seat of a small aneurism at the point of rupture. (2) A large gall-stone from a patient of Mr. Lockwood's, which had been passed by the bowel without any symptoms.

Dr. SNOLLAIR WHITE showed a very large gall-stone which he had removed by operation.

Dr. RAY read a short paper on some

PATHOLOGICAL CHANGES IN THE CEREBRAL CORTEX OF THE BRAIN.

Description of fresh method of preparing brain sections for microscopical examinations; advantages; minute anatomy of the normal cerebral cortex; arrangement and description of nerve cells in various layers; neuroglia, theories as to its nature; structure of lymphatic and vascular system; relation of blood supply of brain to its pathological changes; early changes in the cortex in insanity; description of the stages in fuscous degeneration of nerve

cells, illustrated by microscopical specimens showing each stage; the spider cell or Deiter's cell, its nature and probable function; concluding with a few remarks on the nerve cell in idiocy. The paper was illustrated with drawings of microscopic specimens showing: The normal cerebral cortex; first stage of fuscous degeneration; second stage of fuscous degeneration; third stage of fuscous degeneration; spider cells in superficial layer of cortex; also microscopic specimen showing the above.

Dr. ERNEST KNIGHT showed a

CASE OF ACUTE SUPPURATIVE CHOLANGITIS.

A man, *æt.* 47, first felt ill at the end of October, 1895, with symptoms of hepatic colic. He began with rigors and profuse sweats two days afterwards accompanied by slight jaundice, which latter symptom passed off within a week. The rigors went on and glycosuria developed. There was considerable tenderness and fulness in the epigastric region. The glycosuria intermitted for a time, but reappeared one month before death, the rigors and sweats continuing daily and nightly up to the time he died comatose on Jan. 7th, 1896. There was no return of jaundice, there was varying tenderness and fulness in the epigastric region. No operative measures were deemed advisable. *Post-mortem.*—The liver was found much enlarged. The cystic duct entirely and the common duct partly blocked by several soft gall-stones, consisting largely of colouring matter each about the size of a horse bean. The gall-bladder was empty, except for a little thick bile. Suppuration extended up the ducts through both right and left lobes of the liver, and formed numerous small abscesses. The lobulus quadratus was converted entirely into an abscess cavity. The kidneys were rather small and the cortex reduced *in vivo*.

THE HUNTERIAN SOCIETY.

MEETING HELD WEDNESDAY, APRIL 8TH, 1896.

The President, Dr. G. E. HERMAN, in the Chair.

Dr. PERCY WARNER read a paper on a case of PERITYPHLITIS.

The patient, *æt.* 35, was suddenly taken ill on July 24th, 1896, with pain in renal region running in the direction of the ureter, marked tenderness in front and behind, vomiting, and rise of temperature. There was also a rigid condition of muscles on the right side of abdomen, and frequent micturition. No well-defined tumour could be made out until convalescence was established. Patient had a relapse on September 9th, with great pain and much swelling above the crest of the ilium. Mr. Charters Symonds operated, and a quantity of foul pus was discharged. The patient made a good recovery. Dr. Warner remarked on the frequency of micturition, which at first suggested a renal origin of attack, but showed how the variability in length and position of appendix would account for varying site of pain after suppuration has taken place. The position of pain depends on position of abscess, which in the case related was situated at a point on the crest of the ilium at the junction of post and middle thirds, where the abscess had burrowed out of the iliac fossa into cellular tissue of the gluteal region. The tenderness *behind* was remarkable. He pointed out that the treatment of this disease might be divided under the three forms of the malady:—(1) simple perityphlitis; (2) perityphlitic abscess, probably due to perforation; (3) perityphlitis, followed by general peritonitis, due to acute perforation. The great difficulty consisted in deciding when to operate, and he remarked that no two symptoms can determine this, and that he relied, not only on local signs, but also greatly on the general condition of the patient.

He also referred to the important question of surgical treatment in the early stage, and quoted the opinion of American surgeons, who advocated the removal of appendix in all cases of perityphlitis. Lastly, he pointed out that in cases of relapsing typhlitis, there was a fair consensus of opinion that the operation should be done in the quiescent period.

Mr. CHARTERS SYMONDS, after [making supplementary remarks as to the operation, gave an account of his experi-

ence in such cases and referred to the fact that symptoms of perityphlitis were simulated sometimes by malignant disease, suppurating kidney and active mycosis, and are apt to resemble typhoid fever sometimes. He considered it doubtful whether in acute cases an operation can be too early performed, and showed a perforated appendix removed from such a case with successful result.

The President, Dr. F. J. Smith, Drs. H. Sequeira, Hope Grant, and Arthur Davies took part in the discussion, and Dr. Warner replied.

FRANCE.

[FROM OUR OWN CORRESPONDENT.]

PARIS, April 18th, 1896.

PUERPERAL FEVER.

At the meeting of the Obstetrical Society held here last week, M. Charpentier spoke at great length on the treatment of puerperal fever by serotherapy. He said that in the month of February last year MM Roger and Charrin announced the discovery of anti-streptococcic serum, and signalled at the same time a case of puerperal fever cured by their serum. A few days later another patient was declared cured by the same method, while Marmorek published a list of 45 cases of erysipelas treated and cured by the serum. Through the kindness of his colleagues, M. Charpentier was able to collect 40 new cases of puerperal fever, for which the treatment in question was applied. The result was 22 cures and 18 deaths. A bacteriological examination was made in 25 instances, the streptococcus was found in 16. In none of the cases was the treatment limited to the injections of serum, it was only employed concurrently with the usual medication applied to this affection. From this it would appear that the serum treatment cannot be considered as efficacious as had been believed by those who first introduced it to the profession.

M. Bar considered that the question was a very important one and merited to be examined in detail. It was necessary first of all to give a proper definition of puerperal fever, what it really was, for the term itself was not clear enough to-day to the mind of the new school. It is said to be due to the presence of streptococci, but more frequently other septic agents are associated with them, such as pneumococci, bacterium coli, staphylococci, &c., and it is possible that the serum of M. Marmorek or that of M. Roger, while it destroys the bacilla of Löffler, increases the virulence of the streptococcus. In any case, the serum differs according to its provenance, the sheep, the ass, or the horse. That from the sheep has been known to cause toxic accidents, while the serum of the ass is not well tolerated. On the other hand, the method of preparing the serum is not always the same, and as a consequence the immunising effect is seriously compromised. He admitted that very good results were obtained in the treatment of erysipelas, but neither the serum of M. Marmorek nor that of M. Roger could be regarded as specifics for puerperal fever, and the medical attendant who neglected the intra-uterine treatment of that affection would incur very grave responsibilities.

POST-PARTUM HÆMORRHAGE.

M. Tarnier introduced the subject of Post-partum Hæmorrhage and its Treatment. He said it was important to localise the complication with precision as the treatment differed. The hæmorrhage comes either from the os or vagina, or from the body of the uterus. In the former case, the cause will be found to arise from a rent of the cervix or of the vagina, and will require plugging or

the ligature of the bleeding vessels. In hæmorrhage from the body of the uterus, inertia of the muscle is the origin of the trouble, and the treatment should be prophylactic, curative and consecutive.

The prophylactic treatment, consisting in hastening the delivery, should be applied in women who were found to be suffering from albuminuria, or who were naturally predisposed to hæmorrhages. The curative treatment was simply that of evacuating completely the contents of the uterus, repeated twice or three times if necessary.

The patients will frequently protest boldly against it, but this manœuvre must be resorted to in grave cases. Tonics, stimulants, ergot, transfusion form the consecutive treatment.

M. Bossi agreed with the last speaker on the frequent necessity of cleaning out the uterus, but added that he obtained very satisfactory results from injections of salt water, renewed every two hours.

SCABIES.

M. Jullien declared before the Société de Dermatology that he had successfully treated 300 cases of scabies with Peruvian balsam. This agent contains an essential oil, cinnamine, the vapours of which are extremely toxic for *acarus*. The patient rubs himself in the evening for a quarter of an hour with the Peruvian balsam, and lies all night in a shirt impregnated with the vapour of the acaricide; the next day he takes a soap bath. This treatment is not more expensive than the classical treatment, and is, moreover, particularly adapted to cases complicated with eczema or other skin affections in persons weakened from cardiac disease, in pregnant women, and in infants.

An excellent diuretic in cardiac affections:—

Theobromine, x grs.;
Powdered digitalis, i. gr.;
Camphor, ii. grs.;
Calomel, i. gr.

For one wafer.

Four daily.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, April 17th.

At the meeting of the Medical Society Hr. Singer showed a young woman, æt. 18, who was the subject of

POST-HEMIPLAGIC ATHETOSIS,

with marked muscular hypertrophy. Some time before the patient had jerkings of the limbs, as she stated, without loss of consciousness. The head and mouth were drawn to the left side, and both left extremities were paralysed, the fingers, later on, began to have some power of movement. These statements of the patient were not however, reliable, as the mother, who came from Russia, was not present at the time they were made. She was admitted into the Jewish Hospital. The patient was a well-nourished girl, mentally sound, her left arm was persistently held to the side, the elbow being flexed. The left leg was flexed inwards, the foot pointed, the toes dorsally retracted, but the weight of the body was enough to flatten the foot on the ground. The left arm could be raised to a right angle. It was remarkable that the flexure of the left arm was sometimes absent, and the patient could then voluntarily extend and flex it. Both hand and foot were in exaggerated flexure; all the muscles of the forearm were highly hypertrophied. The

difference between the right and left upper arm was 3½ ctm., and between the forearms 1 ctm. The hypertrophy was therefore most pronounced in the upper arm. It was worthy of note that the biceps contracted on extending the arm. Passing movements of the joints of the hand were always painful. In both left extremities growth lengthwise was retarded. The athetotic movements increased with psychical excitement, and during sleep they ceased altogether. Formerly, the movements were much stronger than at present. Sensibility nearly normal on both sides, and the muscular reactions were unchanged on both sides. The cause was probably that that underlay infantile paralysis, either softening, embolism, or (Gowers) venous thrombosis.

NOTES ON MORBUS BASEDOWII.

In the *Munch. Med. Woch.*, for February 2, 1896, Dr. von Hoeslin has an interesting paper on this subject. In a long course of observation of a case extending over six years, the author observed a good deal that is either not found at all in the literature of the subject, or only slightly noticed. His first observation is on rhythmic variations in the pulse rate. This showed itself constantly dependent on the time of day, so long as there were no acute attacks. The morning pulse always exceeded that of the evening at a constant rate whatever the latter might be. A similar condition was observed in another case.

The next observation is in relation to tachycardia and its course. Besides the habitual tachycardia of the disease there are, as is known, paroxysmal exacerbations; true tachycardial attacks. In the author's case, these attacks came on oftener, and lasted longer, than is usual. An attack would sometimes come on suddenly, so that the pulse would at once jump from 130 or 120 beats per minute to 220 or 250, and this rate would drop as suddenly as it came on.

The third observation relates to the variations that take place in the size of the heart and its cavities. As the disease became worse hypertrophy of the heart took place with dilatation, and as the disease improved, both the hypertrophy and the dilatation receded.

As regarded the relation between the size of the struma and the paroxysmal tachycardia, it was constantly observed that during the course of such an attack the struma diminished in size. The worse and more prolonged the attack was the smaller became the struma. When the attack ceased, the struma began to return to its ordinary dimensions.

Another observation was on leucoplasia linguæ and its dependence on the severity of the disease. The leucoplasia came on during the course of the disease in consequence of implication of the sympathetic; it was the more marked the worse the disease was, and improved when the tachycardia and the general condition of the patient improved.

As regards treatment during the whole of this lengthened course of observation, the author draws attention to only two points, the treatment of the tachycardiac attacks by opium and vegetarian *regime*. Opium enemata—20 to 30 drops of tinct. opii repeated during an attack had a striking influence on its course, even the worst could be cut short by the opium. Author believes that the vegetarian *regime* carried out during three years had a great influence on the permanent recovery that took place. A meat diet was not returned to until the patient was able to sit up.

At the Medical Society, Hr. James Israel showed a patient on whom an

ANUS PRÆTERNATURALIS

had been made on account of ileus, in Königsberg i. P., in November last. The patient was a woman, æt. 44. No information could be gained as to the nature and seat of the disease. There was a tumour in the pelvis larger than a child's head, which appeared to be a malignant tumour proceeding from the ovary. With the thought that this had become attached to the bowel, and thus given rise to the ileus, he opened the abdomen, and found the tumour to be free from adhesions. On searching the bowel below the artificial opening, he found a carcinoma that had shrunk until the intestine was little more than a thread. As the tumour could not be drawn into the median line, he made a second opening on the left side, drew out the portion of bowel that was the site of the carcinoma, surrounded it with a peritoneal margin, and healing took place by first intention. At a second operation on Feb. 19th, the loop of intestine along with the carcinoma was excised and the ends of the bowel were united to the mesenterical attachment. The patient now had two artificial bowel openings, one on each side. At a third operation he first closed the left opening, freeing the bowel without opening the peritoneal cavity, and putting it in two rows of intestinal sutures. The opening on the right side now alone remained, and this he closed at the beginning of March with as much care as the other. The patient had now completely recovered after a number of operations, viz., three laparotomies, the extirpation of an ovarian tumour, resection of the carcinomatous flexure and the closure of both artificial anal openings.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, April 17th, 1896.

LUPUS OF THE FACE.

THE treatment of lupus at the best is very unsatisfactory notwithstanding the variety of methods proposed as curative. Han exhibits two cases which he has happily succeeded in curing by means of electrolysis. His method of operation was the application of two platinum needles situated near each other into the lupoid tissue. An electric current of ten to thirty milliamperes was applied in each puncture for twenty to thirty seconds at a time. The procedure is painless, we are assured, if care be taken to avoid the healthy tissue in puncturing. In the cases reported no recurrence of the disease has been observed.

The form of treatment promises to supersede the excision of diseased tissue and subsequent plastic operations which have been undertaken here with marked success. The "tuberculin" injections have already become obsolete although scarification and escharotics are still practised as rational treatment.

CARCINOMA AURIS.

Hrubesch presented a man to the Otological Society, æt. 60, who appeared in Gruber's Clinic last August with the history of a discharge from the left ear since childhood. About the end of April, left-sided facial paralysis appears to have commenced, but no pain is recorded to have occurred till about the time of admission. On examining the ear it was found to be filled with polypi in a gan-

grenous condition, but it could not be determined whether these had their origin in the outer or middle ear. The external appearance of the mastoid process was normal, perfectly deaf for otometer and vocal sound, while the "Weber" was present on the right side.

From observations taken at the time a diagnosis of otitis media suppurativa chronica was arrived at. The radical operation was undertaken owing to the suspicion of some connection with the mastoid process which was ultimately found to be perfectly sclerosed with no cells in the antrum at all. The tympanic cavity was filled with firm granulating tissue which rapidly formed again before the external wounds healed up. By the end of September a hard infiltrated mass appeared round the lines of incision which confirmed the suspicion of a malignant neoplasm which was further ratified by the microscope. The new growth appeared to have its origin in the mucous membrane of the middle ear. At the present time a large ulcerated cancerous mass protrudes from the ear covering the surrounding tissues. Behind the ear there is another metastatic growth affecting the glands in the supra-clavicular space which are greatly swollen and hard.

Gruber said that he suspected carcinoma in this case at the time of the first operation. He has seen three similar cases very recently, all of which have been operated on without any proof of carcinoma being present, yet they were immediately declared to be malignant after the operation. Analogous cases present themselves in caries when early seen which often seduce us into an operation. In all such cases this contingency should be carefully borne in mind.

ACUTE INFLAMMATION OF MIDDLE EAR FROM PHLEBITIS.

rubeach showed a pathological preparation of otitis media acuta without perforation of the tympanum, where the patient died from pyæmia in consequence of phlebitis having been set up in the bulbous venæ jugularis. This was a woman, æt. 19, who came from the Lying-in Hospital to Gruber's Ambulatorium complaining of pain in ear, which was diagnosed as due to otitis media acuta. Paracentesis was not performed, but the patient was enjoined to return the following day for this purpose. On the following day she was attacked with high fever, which seemingly induced labour that was normally completed. Pains in the joints, malaise, and delirium were protracted for two days more, when she died. The post-mortem revealed a pyo-septicæmia from thrombo-phlebitis of the venæ jugularis after an acute inflammation of the left middle ear. There was also a metastatic inflammation of the lower lobe of the left lung.

LATE STITCHING OF WOUNDS.

Gruber is in favour of delaying the sewing up of wounds, and after opening up the mastoid process in particular. He points, for instance, to the case of a man, æt. 54, who was operated on for empyema in the antrum. The wound was 3 centimetres long, $1\frac{1}{2}$ broad, and 1 deep, containing a large quantity of pus and foul matter in the cavity of the process. After ten days exposure and cleansing of the wound, and the temperature had gone down, Gruber drew the wound together with eight stitches enclosing a tent, which was withdrawn in two or three days. The stitches were removed in eight days after application.

Thus, in twenty-eight days from the commencement of the operation the wound was quite healed, without a single adverse symptom.

CALCAREOUS DEGENERATION.

Politzer exhibited a pathological preparation taken from the head of a clergyman who was very deaf, owing to a long-standing discharge from the middle ear. The specimen showed a hardened calcareous tympanum greatly thickened. The mucous membrane of the middle ear was also thick and hard with limey deposit. The most peculiar point was the large sacular cavity of a calcareous structure in the antrum.

The Operating Theatres.

GUY'S HOSPITAL.

ACUTE PORTAL PYÆMIA.—Mr. ARBUTHNOT LANE operated on what seemed to be an ordinary case of recurrent trouble from obstruction of the cystic duct. The patient, a woman, æt. 60, had been subject to attacks of biliary colic for over thirteen years and these had recently increased in violence and frequency, so that during the last twelve months she had about fifty attacks. She was under the care of Dr. Campbell Gowan, of Stanmore, who said that the only thing that had struck him about the more recent attacks was a rise of temperature in excess of that usually present in this condition. Mr. Lane was able to feel the gall-bladder in which there appeared to be some stones. It was very tender on pressure. It could not be felt in the ordinary recumbent position, but was readily discovered when the patient was placed in the slouching sedentary posture described by Mr. Lane in the *Lancet*, Oct. 7th, 1893. This method, he said, originally suggested to him by Mr. Parkin, of Hull, had been on very many occasions of the greatest service to him in differentiating and defining tumours in the abdomen. The patient was put under an anæsthetic, a third of a grain of morphia being given ten minutes before. This combination of morphia and anæsthetic Mr. Lane has used for a long time, especially in tedious abdominal cases. It has the advantage of rendering the patient cheerful and free from anxiety; it necessitates the administration of a very small quantity of the anæsthetic, and after the patient is once under its influence a very small quantity is required to continue anæsthesia; the patient suffers less from the anæsthetic after the operation, and again, what is a very important thing in some cases, there is no struggling as consciousness is regained and a sleep of several hours follows the operation. This last Mr. Lane has found of the greatest importance in cases in which he has wired or screwed bones together. Such patients in hospitals are very often alcoholic, and are particularly liable to struggle as they regain consciousness, and any forcible movement may by chance tear apart the fragments, especially if the broken ends were comminuted or fissured. The gall-bladder was exposed and was found to be matted to the transverse colon, under surface of liver, and parts adjoining. Its summit was cleared and an opening made in it. A quantity of mucus or muco-pus was evacuated and several faceted calculi, not very firm in consistence. As there had been no history of jaundice the common duct was not explored, especially as in doing so there would have been much risk of opening the bowel. A tube was tied into the gall-bladder. The patient is reported to have been perfectly comfortable till 10.15 on the next morning, when she said she felt one of her attacks coming on. The stomach became painful and tender, especially in the position of the gall-bladder,

the pulse increased in rapidity and the temperature rose steadily and rapidly. She expressed no anxiety since she was certain the attack would pass off as it usually did in a few hours. Instead of this, however, she became drowsy and delirious, and died at 4.30 on the following morning, the temperature rising from normal at 6 p.m., to 105°2' at the time of her death on the day following. At the post-mortem examination, an old abscess cavity containing about four ounces of pus, lay behind the liver omentum, having the portal vein in its anterior wall. There was no stone in it or in the common duct, nor was there any obvious cause for the presence of this abscess, which had existed evidently for some time. Scattered through the liver were a number of very recent hæmorrhagic infarcts. It was obvious that this abscess had discharged into the portal circulation a number of minute thrombi or some of its contents through a branch of the portal vein. It had not been disturbed at the time of the operation, which apparently had no direct causal relationship with the fatal termination. How far her recent attacks with rises of temperature were due to the abscess it is difficult to say, but there were no infarcts other than these most recent ones.

MIDDLESEX HOSPITAL.

OPERATION FOR CEPHAL-HYDROCELE.—Mr. BLAND SUTTON operated on a child, *set.* 2, for the relief of old depressed fracture. When the patient was three months old he received a blow on the head from a cricket ball, and although it was then clearly made out that there was a depressed fracture nothing was done. As the child grew up its parents noticed that it was an idiot; subsequently it was taken to the West Indies, where proposals were made for trephining, but the parents preferred to bring it back to England. The boy was well nourished, but was clearly imbecile. On the right side of the head in the region of the parietal eminence there was a swelling which pulsed with respiration, and on pressing this point a depression the size of a crown piece could be clearly made out, and this communicated with another and smaller pulsating swelling near the bregma. The swellings were regarded as a cephal-hydrocele. There was marked atrophy of the optic discs and an increase in the knee-jerks, indicating that there were secondary lesions consequent on the primary injury. The head was carefully shaved and rendered aseptic; a large flap of the scalp was turned up so as to expose the whole of the right parietal bone; a large depression, three inches long, filled with fibrous tissue was found extending horizontally across the parietal bone; beneath the fibrous tissue was a collection of cerebro-spinal fluid communicating with the subdural space by a large irregular opening in the dura mater. The boundaries of the communicating space consisted mainly of fragments of the parietal bone driven inwards towards the cranial cavity, the largest fragment measuring 2 × 3 centimetres. After the removal of these fragments of bone a large hole, capable of accommodating the terminal segment of the thumb, was discovered in the cerebral cortex. The adhesions of the dura and brain were carefully detached from the bone, all bleeding checked, and the flaps secured with sutures. Mr. Sutton said it was recognised among surgeons that operative treatment of cephal-hydrocele was rarely required and he was dubious as to its advisability in the present case, especially as there was clear evidence of optic atrophy and of secondary changes; however, it was clear from a study of the case that active changes

were in progress round the primary lesion, and the child, though obviously stupid, displayed unequivocal signs of pain even when the head was lightly pressed by the examining finger; besides, although clearly an idiot, its movements were, to a certain extent, purposeful, and as the boy had nothing to lose and, perhaps, much to gain by an examination of the injured skull, it was deemed advisable to afford him the chance of relief by surgery. The case, Mr. Sutton pointed out, was an interesting one, as it served to demonstrate that although a depressed fracture in a young child may not give rise to immediate signs, the effects of the pressure are very liable to make themselves evident by producing an incurable optic atrophy.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 22, 1896.

MEDICAL ADVERTISING.—I.

OUR correspondence columns during the last few weeks have furnished ample evidence of a widely-spread spirit of dissatisfaction with the actual conditions of things in the matter of medical advertising, nor could it well be otherwise, for a regrettable degree of laxity in the interpretation of the unwritten code prevails amongst the highest and the lowest strata of medical practitioners. The former appear to consider themselves above the rule and the others deliberately set the rule more or less overtly at defiance. Most of the correspondence with which we have had to deal has been characterised by a tone of jealous hostility, but with one exception none of our correspondents

has attempted to formulate a scheme by which the evils complained of might be effectually guarded against or repressed. This is essentially a matter of intra-professional discipline and medical men have it in their hands to a great extent to do what is necessary. Whatever course is decided upon it must be one that shall be binding equally on members of the profession, irrespective of social status, and what is adjudged to be rank blasphemy in the soldier must be dealt with as such in the officer—be that officer one of the censors of the College of Physicians of London. At the same time, the measures to be enforced must be carefully drafted in order not to overstep the limits of the possible. It must be recognised that there is a tide in the affairs of men when, after all, the appearance of the name in print in association with this or that sick grandee ceases to have the advertisement value that would obtain in the case of a man still in the ranks. When persons socially eminent are ill, the public will insist upon having bulletins authenticated by the name of the medical attendant, and it is undesirable, as well as useless, to seek to prevent the public curiosity being gratified. What the practitioner fears, after all, is not the rivalry of the medical baronets and court apothecaries, but the insidious and illicit self-advertisement of his equals in the field of medical practice, the varieties of which are endless. Then, too, there are forms of advertisement which we are fain to consider as legitimate, as, for example, when a medical man gives popular lectures, or brings himself forward in connection with town councils and the like. It is impossible to repress these forms of quasi-professional activity, and we doubt whether it would be to the advantage of the profession or of the community to stop them if we could. All we can do is to restrict what we may call methodical advertising, especially in connection with commercial undertakings. Here, however, we are confronted with the difficulty that medical examinations for purposes of life assurance is a recognised and honourable department of medical practice. We do not see our way to suggesting any plan by which such companies can be prevented from advertising their Medical Officers, whose address is necessary to the insurer, and whose qualifications afford a guarantee of their ability to discharge responsible functions. On the other hand, it is quite open to question whether this kind of publicity does a practitioner much good outside his particular rôle. If a medical man happens to be the medical referee or inspector of a company, there is no valid reason why the fact should not be made public; yet this is the head and front of the offence alleged against Sir Dyce Duckworth, whose fault, after all, was less that he did this thing than that, with this beam in his eye, he sought to condemn a brother practitioner whose shortcomings differed from his only in that they were of vastly less dimensions. The most rampant form of medical advertising is, without doubt, that which is daily practised in connection with new hospitals, special or otherwise, but unless some means can be brought to bear to prevent the first comer founding a

private venture concern under some more or less specious guise, we fear it is idle to seek to stop it. The more we discuss the matter the more does it become apparent that it bristles with difficulties, many of which apparently defy solution. In a future article we shall discuss the question of repression and prevention, if only for the purpose of emphasising the pitfalls which surround all would-be reformers.

PAUPER SCHOOLS AND DISEASE.

It is seldom that the report of a committee, such as that appointed to inquire into the condition of the Metropolitan Pauper Schools, has excited so much comment in the public press. But there can be no question that the report is a most valuable one from many points of view; it has thrown a lurid light upon the system under which the "children of the State" have hitherto been brought up. Perhaps, however, the most important facts to which attention is drawn are those which relate to the Barrack Schools. Upon this subject the Committee recommend "that no more large schools be built, that the existing schools be not enlarged, and that the numbers for which they are at present certified be considerably reduced," an emphatic pronouncement which is especially worthy of note in view of the circumstances which led to the inquiry being agreed to. It will probably be remembered that the necessity for such an inquiry was brought under the notice of the Government by means of a deputation, introduced by Mr. Ernest Hart. Mr. Hart urged that granular ophthalmia was chiefly a pauper disease, practically created by the Local Government Board, in the Barrack Schools. This statement was warmly contested at the time, nevertheless it has been amply confirmed by the inquiries of the Committee. For example, fourteen thousand seven hundred and ninety-seven children living under normal conditions were visited and professionally examined, and it was found that trachoma was present in only 0.46 per cent. of them; on the other hand, the examination of the children in the Metropolitan Pauper Schools showed that from 15 to 20 per cent. of these were affected, necessitating isolation and special treatment. Moreover, it was proved that in these great schools ringworm was often both prevalent and persistent, while if diphtheria or scarlet fever ever gained admittance, it spread amazingly, owing to the evil system of massing the children together, and of the unfavourable conditions under which their hapless lives were spent. These facts in themselves would be sufficient to condemn the Barrack School system, but there are other evils of which it is the source. These relate to the neglect of the intellectual and moral condition of the children, concerning which the Committee have much to say of a startling, if not painful, nature. The Report shows that there is an entire absence of educational provision for these children, and in those cases where it was provided, it was perfectly inadequate; the following extract from the Report plainly indicates the position of affairs in this regard: "It is impossible without seeing them to realise the dulness

of the lives led by these boys and girls, and the very fact that they have no employment, no teaching, and no interests to enliven them makes it additionally important that they should be placed amid wholesome surroundings, or at any rate, apart from those whose incapacity or misdeeds have brought them to dependence on the rates." Sir John Gorst and Mrs. S. A. Barnett, two members, have added a special memorandum to the Report embodying their opinions on a particularly important point. They express themselves to the effect that children should never come into contact with the officials and methods which are concerned in the repression of pauperism, and should, therefore, not be under a Poor law authority. They consider that the supervision of the Local Government Board has failed to develop proper treatment of children, or to stop scandals in the institutions, and that the Board might be relieved of the care of children, which is foreign to its general work. They recommend, therefore, that (a) The proposed central authority for looking after the children should not be a Poor-law, but an educational authority, of a similar nature to that recommended by the Royal Commission on Secondary Education; (b) that such body should be under the sole supervision of the Education Department. To these suggestions, we believe, full concurrence can be given, and Sir John Gorst has lost no time in bringing them more prominently forward, inasmuch as he has incorporated them in his Education Bill, which was recently read before the House of Commons.

THE MIDWIFE QUESTION IN LIVERPOOL.

THE dispute between the Board of Management of the Liverpool Ladies' Charity and Lying-in Hospital, one of the oldest of the Liverpool medical charities, and its Medical Staff was brought before the subscribers on the 15th inst., with the result that an understanding was arrived at that will permit the Medical Staff continuing to hold office. It will be remembered that the Board of Management had given notice of a proposed alteration of by-laws, the result of which, if carried, would have been that the supreme responsibility for the proper treatment of the maternity cases would have been vested in the matron midwife, and the medical officers could only have acted under her direction. She would, in fact, have had the power to prevent the medical officer entering the wards at any time she chose. Such a condition of affairs would have rendered it impossible for a medical man having any sense of propriety to hold office any longer in an institution where such a degrading by-law had been passed. This was felt to be the case, and failing to move the Board of Management, and to bring them to see the unfitness of the proposed change, the staff resigned in a body. A meeting of the Governors was held on the 15th as already stated, and after a lengthened discussion in which a good deal of irrelevant matter was introduced, the following resolution was put to the meeting and carried:—"That while recognising the responsibility of the Medical Board through the Medical Officer on duty for the

general supervision of all medical matters in connection with the hospital, the subscribers regard the executive responsibility for, and attendance upon normal cases as resting with the Matron Midwife." The proposer added that "he thought as common sense people they might accept this resolution without saying whether the Board of Management or the Medical Board were right in their interpretation of the rules." The resolution was put to the meeting and carried by twenty-two votes to two. At first sight, it is difficult to see in what way such a resolution alters matters; the proposer, evidently, was under the impression that it said and meant very little, and yet the meaning is clear that no obstacle, not even that of the will or fancy of a midwife, can prevent a Medical Officer from performing his duties in a conscientious manner. At a meeting of the Board of Management held later in the day, a resolution explanatory of that passed at the meeting of subscribers was adopted and forwarded to each of the medical officers. The resolution was as follows:—"That in the opinion of the Board the resolution is sufficient to confer upon the hospital medical officer in charge the right of access to all the wards for the purpose of carrying out the general supervision referred to." It was also decided that the late Medical Staff should be invited to resume their posts in the hospital and districts. It may also be mentioned that at the meeting of the Board (on the 7th inst., a resolution was adopted to invite the Medical Staff of the hospital to appoint one of their number to represent them at the Board meetings. There has, therefore, been a climbing down on the part of the Board of Management of the hospital, but we do not think it has been done graciously or gracefully. Instead of recognising the valuable services of its medical staff and showing gratification at their evident desire to do everything in their power for their poor patients, the Board of Management grudgingly grant them by resolution a "right of access" to their patients, as if they conceded this after mature deliberation as to whether it was proper to do so or not. The (inspired?) writer of a leader in the *Liverpool Courier* of the next day evidently thinks such ungracious treatment of the doctors is good enough. "Will the Medical Staff of the Ladies' Charity and Lying-in Hospital be content with the decision reached yesterday at the special meeting of the subscribers"? he asks, and goes on to say that the resolution establishes the right of free access, "which was never disputed." The Medical Staff thought this right was denied, and the denial of the right as set forth in the resolution proposed, but abandoned, was the cause of the firm stand taken by them. We consequently fail to see what is meant by the assertion that the right was undisputed. The resolution passed at the meeting of the Liverpool Medical Institution, on the other hand, shows how the defeated project was looked upon by the medical profession generally, and will, perhaps, enable the Board of Management to see that they have just saved themselves from a very awkward predicament.

Notes on Current Topics.

The Midwives' Registration Bill.

A WELL attended and influential meeting of the profession in Sheffield and its neighbourhood, was held at the Medical School, on Thursday last, April 16th, Dr. Dyson, Senior Physician to the Sheffield General Infirmary, in the chair. The meeting was called to consider the above Bill, and what steps ought to be taken with regard to it. A large number of the gentlemen present took part in the discussion, and as the outcome of the meeting, a series of "resolutions" were unanimously carried, and a large General Committee, and an Executive Committee appointed to take steps to bring them to the notice of the members of Parliament for the city and district, and to as many other members as possible, with a view to their being persuaded to take action, and not allow any hasty or ill-considered legislation to take place in connection with a question of such vast importance, to the public in the first place, and to the medical profession in the second. Copies of these resolutions, for which we unfortunately have not space in detail, but which we give *en resumé*, were also to be circulated as widely as possible among the members of the profession in Sheffield and its surrounding neighbourhood. These resolutions embody the leading points put forward from the first by ourselves and other opponents of this Bill, and if the profession in other large towns would bestir themselves as they have in Sheffield, there would be little chance of this obnoxious measure ever becoming law. The objections referred to in the resolutions are:—1. That the General Medical Council and the legalized Medical Bodies have never been asked to institute inquiries, nor has the need for such a measure on public grounds been shown. 2. That every bill for the registration of midwives brought forward would institute a new and inferior class of medical practitioners. 3. That it would consequently be dangerous to the welfare of the public. 4. That the medical profession is now open to women on the same footing as to men, and consequently they have the same opportunity for practising midwifery as men. And, lastly, that the memorialists are prepared to support a measure for the registration of midwifery nurses who shall attend confinements only under the control of qualified medical men or medical women, but never be entrusted with the sole charge and responsibility.

Cigarette Smoking among the Young.

THE fragrant weed is far from diminishing in favour. According to the statement of the Chancellor of the Exchequer, the net revenue yielded in the course of the last year by tobacco in its various forms amounts to more than ten and a half millions of pounds, this being £333,000 in excess of the sum yielded from the same source during the preceding year. Sir Michael Hicks-Beach believes that the excess is mainly due to an increase in the consumption of cigarettes, for which, as he observes, there is a special, and it may be added a growing, demand among the more youthful members of

the community. This is hardly a matter for congratulation. Whatever be the net result of the various benefits and disadvantages that attend tobacco-smoking among adults, there can be no doubt that the habit as practised by those of a more tender age is productive of none but ill-effects. The great danger of smoking in the young lies in their peculiar susceptibility to the noxious ingredients of tobacco fumes, which appear to exercise a baneful influence over the development of mind and body alike. Even small quantities of tobacco, if consumed habitually, may suffice for the production of this deleterious result. At our great public schools the opportunities for indulging in the furtive cigarette are so few and far between, and discovery involves, as a rule, such summary punishment, that no great evil is to be apprehended from smoking. But lads of the lower classes are fettered by no such salutary discipline. There is nothing to hinder them from smoking as many cigarettes as they can afford to buy, and it is remarkable what a large number of inferior cigarettes can be purchased for a comparatively small sum. Among these is to be feared that the habit of smoking is increasing, to the deterioration of mental vigour, and, in many cases, to the hindrance of proper physical development. The gain to the Exchequer is, therefore, not an unmixed advantage; indeed, so far as it is dependent on an increased consumption of tobacco by those who are of an age at which smoking should be absolutely prohibited, it must be regarded as an evil, the extent of which it is impossible to gauge, but which it may be safely asserted by far outweighs any pecuniary profit that may result from increased revenue.

The Budget and the National Health.

THE Budget statement of the Chancellor of the Exchequer last week contained several interesting details. The first had regard to the consumption of tea. It now appears that tea is driving coffee out of the market in this country, and the reasons for this are unassailable. Apparently, therefore, we are becoming a nation of great tea drinkers, ten million pounds more tea having been consumed during the past than in the previous year. This is certainly a matter for serious reflection. Whether the national health is likely to benefit to the same extent as the revenue does from this enormous indulgence in tea is undeniably open to question. Tea is by no means a safe commodity of which to partake indiscriminately, and in this respect it is certainly more harmful than coffee. The next point of importance referred to in the Budget was that concerning the consumption of tobacco. We learn that tobacco was responsible for a remarkable growth of revenue, mainly due to the ever-increasing habit of smoking cigarettes. In this connection the curious estimate has been made by the Customs that no less than £1,000,000 is annually thrown into the gutter in the shape of cigar and cigarette ends. Judging, however, from the habits of the waifs and strays, and loafers, of the streets of the metropolis, who are always ready to appropriate the remains of cigar and cigarette ends cast aside by smokers, the waste cannot

amount to very much. Lastly, there is the question of the consumption of wine, referred to in the Budget, and here, again, the figures showed a remarkable increase in comparison with previous years. For example, no less than 1,200,000 extra bottles of champagne were drunk. The Chancellor of the Exchequer appeared to be disposed to attribute this increased consumption to the London Stock Exchange, whose members, it seems, have adopted the happy custom of pledging their congratulations or condolences, arising out of their speculations, in the wine of the champagne district. In reflecting upon all these facts, however, it will be conceded that the increased consumption of tea, tobacco, and wine must, to a greater or less extent, tell in favour of or against the national health. Upon the whole, we should be disposed to believe that what the revenue gained in this matter the national health lost, that is to say, that while there was an increase in the one, there was a diminution in the other.

Medical Aid Societies Abroad,

THE tendency to cut down medical fees and destroy the independence of members of the medical profession by making them assistants in medical aid societies is not confined to the United Kingdom. From an advertisement in a Spanish medical journal we read that a Medico-Surgical Service has been established in Madrid, and is being run as a business concern. But though conducted in Spain there is a flavour of the Connecticut Yankee in the advertisements which tell of the land of its birth, thus: these "Services quite new in Spain and in Europe." The staff we are told is so numerous that each Professor is strictly confined to his specialty. At the central establishment, a specialist of standing in his profession is obtainable for visiting at any hour of the day or night, or to be consulted by telephone. A coach awaits his orders at all hours, so that within a few minutes of being summoned he is at the patient's bedside. Electric apparatus, vapourisers, inhalers, pulverisers, and all the instruments known to medicine, are kept in readiness. The customer is further catered for by an assortment of allopaths, homoeopaths, and dosimetric practitioners. Accoucheurs and certified midwives are also kept in stock—the midwife is particularly stated to have a Spanish certificate. In addition to the numerous specialists on hand, the firm keeps four supernumerary physicians. The most flourishing department appears to be the "Odontological," in which the pressure of business has been so great that more hands have had to be engaged and a North-American dentist is added to the staff. The Manchester motto "Quick Returns and Small Profits" is that of the firm; the following is the tariff:—First visit to the patient's house, 5 pesetas, (4d.); Each successive visit, 2'5 peseta (2½d.); A night visit, 10 pesetas (9d.); Consultation with the staff of the firm, 10 pesetas; midwifery fee for day case, 20 pesetas; midwifery fee for night case, 40 pesetas; instrumental midwifery as may be agreed upon. Advice in the firm, from morning until 2 p.m., 5 pesetas; from 2 p.m., to 6 p.m., 10

pesetas. Dentistry is not expensive—a complete set being provided for 100 pesetas. Extractions are done without pain by anæsthesia, the patient being free to choose chloroform, ether, nitrous-oxide, cocaine, chloride of ethyl and so forth. Comment is unnecessary.

A Jenner Society.

UP to the present the anti-vaccinationists have had it all their own way—that is to say, when they have held meeting after meeting in the various villages and towns throughout the country, no one has raised a voice for the purpose of stemming the torrent of their garrulity, and of enabling their deluded victims to reconsider their position. But there is now, we are happy to say, a chance of some improvement in this respect. A society has been formed in Gloucester called "The Jenner Society," which owes its initiation to Dr. Bond, of that city, who has undertaken the duties of honorary secretary. The laudable objects of the society will be to check the dissemination of untrue statements with regard to vaccination, and to the great harm which is apt to result from such statements being received with credence. In brief, the Jenner Society will combat the mischievous work of the Anti-vaccination Society. It is fitting, in some sense, that this movement should have been started in the centenary year of the discovery of vaccination. But, on the other hand, it would have been better had some steps of the kind been taken several years ago, when it first became evident that the anti-vaccination party were beginning successfully to disseminate their pernicious teaching. No doubt, much of the success of the anti-vaccinationists has been due to the fact that within recent years, owing to the beneficent effect of vaccination, small-pox has been robbed of most of its horrors. In some degree, then, doubtless many persons have become anti-vaccinationists upon the grounds that there was but little to fear from small-pox because it was seldom met with, and that under these circumstances vaccination was unnecessary. Such persons, however, living in Gloucester, have had a rude awakening from their condition of fatuous lethargy, and it may be trusted that the lesson which has been taught them will not be lost upon others who have had the temerity to share their opinions. There are some people who will only be taught in the severe school of experience, and among them are those who prate about the uselessness of vaccination. Probably more by good luck than good management the unvaccinated town of Leicester has so far escaped an epidemic of small-pox. But were an epidemic to occur in this hitherto favoured town, as one day may be the case, the irresponsible agitators who have converted the deluded inhabitants of towns and country villages into anti-vaccinationists will have an opportunity of gracefully retiring from the notorious position into which they have thrust themselves.

THE Secretary for Scotland has appointed Dr. Charles Macpherson to be a Deputy Commissioner in Lunacy for Scotland, vice Dr. Robert Lawson, deceased.

Torture-Mongers.

It would be well for Miss Frances Power Cobbe, and others of her persuasion, to divert their attention from the medical profession, which they accuse of all kinds of vivisection barbarity, to the trainers of performing animals, upon which terrible tortures are in some cases undoubtedly inflicted. An article on the subject by a Mr. S. J. Bensusan, has lately appeared in the "English Illustrated Magazine." The writer states that most of the poor brutes in question are trained on the Continent, where the average treatment of the brute creation is notoriously bad. Trainers and purchasers of monkeys and elephants are obliged, so it seems, to be cautious, as those animals soon die under ill-treatment. Dogs are blessed with most endurance, and accordingly fall in for the greater part of the cruelty. Mr. Bensusan gives a number of specific instances in support of his statements. In one passage he remarks that "many an animal goes through its performance in a state bordering upon the insane, with such an obvious terror of doing the wrong thing that it is really surprising how an intelligent audience can avoid seeing the true state of things." Quite so, any amount of cruelty to dumb animals is blinked at by the antivivisectioners if it be done for the amusement of mankind. Pigeons may be shot out of traps, tame deer hunted to death, dogs tortured into acrobatic feats, and who shall say them nay? Further, how much do the antivivisectioners concern themselves with the sum and mass of human suffering at their gates? It would, we imagine, furnish some instructive reading were it possible to inspect the private charity lists of some of the leading opponents of the scientific practice of vivisection.

Mrs. Longshore Potts.

SOME two years since a lecturing woman of this name, who signed herself M.D., and professed to be a Doctor of Medicine of an American University, made a tour throughout England and Ireland. Some of her prelections were devoted to sexual subjects, and were interlarded with all the prurient suggestions which are the stock-in-trade of such lecturers. Unfortunately, the number of newspapers whose proprietors can withstand the temptation of making money out of advertisers—no matter what their aims and pretensions—is terribly small, and so pretenders of this class are helped, rather than opposed, in their designs. For the honour of The Press, let it be said there are a few exceptions, and Mrs. Longshore Potts has been made to feel the power of its censorship, and has been denounced, not only by the MEDICAL PRESS AND CIRCULAR, but by one of the leading Dublin newspapers, against which she threatened actions for damages. In the course of her itinerancy, she reached Belfast, where she applied for the use of the Town Hall for her lectures. The proposal to grant her the building was resisted by one of the Councillors, Mr. Curley, a draper, who expressed his opinion of her proceedings pretty freely. For this he was served with a writ for damages, but, like the previous suits, it was never proceeded with, and we note that it has now, on the application

of Mr. Curley, been dismissed for want of a prosecutor.

A Pioneer in Scientific Education.

THE development of scientific teaching in our public schools has been so rapid that one is apt to forget the introduction of it of comparatively recent date. The death of Dr. William Sharp, of Rugby, who has just died in his ninety-first year at Llandudno, has reminded the world of the youthfulness of the natural science curriculum. Dr. Sharp settled originally in Bradford, where he succeeded his father and became senior physician to the Infirmary in 1837. He afterwards removed to Rugby, and persuaded Dr. Tait to introduce natural science into the Rugby teaching. This was eventually done, on condition that Dr. Sharp would become the first teacher, under the title of "Reader in Natural Philosophy." Dr. Sharp came of a North Country stock which had been famous for its scientific attainments, and Dr. Sharp himself was made Fellow of the Royal Society in 1840. His Degree of Medicine was that of Lambeth, formerly in the episcopal gift, but now in abeyance. With regard to the public school science appointment, the late Tom Hughes observed, "If Tait had done nothing else at Rugby than appointing Sharp, not without difficulty, as Reader in Natural Philosophy, he would have deserved the gratitude of every Rugby man."

What is Swine Fever?

THE answer to the question "What is swine fever?" is one which the Board of Agriculture have by no means answered in their recent report. How is it that the bacteriology of this infective disease has not been worked out? and, why is it that the travelling inspectors appointed to investigate the various outbreaks are not professional men. So far as the latter question is concerned what can young farm students know of such an abstruse matter as swine fever, and yet in the majority of instances the travelling inspectors are young men of this class. Until the etiology and pathology of the disease has been thoroughly worked out it would be much more expedient to place the duty of investigating its outbreaks in the hands of those who are accustomed to such inquiries. The report says that, "the bacillus of swine fever is not sharply distinguished by its form, size, or staining reaction from many other organisms (harmless or pathogenic)." If this is all that the united intelligence of the Board of Agriculture can say upon this subject the sooner that they seek elsewhere for enlightenment the better. Judging from "this report of the Departmental Committee appointed by the Board to inquire into the etiology, pathology, and morbid anatomy (*sic*) of swine fever," the matter will remain in its present chaotic condition until doomsday.

At the Gloucester Quarter Sessions, held last week, the grand jury referred to the small-pox epidemic in the town, and passed a resolution requesting Her Majesty's ministers to take the Vaccination Acts into their serious consideration.

Adulteration of Butter and Milk.

THERE can be no doubt that the inhabitants of the British Islands are defrauded annually of vast sums by food adulterators. It is therefore somewhat reassuring to note that the authorities seem to be bestirring themselves in the protection of the public as regards those staple articles of consumption, butter and milk. Last week, two most salutary prosecutions were reported in London. One was that of a man who traded as the Danish Dairy Company, but whose "fresh dairy butter," although guaranteed absolutely pure, was shown on analysis to contain from 75 to 80 per cent. of foreign matter. Defendant was fined in two sums of £10, with £5 and £2 4s. 6d. costs. In the second case a justice of the peace for Wiltshire, trading as the Frome Dairy Company, was convicted of selling milk from which 20 per cent. of butter fat or cream had been abstracted, and 7 per cent. of water added. The fine of £10 in this case might very well be largely increased, as the sum is a trifling one to a man who is selling large quantities of diluted skim milk as fresh milk. The authorities have wisely turned their attention to the source of the milk supply, and, as in this case, are prosecuting the middlemen who are sending the milk into London. The defendant set up the plea that he merely collected the milk and sent it on from the country exactly as it had been delivered to him by the farmers.

The Plumbers' Registration Bill.

THIS Bill has again been shelved for the present session. The Government, represented by Mr. Hanbury, was not disposed to afford the Bill any facilities, and moved the adjournment of the House, which was carried, and the Bill was accordingly left to the mercy of any blocker who pleases to stop it. We do not regret the result, because we have always held the opinion that the measure is only a veiled expedient for securing a monopoly of certain work for a special class of plumbers. It is, of course, desirable to secure that a water, gas, or sewer-pipe shall be properly repaired, but if the public is not to be trusted to take care of itself in this matter, we do not see where the grandmotherly legislation is to stop. Would it not be as reasonable to enact that every horse-shoer should be registered lest damage might be done by incompetent blacksmiths, or that bricklayers should have an Act of Parliament and an official record of their own lest they might endanger the life of the citizen by building a crooked wall? The registration hobby is being done to death, and needs to be checked.

Gun-Shot Wounds.

DR. D. CARLOS GOVEA, writing in the *Boletín de Medicina y Cirugía*, gives his experience of the injuries resulting from modern gun-shot wounds, and as he is resident in the province of Tamanlipas, Mexico, his practice in such cases is considerable. His rule is to give chloroform, and carefully examine the wound. Contrary to the generally received idea, he finds that the modern bullet splits and splinters the wound. He quotes the case of one Demétrio Cruz, in

whom a bullet comminuted the right tibia and fibula. The patient did not come under notice until six hours after the injury, when phlegmonous erysipelas had already commenced. In consultation with a military surgeon it was deemed necessary to amputate the leg. Whether from the insanitary surroundings or the mode of life of his patients, he finds that it is almost useless to attempt to save a limb the principal bone of which has been comminuted. In some of the cases, as in Erichsen's, the spicula of bone remain in position for days and then becomes loosened: he quotes the case of Maria Acuna, in whom, ten days after the injury a spicula of bone became detached from the humerus, wounded the brachial artery, and necessitated the vessel being tied near its origin. In this, however, efforts to save the limb were crowned with success. All the injuries were treated antiseptically.

The Mutilations of Soldiers in War.

THE adverse results of fighting the natives in Africa have rendered it necessary for the Italians to take a somewhat remarkable step. The General commanding the Italian troops has just communicated with the home authorities to the effect that he will require a large number of artificial limbs for his mutilated men. Accordingly, three experienced mechanics will be sent out from Italy to Massowah for the purpose of applying artificial legs to the soldiers and friendly natives who have undergone amputation of their lower extremities during the war. A hundred artificial legs have already been forwarded to Africa. It would appear that the wounds which rendered the amputations necessary were, in the majority of instances, not received in the ordinary course of fighting, but were the result of deliberate mutilation perpetrated upon wounded men by the victorious barbarians. It were well to bear this fact in mind before drawing any conclusions as to the predominance of the mutilations which occurred among the wounded.

Hydrophobia.

A LADY residing in the County Limerick—having seen our observations on this subject—writes to inform us that she possesses a remedy for hydrophobia, which if taken within nine days, prevents or cures rabies in the human subject. The evidence presented of this fact is that "the cure was given to a gentleman who was badly bitten by a mad dog and lived until he was 90 years of age afterwards without showing any signs of rabies." This proof is, no doubt, perfectly conclusive to the mind of the lady, and we recommend those who are bitten to use the cure if they feel so disposed, but by no means in substitution for the Pasteur and other methods of treatment. We do so because we are aware that this estimable lady sells the cure for half-a-crown a dose, and applies the proceeds to charity, and we should be well pleased to see every bitten patient in Ireland assist her with a contribution of 2s. 6d. Her cure would do no harm, and the half-crown would do good.

A Warning from South Australia.

We have received from Mr. Victor Horsley, President of the Medical Defence Union, a copy of a telegram which he received on April 15th, 1896, from Dr. Lendon, of Adelaide, stating that all the honorary medical staff of the General Hospital, Adelaide, had resigned under protest against certain proposals of the Government, and that the Government, in order to fill up the vacancies, had intimated that they would import other practitioners and pay them for their services. Thus it would appear that the South Australian Government, finding themselves in a difficulty, have decided to attract more medical men to the colony by offering them a paid hospital appointment, despite the fact that the honorary staff, who have resigned under protest, have presumably had good reasons for their action. No definite information has as yet reached this country respecting the precise conditions of the difficulty which has arisen, but Mr. Horsley has promised to forward to us the facts in connection therewith as soon as they reach him. Meanwhile it is evident that no medical practitioner should accept any appointment at the Adelaide Hospital that may be offered him by the South Australian Government in the absence of further information, which has been promised. The following is the list of the medical staff of the Hospital in question:—Consulting Physicians and Surgeons: Drs. G. Mayo, H. T. Whittell, J. Philips, R. T. Wylde, W. T. Clindening. Physicians: Drs. J. C. Verco, W. T. Hayward, A. A. Lendon. Assistant Physicians: Drs. A. A. Hamilton, J. Sprod, H. Swift. Surgeons: Messrs. E. C. Stirling, B. Poulton, W. A. Giles. Assistant Surgeons: Messrs. M. A. Jay, R. H. Marten, C. E. Todd. Obstetrician: Dr. G. W. Way. Ophthalmic Surgeon: Mr. M. J. Symons. Throat Department: Dr. T. K. Hamilton. Skin Department: Dr. Verco. Ear Department: Mr. Giles. Dentist: Mr. H. Davies.

The Coming Elections at the Royal College of Surgeons in Ireland.

THE approach of the first Monday in June, when, according to Charter, the Council and officers of the College are elected, is creating interest in the occasion. Sir Thornley Stoker vacates the presidential chair after his two years of occupancy, and he will be succeeded by Mr. William Thomson, of the Richmond Hospital, the newly-chosen Direct Representative of the profession in the General Medical Council. It had been understood that Mr. R. L. Swan would have sought the vice-presidency in room of Mr. Thomson, but he has just announced that he will withhold his candidature in favour of that of Mr. Kendal Franks of the Adelaide Hospital.

The annual election of Examiners is announced to take place on the 5th of May. It is not as yet known who the competitors will be, except that it is assumed that almost all the outgoing examiners will offer themselves for re-election. Professor Fraser, the chief of the anatomical department in the College has intimated that he will seek an examinership in that subject. Mr. William Stoker has resigned his office as

Councillor in order that he may seek an Examinership in Surgery or Anatomy, and, upon a requisition presented to them by six Fellows, in accordance with the Charter, the President and Vice-President have ordered the election of a Councillor in Mr. Stoker's place. We understand that Mr. Cranny, Gynæcologist to Jarvis Street Hospital, will be a candidate.

Adulterated Linseed Meal.

A BELFAST druggist, having been fined for selling what he called linseed meal adulterated with 30 per cent. of starch, appealed to the higher Court, and urged that the meal which he sold was for cattle food, and therefore, not liable to the adulteration law. The Judge, however, said that from the small quantity sold and other circumstances, he thought that the meal had been sold for medical purposes, and he therefore confirmed the conviction.

THE Queen has signified her intention of subscribing one hundred guineas to the Fund now being raised for the re endowment of Guy's Hospital. The total amount of donations will be announced by the Prince of Wales, on the occasion of the dinner at which he will preside at the Imperial Institute on June 10th.

H. R. H. THE PRINCE OF WALES will, we understand, present Mr. Hy. C. Burdett with an address and album on behalf of the Council of the Metropolitan Hospital Sunday Fund, at a luncheon given in the Mansion House in June next, in recognition of his exertions on behalf of and interest in the Hospital Sunday Movement for years.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

EDINBURGH UNIVERSITY FINANCES.—The Business Committee of the General Council of the University of Edinburgh, in their report to the half-yearly meeting to be held this week, tells the old story of the declining number of students and the excessive drain on the University resources by reason of the recently instituted laboratory and extra-class work. The £20,000 gifted by the trustees of the late Earl of Moray to the University as a fund for the promotion of original research, is received in rather a cavilling spirit, the Committee saying that it is not nearly enough by itself to serve any adequate purpose, and proposing that the Royal Colleges might unite with the University for this object. The Colleges are not very likely to respond this offer in view of the treatment generally meted out to them by the University Authorities.

GLASGOW TECHNICAL COLLEGE CENTENARY.—A meeting of the Governors of the Glasgow and West of Scotland Technical College was held on the 15th inst., when it was decided to postpone till October the celebration of the centenary of the College, which was founded by Professor Anderson one hundred years ago, in order that it might not interfere with the entertainments which are to take place in June in connection with Lord Kelvin's jubilee celebration. The present Technical College is the building formerly known as Anderson's College Medical School, which latter migrated westward some time ago, as it was thought that the school would not only be better placed, but would increase in popularity. This, indeed, has resulted in a certain sense, but not to the extent it was hoped. The teachers at this institution cannot be surpassed in certain branches, but, unfortunately, even

although the lectures entitle her students to qualify in the University, yet it is a notorious fact that unless a student attends certain classes in the University he would have a bad quarter of an hour when he presented himself for examination. Professor Wenley, who has recently been appointed Professor of Philosophy in the University of Michigan, said, at a complimentary dinner a few evenings ago, that Glasgow University went outside for its professors, but that she had students who were quite competent to become professors. No doubt the statement is correct, but in the medical department, at least, teachers or professors appointed from former students are too narrow-minded and jealous of other schools of the same kind; consequently all those who attend extra-mural schools, unless they also take certain classes in the University, stand a very poor chance of obtaining the degree. This is not as it should be.

THE ROWDYISM OF GLASGOW UNIVERSITY MEDICAL STUDENTS.—We are sorry to have to remark upon the unmistakable rowdy behaviour of the students at the recent graduation ceremony; in fact, it is safe to say that never on any previous occasion have they behaved so outrageously. It may have been their own little way of showing their pleasure when certain candidates were presented, but, all the same, the din, the noise, and racket prevented scarcely a word being heard; consequently, the whole ceremony appeared as a dumb show. Principal Caird was unfortunately (through ill-health) unable to officiate, Lord Kelvin acting in his stead, and this may have been one reason why they surpassed themselves in their rowdyism.

Correspondence.

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

THE ETHICS OF PROFESSIONAL ADVERTISING.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Like many others, I have followed with much interest the correspondence under the above heading in your columns. We have had demonstrated to us how great is the solicitude shown by many of our profession for the "professional honour" and dignity of their brother doctors. This is, of course, highly gratifying. Indeed, the altruistic spirit has so far prevailed that in this noble work some have apparently forgotten to keep their own honour untarnished.

The result, however, is unfortunate. For an uncharitable public sees in these things only petty jealousies and spite, and hints that we doctors are always quarrelling. And I must confess, that as far as appearances go, the uncharitable public is justified.

Why are these things so? Can it be that life's competition has become so fierce that we have forgotten to act as men in honourable rivalry, and have been driven to methods which a schoolboy would despise for their meanness? I would fain hope, however, that we have simply had presented to us an exceptional view of the relations between medical men; for I am old-fashioned enough to cherish the ideal that medicine is, or should be, "a noble profession." But if such an ideal is to be successfully entertained, it will apparently be necessary that we should talk less and do more; and also that we should be less anxious about the professional conduct of our brother practitioners, and more particular about our own.

A word, Sir, in this connection, about special hospitals. I must confess I sympathise with Dr. Brooke's position, which seems to me quite clear and straightforward. Your correspondent, "Antiquack," must have had a most melancholy experience, if he is indeed able to substantiate his statement that "with few exceptions, in recent years, special hospitals have been started and conducted merely as cloaks under which to advertise at the public expense medical adventurers—men greedy of gain, or incapable of making a practice by legitimate means." I need not quote the remainder of his denunciation, which appears to the casual reader slightly tinged with *animus*.

The medical profession has, in the main, enjoyed the confidence and esteem of the non-medical public; it is to be hoped that we shall not forfeit that esteem and, in exchange, incur ridicule by the exhibition of petty

jealousies. The right path of individual conduct is surely plain enough; whilst in matters of medical policy affecting the relations being one medical man and another, we should, perhaps, do well, until debated points can be settled in medical conference, to show in the presence of the outside world a reasonable measure of self-control and toleration.

I am, Sir, yours, &c.,

MACSPRINT.

Edinburgh, April 16th, 1896.

COCAINE ANÆSTHETISATION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Your contemporaries for some time past have noticed the value of painting the mucous membrane of the nose with a solution of cocaine to prevent syncope during anæsthetisation, and it of course appears as a new idea.

Turning over some old medical journals a few days since I came on the following in *La Medicina Científica*, a Mexican journal, under date October 15th, 1894:—

"Dr. Casasovici, of Roumania, anæsthetises with cocaine the mucous membrane of the nose of patients who he intends chloroforming. By this means, according to the author, the inhibitory reflex of the heart and respiration, due to the irritation of the mucous membrane of the nose by the chloroform vapour, is prevented.

"One patient who had presented serious symptoms of chloroform collapse during the amputation of a foot, was able to bear without accident a similar operation on the other foot, the nose having been cocainised prior to the second operation."

My object in writing is that we may give "honour to whom honour is due."

I am, Sir, yours, &c.,

GEORGE FOY.

THE DEPUTY COMMISSIONER IN LUNACY FOR SCOTLAND.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Can "no good thing come out of Nazareth"? Is every post as it becomes vacant to be filled by a specialist, and no rewards left to the general practitioner? As one who certified to Dr. Macpherson's fitness for the position he has so honourably secured, I ask leave to point out to your readers his credentials for the appointment. Dr. Macpherson was perhaps the most distinguished medical man in the whole Scottish Highlands, distinguished as a man of strong intellectual power as well as of great force of character. Above all he had, from long and varied experience, a most intimate knowledge both of the country and the people. He had also been a most hard-working and successful practitioner. He possessed too the unique advantage of having been put to the proof and found competent, having done the late Dr. Lawson's work in his absence from ill-health to the entire satisfaction of the Scotch Lunacy Board.

I humbly think that we have in the body politic of medicine far too much specialism of a kind. I believe in specialising but only after a large and thorough experience of medical, surgical, and "alienist" practice. Are the general practitioners of Scotland to be placed under the heel of some raw youth, whose qualifications begin and end in lunatic asylum work? The visiting officer of the Lunacy Board has to supervise not only the pauper lunatics and their guardians, when boarded out, but has specially to ascertain if the local medical officer has been regularly and honestly doing his work in certifying to the due and proper well-being of the fatuous poor. Is not the best man for this purpose one who will take a broad and liberal view of the whole surroundings of the poor idiots and deal fairly, not only with his wants, but with the whole situation, and look with a brotherly eye on any presumed failings of his usual medical attendant? To inspect is, too often, merely made the occasion to find fault, which is easy.

I am, Sir, yours, &c.,

W. B.

Gairloch, April 17th.

[We are quite in accord with the views of the writer of the foregoing. We think, however, that he has mistaken

the expressions of our Scotch correspondent for those of opinion instead of inquiry.—Ed.]

THE SANITARY SERVICE OF ENGLAND AND WALES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—You have recently devoted a good deal of space to a comparison of the various examinations for the Diploma in Public Health, and it may be interesting to see what inducements men have for making a special study of Public Health. With this end in view, I have made some rough calculations from the particulars given under the heading, Sanitary Medical Service of England and Wales, in the Medical Directory. It appears that there are in London 41 sanitary districts, 10 sub-districts, and 8 minor districts. The salaries of the Medical Officers of Health attached to these are not stated; but I know that in two of them, St. Pancras and Kensington, the salary is £800, in Lambeth £700, Islington £654, St. Giles, Battersea, and Paddington each £600, St. George's the Martyr, Fulham, Shoreditch, and Hackney £500, and we may assume that the average of the 41 larger districts is at least £400, the 10 sub-districts £200, and the minor districts nominal salaries only. They would all of them be very desirable posts, and much sought after.

In provincial England it appears there are about 1,100 appointments of the gross value of about £100,000, or an average of £86, of these

351, or 30 per cent.,	are from £3 to £25.
354 "	30 "
279 "	24 "
101 "	100 "

Leaving only 76 appointments (6.5 per cent.) above the annual value of £200. Of these 7 are about £250; 10, £300; 3, £350; 15, £400; 13, £500; 8, £600; 4, £700; 3, £800; 3, £900; 2, £1,000. In some instances the salary includes a small payment as public analysts; in others there is an assistant Medical Officer of Health, but as these particulars are not always given in the list referred to I have not attempted to separate them.

In Wales there are about 150 appointments of the gross value of about £8,000, an average of about £50 per appointment. Of these about 75 are £25 or less, 40 are over £25, but not more than £50; 18 are over £50, but not more than £100; 9 over £100, not more than £200; 2, £250; 2, £300; 1, £500; 1, £870.

For the purpose of comparison, it may be said that, assuming the population of England and Wales to be 26,500,000 in 1895 (without London), and the total payments £108,000, then, very approximately, this represents one penny per unit for provincial England and Wales. The rate per unit is not of much consequence to the Medical Officer of Health.

The following is a list of some of the worse and best-paid appointments in the country, together with the rate of remuneration per unit of population in terms of pence and tenths of a penny:—

Sanitary District	Population.	Salary.	Per unit.
		£ s. d. Pence.	
Kirlington-cum-Upeland ...	258	3 0 0	2 8
Bishop's Castle, Salop ...	1,586	4 4 0	0 6
Broughton, Lincs. ...	1,257	5 0 0	1 0
Ludgvan, Cornwall ...	2,334	5 0 0	0 5
Roxby-cum-Risby, Lincs. ...	392	5 0 0	3 6
Scholes, Yorks ...	1,249	5 0 0	1 0
Thurstonland, Yorks ...	933	5 0 0	1 3
Bala ...	1,622	5 0 0	0 7
Manai Bridge ...	825	5 0 0	1 5
Montgomery ...	1,098	5 5 0	1 1
Holborn, London ...	32,690	300 0 0	1 9
Nottingham ...	213,947	550 0 0	0 6
Portsmouth ...	159,251	550 0 0	0 8
Newcastle ...	201,947	650 0 0	0 8
Lambeth, London ...	280,284	700 0 0	0 6
Leeds ...	400,000	700 0 0	0 4
Brighton ...	115,873	800 0 0	1 7
Bristol ...	221,578	800 0 0	0 9
Manchester ...	515,598	850 0 0	0 4
Liverpool ...	517,980	900 0 0	0 4

In England and Wales we have, including London,

about 120 appointments worth over £200 a year; to compete for these, there are at present about 800 "Diplomates of Public Health," not counting those who hold the Scotch and Irish Qualifications. But the time cannot be far distant when England will imitate the example of Scotland and combine all her small districts into larger districts, and so be able to command the services of men specially trained in "Public Health" for all of them.

I am, Sir, yours, &c.,

W. H. SYMONDS, M. D. (Brux.).

60, Holmdale Road, West Hampstead,
London, N.W.

Obituary.

PROF. MARIANO SEMOLA, OF NAPLES.

THE subject of this notice has just died in Naples in his 65th year. He was much esteemed for his general erudition in science and literature. His study of Bright's disease will remain as a classic monument of his memory. His "Old and New Medicine" has already been translated into several languages. He was a well-known figure in Italian society, a member of Parliament, and of a polemic nature. He continued a warfare against Pasteur's inoculation theory during four consecutive years.

Literature.

THE MEDICAL ANNUAL FOR 1896. (a)

THE contributors to the present issue of the "Medical Annual," number twenty-four, each of whom is well-known in medical literature.

The editors include some of the best-known specialists of France and America, and we need do no more than mention that the Review of the Therapeutics of the Year is from the pen of Professor Hare, whose knowledge of the progress of therapeutics is perhaps unequalled, to show the high standard of excellence of the book. Not satisfied with the best obtainable letterpress, the editors, where necessary, elucidate the articles with the aid of illustrations, some coloured, and some in black and white.

Unfortunately, the work does not reach subscribers until late in March, and the delay in getting the volume out creates a certain amount of disappointment. A Year-Book in March is like a Christmas card in January, not very welcome. For this year, however, there is a good excuse, to wit, the desire to give an account of Professor Röntgen's discovery. Indeed, each succeeding volume of the "Annual" bears evidence of the trouble taken by all concerned in its production to give the very latest information.

From time to time we have drawn attention to the characteristic excellencies of this work we find them all in the present issue; the arrangement is alphabetical, which of itself is convenient for a busy man, besides, there is a very full index. Seventy-two wood engravings and eighteen plates, all well selected and beautifully finished, together with more than 700 pages of letterpress from well-known specialists on articles which interest the practitioner almost daily in his practice, and all this for a few shillings! Of course the annual is a success and all who know it recognize that the success is well deserved.

YEAR-BOOK OF PHARMACY. (b)

THE present volume is slightly smaller than its predecessor, with which we find no fault; indeed, as we turn to the contents we feel inclined to ascribe the diminished bulk to good editing.

In the section on chemistry we have a brief account of the liquefaction of hydrogen; of the method of isolating argon and helium and the spectroscopic character of both argon and helium are described by Mr. W. Crooks.

More immediately interesting to the medical profession

(a) "The Medical Annual and Practitioner's Index." A work of Reference for Medical Practitioners. 1896. Fourteenth year. Bristol: John Wright & Co., Stone Bridge.

(b) "Year-Book of Pharmacy, with the Transactions of the British Pharmaceutical Conference, held July, 1895." London: J. & A. Churchill. 1896.

is the results obtained by Mr. E. Schmidt from his examination of the so-called hyoscine salts of commerce. He found them to be salts of scopolanine, associated with very small quantities of hyoscyanine and atropine. Manacin, a principle contained in manaca roots, has been found by Mr. Brandl to exercise a marked stimulating effect on the motor end plates of nerves and on the secreting glands. We shall probably soon hear further of it. Solactol, formed by a combination of the sodium salts of salicylic and lactic acids, when dissolved in a one-per cent. solution of hydrogen peroxide, is recommended as a valuable remedy for diphtheria. The solution is applied to the throat with a brush every four hours, and in the intervals the solution is used as a gargle. According to some physicians it is superior to serum treatment for diphtheria, for which it is claimed to be a prophylactic. From what we have drawn attention to in this excellent Year-Book members of the medical profession can see that it would form a useful addition to any medical library.

NEW CLINICAL CHART.

THE insufficiency of the ordinary temperature chart in certain diseases, notably those of a pyæmic nature, has induced the Richmond Hospital, Dublin, to provide itself with a more elaborate sheet on which the temperature, pulse, and respiration can all be graphically represented, so that instead of laboriously interpreting the numbers and estimating their significance by a roundabout mental process, it is possible to see by a glance at the curves the relation subsisting between this important tinity. In many such cases, significant changes occur too rapidly for inclusion in observations conducted so seldom as twice daily, and valuable evidence of the nature of the affection is in this way frequently lost. To avoid this danger the Chart provides for four-hourly records. As an example of this we have before us two charts of the same case (of lateral sinus thrombosis and brain abscess) taken by two independent observers, one twice daily, the other every fourth hour. There is the same difference between the two as between illegible writing and plain print. The ordinary chart tells one nothing except that the patient's temperature is high while the character of the four-hourly curve is very distinctly that of lateral sinus thrombosis. Again the four-hourly chart shows that between a morning and an evening observation the patient's temperature rose to 104.5° F., and subsided again to normal, thus leaving no trace on the twice-daily sheet. Further, if one took the temperatures marked on the ordinary chart as the maximum and minimum for the day, there would be an average mistake of over three degrees.

The want of the new chart was first felt in cases of complicated middle-ear disease, and in these it is indispensable. The greatest authority on the subject, Macewen, insists on this, but its utility is not limited by such cases, as it will certainly be required wherever accurate observation and record are desirable.

The chart is designed by Dr. R. H. Woods, and published by Waller and Co., Suffolk Street, Dublin. Though intended for use in the Richmond Hospital, Messrs. Waller are at liberty to supply copies to the profession at large at a very moderate rate. The plate is copper engraved, and is both distinct and elegant.

COUNTER-IRRITATION. (a)

DR. GILLIES has missed a good opportunity. There is undoubtedly no book in our language which treats of the wide subject of counter-irritation in a satisfactory way. Dr. Gillies has, however, the besetting sin of diffuseness. Not only is brevity the soul of wit, but it is the acme of scientific writing also. In the preface, the author states that "he likes the plan of the essay very much!" We would agree if we could understand its working out. In an elaborate history of the subject and a discussion of the different theories put forward to account for the action of counter-irritation, which open the volume, much evidence of research is given. The theories are so confusedly stated, however, that the reader is left to imagine most of them. In Chapter VII., the author's own hypothesis is advanced, and after some careful study, we at length were able to unravel the tangled skein. The gist of it con-

sists in the proposition that counter-irritation causes inflammation of the part to which it is applied. Inflammation is Nature's method for the cure of disease. Ergo, the inflammation induced by the application of irritants acts beneficially on the adjacent part previously diseased by the accompanying stimulation of the circulation.

There is much to be said for this view, and there seems little doubt that this is the mode of action in many cases. In many instances, however, the result cannot be thus explained, especially in connection with the remoter effects of counter-irritation.

In the latter part of the book there is a very good description of the different counter-irritants used. Paquelin's cautery is, curiously enough, not mentioned. Again, we must disagree with the author in his advocacy of the treatment of sprains by means of eplints and blisters, the results of early passive movements and massage are infinitely better. It is very unfortunate that Dr. Gillies has spoilt what is really a good piece of work through his inability to express his meaning in brief and intelligible terms.

Laboratory Notes.

A FRESH BATCH OF TABLOIDS.

ANÆSTHETIC TABLOIDS.

THE restless spirit of pharmaceutical invention which has always characterised the firm of Burroughs, Wellcome and Co., has once more found expression in further additions to their valuable series of medicinal tabloids. The desirability of providing additional facilities for the induction of local anæsthesia has prompted the manufacture of three sets of tabloids to be used with that object in view. They are of three strengths:—"Strong," "Normal," and "Weak," containing respectively a fifth, a tenth, and a hundredth of a grain of cocaine hydrochlorate in each, in association with hydrochlorate of morphine and chloride of sodium. These, when dissolved, are intended to be used by the "infiltration method" introduced by Dr. Schleich, of Berlin. This comprises the injection, at various spots just beneath the skin, of the solution by which complete loss of sensation is obtained over an area amply sufficient for minor surgical purposes. The degree of anæsthesia thus obtained is, as we have ascertained, by personal experiment, quite adequate, and the after effects—at any rate, with Nos. 2 and 3, are nil.

OXALATE OF CERIUM TABLOIDS.

OXALATE of cerium is still a popular remedy in the treatment of sickness, whether associated with pregnancy, or due to marine disturbances. The drug, moreover, is extensively prescribed in the treatment of pyrosis, gastrodynia, and various forms of dyspepsia. Under these circumstances, its exhibition in tabloid form possesses obvious advantages.

COMPOUND CAFFEINE TABLOIDS.

THE combination of caffeine, gr. j, with antipyrin, gr. iij, is certainly a happy one, for the stimulating effects of caffeine on the cardiac function, minimise one of the drawbacks of antipyrin. On the other hand, the analgesic effects of the latter drug may conceivably prove very serviceable in cases in which caffeine is employed as a cardiac stimulant and diuretic. These tabloids disintegrate with great promptness in the presence of moisture.

TABLOIDS OF COMPOUND RHUBARB POWDER.

EACH tabloid contains: powdered rhubarb, 2 parts: magnesia, 6 parts: ginger, 1 part. Gregory's powder is still extensively used and as it is not very agreeable to take as such, the advantages of the compressed form will, doubtless, be appreciated.

KEILLER'S COCOA.

COCOA now enters so largely into the dietary of everyday life that we are glad to welcome any new competitor in the field and to adjudicate on its merits. The nutritive and stimulating qualities of the *Theobroma cacao* are so well known and appreciated that remarks here on these points would be superfluous. We will content ourselves, therefore, as in other cases, by giving the result of analysis by our analytical chemist, Mr. F. Hudson Cox, prefacing the same by remarking that this new product is from the

(a) "The Theory and Practice of Counter-Irritation." By H. Cameron Gillies, M.D. London: Macmillan & Co. 1893.

factory of Messrs. Keiller & Co., Dundee, of marmalade fame, as a guarantee to consumers of excellence in manufacture.

57 Chancery Lane, London,
April 7th, 1896.

SIR.—I have analysed the sample of Keiller's cocoa submitted to me by THE MEDICAL PRESS AND CIRCULAR and find it a pure cocoa, freed from excess of fat, without added sugar, starch, or free caustic alkali. Analytical data:—

Fat	...	...	...	31.18 per cent.
Ash	...	...	...	5.72 "
Soluble ash	...	...	...	5.59 "
Alkalinity of ash from 2 grm. of cocoa	7.1 cc.	$\frac{N}{10}$	HCl.	

FREDK. HUDSON COX.

Medical News.

The National Consumption Hospital for Ireland.

At the ceremonial opening of this institution, which we reported a few weeks since, the absence of Miss Florence Wynne, the originator of the idea and the first and most enthusiastic organiser, was conspicuous, and would have been surprising, were it not already known that, four years ago, a most acrimonious controversy had arisen between Miss Wynne and other promoters and administrators of the Hospital, and that the dispute had resulted, then, in the resignation of her office of Hon. Sec. by Miss Wynne, and in her ostentatiously casting off the dust from her feet against the Executive Committee, and notably against its Chairman, the Registrar-General. On the occasion of the opening of the Hospital, a thousand questions were asked by the public as to the cause of this suspension of diplomatic relations, but no one seemed to have the information or were willing to give an answer if they had. Miss Wynne, however, is not disposed to allow the points of the dispute to remain in doubt, for she has not only addressed the Dublin papers on the subject, but has published and circulated a voluminous statement of her case against the Committee, and we imagine that many of our readers will be curious to know the *font et origo mali*. It will be admitted that Miss Wynne merits the honour of having conceived the idea of the Hospital, and worked it up with that enthusiasm and determination which is the attribute of her sex whenever they acquire a burning interest in anything. It is sufficient to say that by her unaided exertions she gathered round the scheme for establishing the Hospital a number of wealthy and fashionable people, and got together several thousand pounds. The chief Patroness was the Countess of Zetland, who, at the time, did the Viceregal honours at Dublin Castle, and the chief benefactor was Earl Fitzwilliam, who offered to present the site on which the Hospital is now built, and a donation of £500. Unfortunately, as we think, Miss Wynne fell out with the Committee on two points. First, she insisted on the addition to the Hospital of two chapels for the Church of Ireland and the Roman Catholic Church respectively, but she offered to collect the money for their building as a transaction separate from the Hospital. The Viceregal Patroness and the Registrar-General, who represented her, objected, we think reasonably, to the mixing up of the Hospital scheme with anything which might give rise to religious controversy in Ireland, and threatened to withdraw from the movement if Miss Wynne persisted. Secondly, Miss Wynne differed from the Committee, as she totally objected to the site on which the Hospital is now placed, while the Committee, apparently preferring another site, desired to accept this one because they got it for nothing, and got with it a large donation from Lord Fitzwilliam which would have been withdrawn if his offer had been refused. Upon these facts there is no occasion to say more than that it is distressing to get an institution which will need all the help which it can get should lose the active sympathy and the invaluable services of a lady like Miss Wynne. Such devotion to her object as she has displayed and such capacity for organisation are rare and most useful qualities which ought not to be wasted. But we must say that there seems to have been a characteristic want of discretion on her part. If she had been a man, at least, a sensible man, she would probably have yielded to

the judgment of the large majority of those with whom she was associated, who, we are convinced, were as anxious as possible to meet any reasonable views which she might express. We do not recognise in either of the points upon which she differed from the Committee sufficient cause for waging a newspaper war. Considering all that the Hospital owes to Miss Wynne, we think the Committee might, even now invite her to resume her place in the organisation and give her co-operation while, however, still maintaining the principle for which they have contended—that there is no occasion for embarrassing the institution with religious controversies.

The Veterinary College for Ireland.

THE Chief Secretary for Ireland gave the assurance in the House of Commons last week that he hoped to be able to make provision in the present session for the grant of £15,000 for the establishment of this College, but he declined to pledge himself as to the source from which he would take the money. It is said that the Intermediate Education Fund will be bled for the occasion.

PASS LISTS.

University of Edinburgh—Second Professional Examination.

THE following is the official list of candidates who have completed the second professional examination for the degrees of M.B. and C.M. (old ordinance):—

F. T. H. Adamson, H. L. A. Apherth, A. B. Blair, E. L. Borthwick, C. W. Brecks, F. W. Broadbent, D. A. Cameron, M. N. Choudhuri, A. W. G. Clark, D. E. Dickson, J. H. S. E. Douglas, D. L. Fisher, R. M. Gibson, W. H. Goldie, T. P. Greenwood, James Grieve, F. S. Hauser, A. G. Hayden, Robert Irvine, A. L. de Jager, Leslie Kingsford, J. S. Lyle, E. A. McGregor, J. M. Macgregor, E. F. Mudie, B. N. Mulvan, Sarat Mullick, W. D. Oser, D. J. Petron, G. M'D. Pratt, Oswald Raitt, C. E. Scott, D. C. Seehna, T. B. Shoolead, E. L. Starmer, J. F. Strickland, J. T. Titterton, W. A. C. Usher, Henry Waters, G. F. Waterston, and M. B. Wright.

The following have completed the second professional examination for the degrees of M.B., and Ch.B. (new ordinance):—

John Alcindor, A. J. T. Allan, James Allison, A. S. Allum, J. R. Anderson, H. L. S. D. Belasco, William Bell, J. M. Bowie, Stanley Branch (with distinction), C. S. Brebner, R. N. Brebner, H. H. Broome, James Burnet (M.A.), John Cameron (with distinction), J. A. Craig, William Craig, Robert Cumming, J. M. Cuthbert, L. J. M. Deas, George Dick, K. J. Dick, W. H. Hutchinson, J. E. Dods, F. H. Dommissa, W. S. Eaton, Luncan Forbes, A. D. Fordyce, A. T. Gallieon, Robert Gibson, J. D. Gillilan, Andrew Gilmour, Alexander Goodall, A. M. Green, W. G. Heath, T. E. Hincks, H. T. Holland (with distinction), C. A. B. Horford, B. S. Hyslop, W. J. Jones, A. H. Kenn, G. E. J. King, G. de Labat, E. W. Lewis, George Lyon (with distinction), J. C. McConaghey, Edward McCuiloch, W. C. McDonald, John McGibbon, J. W. Mcintosh, D. V. McIntyre (M.A.), W. E. McKechnie, E. W. McKenna, J. V. Mackenzie, T. D. McLaren, J. W. Mathewson, J. A. Murray (S.S.C.), J. H. P. Paton, W. M. Paul (M.A.), C. M. Pearson, G. B. Pemberton, A. H. Pirie, Robert Pugh, J. A. Raeburn, H. H. Roberts, A. A. Robinson, A. C. Sandstein (with distinction), E. F. M'N. Scott (with distinction), J. A. C. Smith, Ward Smith, G. H. Stewart, Henry Taylor, David Wardrop, W. C. Wilson, and G. J. Young.

THIRD PROFESSIONAL EXAMINATION.—The following have passed the third professional examination for the degrees of M.B. and Ch.B.:—

B. H. Aldren, V. G. Alexander, T. R. W. Armour, E. P. Baumann, Thomas Biggam, H. B. Black, H. F. Boland, William Burns (M.A.), R. C. Cunningham, David Clow, C. M. Cooper (distinction), L. W. Davies, James Donaldson, G. L. Findlay, James Forrest, J. S. Fraser, George Gatenby, Andrew Gibson, William Hamilton (with distinction), Rowland Hill, G. B. Hollings, Patrick Kinmont, A. B. MacCarthy, T. J. T. McGattie, J. I. McInnes, James Malcolm, William Martin, J. D. S. Millin, F. W. More, E. G. Riddell, J. D. Slight (M.A.), W. M. A. Smith, W. E. Somersall, J. W. Struthers, A. Vincent, W. M. Wilson, and A. G. Worrall.

Durham University School of Medicine.

The one result of the first examination for the degree of Bachelor of Medicine (new regulations). The following candidates satisfied the examiners:—

All subjects: first-class honours, Richard Henry Dix; second-class honours, Ernest F. W. Bywater, Fred. Stuart; pass list, E. B. Appleby, H. Armstrong, Solomon Armstrong, Maurice Jacobs, Edmund Norman Threlfall; anatomy and biology, Arthur Hugh Bunting, Hubert Wolstenholme Horan, John Robert Mitchell, Margaret Joyce, John Ernest Sidgwick, David Henderson Weir; chemistry and physics, Percy Francis Alderson, Alan Ayre-Smith, Arthur Russell Baker, Edward Hovendon Burrell, Barlow, Clifford Harold Brookes, Laurence James Blandford, Edleston Harvey Cooke, Sidney John Snow Cooke, Selina Fitzherbert Fox, Charles Henry Gibson, Arthur Hines, Hugh Robert Kendal, Robert James Pearson, Thomas Basil Rhodes, Claudia Anita Prout Rowse, Eliot Swainston, John Charles Velenski, Robert Walker; chemistry, William Henry Isaac Bathurst; anatomy, Harold Robert Dacre Spitta, Frank Wheeler Sims.

Notices to Correspondents, Short Letters, &c.

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

READING CASES.—Cloth board cases, gilt-lettered, containing twenty-six strings for holding the numbers 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.

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

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

BUTTERMILK FOR CONSUMPTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following passage occurs in the letter of Tab. Bramble, dated from Bath, May 19th, to her friend Dr. Lewis:—"As for buttermilk, be'er a pig in the parish shall thrust his snout in it, with my good will. There is a famous physician at the Hot Well that prescribes it to his patients (etc.), when the case is consumptive. I think Smollett could mean no other than Dr. Beddoes by the 'famous physician,' and yet I cannot find in Beddoes' Pamphlets on Consumption any mention of this treatment. My edition of the pamphlets is the second; perhaps some of the other editions contain the desired information. I shall be very grateful to any of your readers who may give me information on the subject. Dr. Neale, in his excellent "Digest," section 540, gives a very full bibliography on "Milk Cure," and although he mentions Hippocrates and other early writers he makes no mention of Beddoes.

I am Sir, yours, &c,

GEORGE FOX.

DR. A. SMITH (Sheffield).—The latest theory as to the cause of icterus neonatorum is that the condition is chiefly due to the persistence of the canal of the ductus venosus.

F.R.C.P. LONDON.—An article on the subject appeared in our columns on March 26th, 1896.

MR. GILBERT GARDNER.—Regret we were unable to take the matter up in our present number.

OPPOSITION TO THE PROPOSED MIDWIVES' REGISTRATION BILL.

THE Profession in Sheffield took a very definite and decided step with reference to this objectionable measure last week, and we heartily join in the wish expressed by a valued and energetic Sheffield correspondent who sends the news referred to in another column, that "other towns would move in the matter. The younger members of the profession do not seem to me to realise what a rod they are allowing to be prepared for themselves through their apathy. They seem to think that it is possible to hold these midwives in control, once they are registered, though giving them the right to independent practice; it will be the weakest of weak paper control, and about as effective as the suzeraintyship of England over the Transvaal. Fortunately, I am now independent of the competition of these women, for it will be keen. Medicine is bad enough at present, but it will be tenfold worse in the days to come, if this Bill becomes law."

MR. ALLEN INNES "Unique Complication of Enteric Fever," is marked for early insertion.

DR. W. E. McDERMOTT.—We hope to have space for your communication in our next.

Meetings of Societies, Lectures, &c.

WEDNESDAY, APRIL 22ND.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND.—5 p.m. Dr. Abraham: Case of Lichen Rubra Acuminatus. Dr. Edgewood: Case of Xeroderma Cured by Thyroid Feeding. And other cases.

SOCIETY OF ARTS.—8 p.m. Mr. F. E. Ives: The Perfected Phonochromoscope and its Colour Photographs.

MONTBLAIN SOCIETY (London Institution).—8.30 p.m. Discussion on Joint Affections in Nervous Diseases. Dr. Beevor, Dr. Buzzard, Dr. O. d. and Dr. A. Turner will speak.

FRIDAY, APRIL 24TH.

CLINICAL SOCIETY OF LONDON.—8.30 p.m. Clinical Evening. Mr. J. Bland Sutton: Excision of the Upper Two-thirds of the Fibula for Sarcoma. Mr. Gordon Brodie: Deficient Development of the Lower End of Tibia after Transverse Fracture. Mr. F. C. Wallis: Sequel to Acute Swellings over the Cranium in an Infant. Mr. R. Stanley Thomas (introduced by Mr. Pearce Gould): Deficiency in the Lower Ribs.

ROYAL INSTITUTION.—9 p.m. Professor G. V. Poore: The Circulation of Organic Matter.

Vacancies.

Catholic University Medical School, Dublin.—Chair of Midwifery and the Lectureship on Ophthalmology. Applications for these offices must reach the Registrar before May 15th. (See advt.).

Huddersfield Infirmary (100 beds).—Junior House Surgeon. Salary £40 per annum, with board, lodging, and washing. The appointment will be for one year. Applications, stating age, with copies of testimonials, to be sent not later than April 27th, to Mr. J. Bate, Secretary, Infirmary, Huddersfield.

North-West London Hospital.—Resident Medical Officer and Assistant Resident Medical Officer. Salary attached to the senior post £50 per annum. Further particulars to be obtained from the Secretary, to whom also applications, with copies of testimonials, should be sent not later than May 2nd. Address, Alfred Craike, Kentish Town Road, London, N.W.

Owens College, Manchester.—Senior and Junior Demonstrator in Physiology. Also Junior Demonstrator in Anatomy. Full particulars as to duties and emoluments of the Registrar.

Westminster Hospital, London, S.W.—Surgical Registrar. Salary £40 per annum. Applications to be sent to the Secretary not later than April 25th. Sidney M. Quennell, Secretary.

West Riding of Yorkshire.—County Medical Officer of Health. Salary £800 per annum, with travelling expenses, and a suitable staff and laboratory and office provided. Applications, stating age, experience, &c., with not more than three recent testimonials, to be sent under cover marked "County Medical Officer," on or before April 25th, 1896, to Trevor Edwards, West Riding Solicitor, Wakefield.

Wrexham Infirmary and Dispensary.—House Surgeon. Salary £80 per annum, with furnished rooms, board, gas, coal, and attendance. Applications (on forms to be obtained from the Secretary) to be sent to the Secretary. Geo. Whitehouse, 27, Regent Street, Wrexham, on or before April 24th.

Appointments

CLAYTON, J. H., M.B. Lond., M.R.C.S., Extra Acting Surgeon to the Birmingham and Midland Hospital for Sick Children.

HARRIS, W., M.B., C.M. Glasg., D.P.H. Camb., Medical Officer for the Buxton District, Chapel-en-le-Frith Union.

HEALEY, J., M.B., Ch.B. Vict., Medical Officer of Health, Moseley, Lancs.

KERRY, M. E., M.B., B.Ch., Dubl., Medical Officer for the Carrick-on-Suir Union Infirmary.

LITTLE, E. G. GRAHAM, B.A., M.D., M.R.C.P., Assistant Curator of the Museum at St. George's Hospital, London.

MACDONALD, W., L.R.C.P., L.R.C.S. Edin., Junior House Surgeon to the Royal Albert Edward Infirmary, Wigan.

MILROY, W. CUNNINGHAM, M.A., M.D. Edin., Senior House Surgeon to the Royal Albert Edward Infirmary, Wigan.

POLLOCK, E. S., M.B., B.Ch. Dubl., Medical Officer for the Sixth Sanitary District of the South Molton Union.

REID, GEORGE A., M.B., C.M. Aberd., Junior Assistant Medical Officer to the Cumberland and Westmoreland Co. Asylum at Carlisle.

SAVAGE GEORGE H., M.D. Lond., Physician for Mental Diseases, Guy's Hospital.

SOURFIELD HAROLD, M.D., C.M. Edin., D.P.H. Camb., Medical Officer of Health for Sunderland.

Births.

BARCLAY.—April 14th, at Fareham House, Norwich, the wife of the Rev. L. L. Barclay, B.D., of a son.

COOK.—April 14th, at Stewarton, Ayrshire, the wife of James Cook, M.B., C.M. Glasg., of a son.

KING.—April 14th, at Nicholas Street, Chester, the wife of Henry W. King, M.D. Edin., M.R.C.S., of a son.

Marriages.

BRISTOWE—KARSLAKE.—April 15th, at St. Peter's, Cranley Gardens, London, Hubert Carpenter Bristowe, M.D., of Wrington, Somerset, second son of the late John Syer Bristowe, M.D., LL.D., F.R.S., F.R.C.P., of London, to Mary, daughter of Lewis Karlake, of 24, Harcourt Terrace.

KENDALL—CROSSE.—April 15th, at St. Clement's Church, Terrington, by the father of the bride, George William Kendall, B.A., M.D., of Queensbury, Yorks, to Phillis, youngest daughter of the Rev. Marlborough Crosse, vicar of Terrington St. Clement's, Norfolk.

MUIR—TAYLOR.—April 2nd, at Colorado Springs, U.S.A., James T. Muir, M.A., M.D., youngest son of Principal Sir Wm. Muir, late Lieut-Governor N.W.P. India, to Hannah L. Taylor, M.D.

NEWSON—PROCTOR.—April 14th, at St. Marylebone Parish Church, London, W., Robert William, eldest son of John Newson, Old Charlton, Kent, to Katherine Annie, eldest daughter of James Cooper Proctor, Surgeon, Lydd, Kent.

VENABLES-WILLIAMS—PARRY.—April 15th, at St. John's Church, Chester, Wm. Montagu Venables-Williams, J.P. (co. of Denbigh), L.R.C.P. and L.R.C.S. Edin., Colwyn Bay, son of the Rev. W. Venables-Williams, M.A. Oxon., to Sara A. A. Parry, second daughter of Albert Parry, Vicar's Cross, Chester.

Deaths.

CRAIG.—April 15th, at Waverley House, Worthing, John Craig, F.R.C.S., late of the East India Company's Service.

GASON.—April 12, at Rome, John Gason, M.D., T.C.D., F.R.C.P.I., Physician to the Anglo-Italian Dispensary in Rome, aged 79 years.

MCNICOLL.—April 14th, at 15, Manchester Road, Southport, Edward Day McNicoll, F.R.C.S. Edin., L.R.C.P. Edin., aged 61 years, second son of the late David Hudson McNicoll, M.D. No cards.

ROPER.—April 15th, at Arundel House, London Road, Croydon, Alfred George Roper, F.R.C.S. Eng., aged 77 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXII.

WEDNESDAY, APRIL 29, 1896.

No. 18.

Vienna Clinical Lectures.

THE TREATMENT OF PROSTATIC HYPERTROPHY BY CASTRATION.

By PROF. J. ENGLISCH.

[FROM OUR AUSTRIAN CORRESPONDENT.]

THE difficulty of treating prostatic hypertrophy is generally acknowledged as an almost insuperable task. The usual methods applied are at best only palliative and of very short duration. Even when practising these forms of relief, we are exposed to considerable danger of inducing new troubles higher up in the urinary organs, and thus endangering the life of the patient. At an early period in the treatment of this organ the surgical operation recommended was removal of part or whole of the prostatic gland. After a series of operations it was discovered that this form of treatment was fraught with fatal consequences in a large number of cases. Attention was then directed to other channels with the view of overcoming the difficulty, and the causes of production were more closely examined. In the histology of hypertrophy of the prostatic gland a comparison was discovered in the development of a myoma in the uterus, which appeared to have a similar growth. This opinion was recognised for some time, but it has now been abandoned. The practice of looking on the growth of the hypertrophied prostatic gland was long maintained as similar to any external growths which increased by a super-abundance of nutrition. Bier, on reasoning from these premises, advocated a similar treatment to that practised in myoma of the uterus, viz., the tying of the large vessels of nutrition, and he recommended tying both the internal iliac arteries for the remedy of prostatic hypertrophy. This treatment was not without many favourable results and gave encouragement to other surgeons to follow his example. After an accumulation and comparison of many operations it was soon discovered that this form of treatment was not only difficult to perform but was dangerous in its consequences. My own experience of the method has often been sadly clouded by peritonitis or a more severe recurrence of the hypertrophy.

Viewing the morbid changes from another standpoint I am convinced by long observation that the prostatic hypertrophy is closely connected in some form or other with the development of the testicle. This idea was suddenly awakened by an abnormal condition of a prostate after removing the testicles. From this accident it occurred to me that hypertrophy of the prostatic gland might be influenced by a similar action on the testes. The importance of such a treatment, however, must be seriously considered in practice from a moral point of view, although it removes in a great measure many of the dangers of its predecessors. The operation is simple, and the patient may often be allowed to leave his bed on the third, fourth, or even the next day after the operation. One circumstance must be always borne in mind, viz., the age of the patient. Before proceeding further to consider the operation it might be instructive to examine the several

relations between the prostate and the testes in the normal condition.

Between the years 1879-1882 I made a close examination of the disease, with the object of obtaining more accurate statistics on the subject than we then possessed of the relationship that exists between the urinary and genital organs, more especially with respect to the size at the different ages of the individuals. During this time all the males that visited my clinic were examined and carefully noted, amounting to 2,000 in all. Everyone of these cases cannot be utilised for the present object, but 1,757 may be safely applied. Other deductions may be considered necessary when we reflect on the genital system often remaining intact when other parts of the whole system are found in a morbid condition. It is matter of common notoriety, however, that the genital and urinary organs are often found associated in morbid changes. It frequently occurs that epididymitis is found associated with affections of the seminal ducts and prostate. Such cases of this kind must also be excluded for our present object. After excluding all allied and doubtful cases, we still have 1,282 left to demonstrate the relation of concurrent development between the testes and prostate.

In the first class of cases, which are taken between ten and fifteen years of age, we have sixty on record. Making a closer analysis of this small number in relation to age and size, and in comparing the testes with the prostate, two groups may be instructively separated, viz., (a) developed and undeveloped; (b) where the prostate is smaller or larger than the testes, and *vice versa*.

Out of the sixty cases, only five could be said to be properly developed; in thirty-nine, neither testicle or prostate were perfectly developed. In the second group, the numbers were respectively nine and seven. We may, therefore, briefly conclude from these observations that neither the prostate or testes is properly developed between ten and fifteen years of age.

In the next class, between sixteen and twenty years of age, 280 individuals were examined. Out of this number, eighty-five had testes and prostate properly developed, while fifty-one had neither of them developed. In the remaining cases, the relationship was irregular, although the preponderance was in favour of larger testicles. This evidence tends to show that the generative organs have approached the period of development, though the testicle is still in the ascendancy.

Between the ages of twenty-one and twenty-five, 237 observations were made, and of these, twenty-nine had neither the internal or external organs fully developed; forty-nine had the testes relatively larger than the prostate, while forty-six were smaller. The prostate at this age has overtaken and generally is found to exceed the development of the testes. After the above ages the prostate still seems to increase in greater proportion to the testes.

From this overwhelming evidence of statistical examinations, we can scarcely deny the fact that there is some constant relationship between the testes and the prostate, and, from the foregoing figures, it would appear that the development of the prostate commences at the age of puberty, and reaches its completion about the twentieth year of life. To this general rule we

must add a large number of exceptions, which is the most important point under investigation on the present subject, as it bears comprehensively with the future rational treatment. To sustain this view, we find individual authors (who have performed castration in the fully developed scrotum before the twentieth year had been reached), relating in the history of the patient that the prostate was below the normal size. We can easily conceive this to be one of the exceptions where the prostate and testes were not parallel in their relationship at this period. Another point clearly brought out in the examination of the above cases was the great increase that took place in the prostate after the fiftieth year of life. We have seen that it generally increases as age advances, and becomes more susceptible to inflammatory processes which is another source of rapid augmentation. The importance of this relationship between prostate and testes is forcibly demonstrated in the forty-four cases mentioned of undeveloped testes all of which had the prostate arrested apparently about the same stage of growth. There were five other cases where the testes were no larger than peas, having the prostate reduced in a parallel manner to a mere rudimentary organ. In the literature on the subject many other cases are related where the testicular gland and prostate are represented as mere elementary traces of the organs. In a large number of the cases recorded in literature of defective testes no parallel observation has been made with respect to the prostate that leaves us ignorant of their true value, but in the eunuch we have strong grounds to believe that the theory of castration in checking prostatic hypertrophy is well founded and worthy of further investigation. According to Linhart and others who have examined this class, they found the prostate constantly undeveloped or small. In other cases where the testes had been destroyed by inflammatory action or other circumstances the prostate was also found diminished. Another danger that may be overlooked is the period of castration. If the operation must be performed young to arrest the growth of the prostate, it would be of little value in our theory of performing it in advanced years with the object of contracting the internal organ. It has been demonstrated by experimental operations on animals that this theoretical condition is actually present after castration of dogs. To test the hypertrophied condition where the prostate of the dog has been similarly enlarged, as frequently found in man, castration had also the effect of reducing the gland as well as checking its growth in the former cases.

The most exact of these experiments were conducted by Lenoire in 1882 to 1885, which have been more recently confirmed by Wight, in 1893. The latter assures us that castration in the young animal immediately checks the growth of the internal gland which will be found at that stage of development at any later period of life. On the other hand, the perfectly developed gland after castration undergoes rapid shrinkage, first in the glandular tissue, and later in the muscular coverings. The fibrous tissue appears first to increase which subsequently undergoes retraction and contraction of the gland. These experimental results conclusively prove the utility of acting on the prostate through the testes at different periods of life.

With these facts before us we are prepared to place the operation of castration in prostate hypertrophy as a successful method recently introduced to the notice of the surgeon. Ramon appears to have been the first to notice this relation between the testicle and prostate, but he viewed it at first as only a means of arresting development, and on April 3rd, 1893, performed the first operation with this object in view, which was succeeded by others, and confirmed in 1895 by Wight, who performed three other operations. Subsequently the interest increased till Wight contributed 111

cases, whose results he offered to his brother operators for their freest criticism. In addition to these, castration had been performed in several other cases on account of tuberculosis of the testes and prostate, and in every one, after the removal of the tubercular centre in the testes, the prostate was found to remain stationary or undergo reduction of the morbid process.

Wight's cases comprise 102, which are worthy of careful consideration in relation to the disease of hypertrophy of the prostate, and more particularly with regard to the secondary phenomena, such as destruction of the pelvis of the kidney, or the parenchymatous structure of the organ itself. The operation must, therefore, be considered in a double sense, in reducing the prostate directly, and, secondly, in alleviating or entirely removing the subsequent changes that occur in the urinary tract. In this sense Wight has made an analysis of his own cases, in which he classes difficulty of urination, cystitis, &c., in a category of sixty-eight, all of which were attended with excellent results subsequent to the operation, the organs becoming smaller, and the entire morbid condition disappearing. In thirty-two other cases he found the prostate gland after operation remaining about the same in dimension, but the morbid conditions seemed to be greatly relieved, and the patient improved by surgical interference. He concludes from these figures that 100 out of 102 were quite restored or greatly improved by the operation. It is also worthy of note that this happy result takes place immediately or within a very short time after the operation itself, and beneficially influences the health of the patient even in those cases where no noticeable reduction is observed in the prostate. From these results, however, we must make a distinction in the point of time after operation which seems to alter or modify these results. If we divide the cases into cured, improved, or unaffected after a reasonable lapse of time, thirty-nine might be considered cured, and fifty-seven improved, a result which is not to be discredited in such an important subject. These facts are sufficient to justify an operation in a morbid process that has proved so obstinate to the surgeon, even if it were only to relieve the dangerous retention of complete or incomplete urination. According to the history of the operations, spontaneous urination will take place on the same or following day, even immediately after as is sometimes recorded, which is evidently due to the irritation or stimulus given to the bladder by surgical interference. These are the exceptions, however, as twenty-four to thirty-six hours are given as the general rule, while six weeks to two months is very rare. In most of these cases before operation the catheter had to be used every two or eight hours, which of itself is a great source of trouble to be relieved of. The change in volume of the gland also varies within wide limits, commencing on the third or fourth day, up to the ninetieth, or even the 120th day after the operation before the diminution of the prostate could be notably observed. From Wight's tables, it is surprising to notice the rapidity which sixty-eight of his cases have contracted. As noticed above, no proportion seems to exist between the reduction of the prostate and the suspension of the morbid phenomena that produce such distressing symptoms, although a parallelism exists between the primary and secondary lesions, the latter, however, depending on the condition of the prostate and other circumstances connected with the bladder, such as the muscles, &c.

From the whole of the evidence now before us, we are forced to conclude that some relationship exists between the development, or arresting of the development, and the testes, and that bilateral castration is evidently powerful and speedy in its action in the above gland. We must admit, however, that the cases on record are not so numerous as to firmly establish a principle although the theory seems to be feasible. In

practice, the operation cannot be thought of, unless the symptoms are grave, before the age is well advanced. In the latter cases it must be of inestimable value where the pain is very great and the circumstances usually met with remain without much, if any, amelioration, owing to the futility of every method hitherto adopted. Another advantage in this operative treatment is the immunity from danger to life as no single case is recorded where death has resulted. There are five of the cases at a later period who died with lunacy symptoms, who had hitherto shown signs of the disease, two cases from inanition, two from pneumonia, but none of them had any connection with the operation itself. We may, therefore, conclude that this method of treatment may be safely undertaken without any risk to the patient.

The greatest difficulty in practice will be the consenting of the patient to such a mutilation of the generative organs as bi-lateral extirpation of the testes. Unilateral castration does not seem to satisfy the case, and this is even difficult to obtain when absolute necessity arises. With a view to modify this destruction of the testes, a more æsthetic method has been suggested in the form of tying the vas deferens which would also annihilate the function of the testes and thus accomplish the same end as if they had been removed. After tying the seminal ducts the same phenomena in the prostate as observed by castration is established, which might be taken advantage of in practice in future from the moral point of view, as it might not appear so destructive as castration.

PROGNOSIS IN SYPHILIS.

By JOHN A. SHAW-MACKENZIE, M.D.Lond.

(Concluded from page 417).

I HAVE endeavoured in the preceding cases, as well as in the following, to present a simple clinical record of manifestations as they were noted in patients three to forty years after primary disease.

As regards any time limit in prognosis, this appears to be as unsatisfactory as any division into secondary and tertiary stages of syphilis. It is evident in the large majority of cases any such division is lost in the similarity of later manifestations with those which mark the early. Whether the less severe sequelæ of syphilis are to be attributed to more successful treatment or to the attenuation of the syphilitic virus, or to the fact that in the upper classes, circumstances permit of greater care, it is undoubted that gummata, nodes, and necrosis of bone are less frequent, and the later manifestations of syphilis when present are of a more superficial character. Twenty years ago Mr. Lee wrote in reference to the stages of syphilis: "I am satisfied no such classification can be practically relied upon either as a matter of pathology, or with regard to treatment. The morbid processes described in this, as in other diseases, without reference to time are the most true to nature, and furnish the most reliable indications for practice" (a). And again, forty years ago: "This distinction (into secondary and tertiary) will be adopted for convenience of description, but it must not thence be inferred that there is any well-marked natural division" (b).

EIGHTEEN YEARS.—6 CASES.

Hemiplegia. Enlarged glands.
Induration of cellular tissue of scrotum
Node. Irritable spots on loin.
Neurasthenia.
Incontinence of urine.
Rheumatism. Throat, old evidence of ulceration.
No glands. Suicide.

NINETEEN YEARS.—2 CASES.

Eczema.
Ulceration of tongue. Spots on leg.

TWENTY YEARS.—20 CASES.

Deep ulcer of throat. Eruption on head, leg, and back of arm.
Loss of nasal bone.
Enlarged testis. Spots on leg. Affection of tongue
Eruption of back. Loss of hair.
Onychia. Hypertrophied nails.
Rheumatism. Psoriasis palmaris. Memory affected.
Pain in arms. Obscure abdominal tumour.
Ulceration of tongue (2).
Acidity of urine.
Slight eruption on penis.
Disease of antrum.
Necrosis of nasal bones. Paresis of 4th nerve.
Ulceration of tongue. Rupia of scalp.
Three circular patches on arms.
Want of power in right leg and arm.
Psoriasis palmaris.
Dyspepsia.
Locomotor ataxy.
Psoriasis, sore throat, rash on side of nose.
Gumma of penis after intercourse.

TWENTY-ONE YEARS.—1 CASE.

Ulceration of whole dorsum of tongue. Right inguinal glands and sub-maxillary gland enlarged.
Stomatitis. Debility.

TWENTY-TWO YEARS.—1 CASE.

A few spots on cheeks.

TWENTY-THREE YEARS.—7 CASES.

Ulceration of nose. Subcutaneous tubercle of skin.
Loss of hair. Ulceration of alæ nasi.
Nasal bones affected. Neuralgia of head.
Lepra of body.
Affection of tongue. Has had dysentery, fever, and liver trouble.
Tubercular eruption of hands. Inguinal glands slightly enlarged. Expresses himself in perfect health.
Gumma of mid sternum. Headache.

TWENTY-FIVE YEARS.—6 CASES.

Sore throat. Swollen testicles.
Eruption of skin. Re-infection.
Mottled skin of back. Sore tongue.
Blood-stained discharge from nostril; piece of spongy bone came away.
Nodes of tibie.
Ulcer of throat.

TWENTY-SEVEN YEARS.—1 CASE.

Pharyngitis. Lichenous eruption on stomach.

TWENTY-EIGHT YEARS.—1 CASE.

Nil. No manifestations of syphilis.

THIRTY YEARS.—5 CASES.

Eruption on arms. Hæmorrhoids.
Phagedænic sore.
Loss of smell.
Hemiplegia. Died a year later of cerebral hæmorrhage.
Found dead in bed. Post-mortem, mitral calcareous vegetations. Small contracted kidneys. Slaty-coloured small liver. No evidence of syphilis.

THIRTY-THREE YEARS.—3 CASES.

Enlargement of right tonsil.
Nasal bones and tongue affected. Node (2).

THIRTY-FOUR YEARS.—2 CASES.

Nil. No symptoms.
Nil. No symptoms.

THIRTY-FIVE YEARS.—2 CASES.

Ulceration of tongue.

Throat affected. Aching of bones. Pain of sacrum. Enlarged inguinal glands.

FORTY YEARS.—1 CASE.

Induration (?) prepuce. No other manifestations.

Dr. MacLaren's first classification, viz., that "if a patient has been properly treated the probabilities are that he will go through life with scarcely any appreciable risk," must commend itself to those who have any experience of syphilis. But what is proper treatment?

John Pearson, in 1800 (c), states p. 96, "that mercury, conducted by men of such endowments should often fail of doing good, nay, that it should frequently inflict great mischief would be according to the natural order of things."

John Bacot, in 1829, p. 259, states:—"I am fully prepared on this occasion to join Mr. Abernethy in extolling the advantages of these fumigations when employed judiciously, and believe with him that they are capable alone of radically curing many of the forms of syphilis." (d)

Sir Benjamin Brodie, p. 292:—"You may patch up the disease by giving the remedy (mercury) internally, but it will return over and over again, and then you may cure it at last by a course of mercurial ointment properly rubbed in." (e)

Langston Parker in 1860 states in his work, p. 322: "I have very rarely seen a disease that has not been cured" (by mercurial baths and small doses of mercury internally). "The experience derived from the treatment of many thousand cases warrants me in speaking thus positively on the subject." (f)

Mr. Jonathan Hutchinson states, p. 511:—"I believe we may regard the modern method of the use of mercury in syphilis with considerable confidence" (i.e., "one simple rule appears to be the key to success. It is to give small doses more or less frequently repeated, and never larger ones," p. 51). (g)

In 1893, in a contribution to the *Lancet*, on the "Treatment of Constitutional Syphilis by External Methods of Administration of Mercury," May 6th, I stated on the authority of Mr. Henry Lee that the treatment of syphilis by small repeated doses of mercury internally, was tried and given up by the late Mr. Briggs at the Lock Hospital.

In the *Lancet*, April 20th, 1895, in a contribution by Mr. Henry Lee and myself, Mr. Lee states:—"he cannot remember a single case of gross lesion of the nervous system or internal organs following the careful and detailed primary use of the calomel bath." (h)

Cases have been reported in which an inter-current attack of variola, erysipelas, and enteric has apparently cut short syphilis.

The identity of the streptococcus pyogenes with that of erysipelas is suggestive that the virulence of syphilis may be increased by this micro-organism and that its antitoxin may be found to be of serum-therapeutic value.

I am well aware no absolute opinion can usually be formed as to proportion of relapses under different methods of treatment. Patients if well do not often return, others pass through many hands, others in later life do not refer to previous syphilis, unless pressed, which is not always necessary or judicious, whilst a few cases run a malignant or severe course, apparently uninfluenced by treatment.

It is certain, however, that "careful and detailed treatment in the primary stages goes far to eliminate disease, and at a time when disease is most amenable to eradication." Such treatment includes avoidance of wet and cold, stimulants, or anything that may lower the general health, while hereditary constitution, habits, and occupation are important factors. Syphilis of the brain or cord are chief factors in unfavourable prognosis, and it may safely be said that lesions of

bones or superficial gummata are indications that are unfavourable to life assurance, and are often associated with lesions of internal organs, and vessels.

While undoubted cases of re-infection point to the curability of syphilis, the series of cases I have brought forward point to the frequency of relapses. Constitutional syphilis is a disease of malnutrition. Any condition which predisposes to debility, hereditary or otherwise, makes prognosis unfavourable, and especially is this seen in neuropathic diatheses. Of special causes of relapse, I may mention, marriage, child-bearing, and the menopause. In men, marriage in many cases lights up latent disease. The details of such cases would encroach too much on the already length of this paper. But perhaps I may be allowed to quote the following from A. Fournier, p. 77-78:—

"A young man came to consult me for various symptoms, the result of neglected syphilis. I treated him, and all disappeared. Some months later, in spite of my advice and my warnings, he married. Twelve days after his marriage, during his wedding tour, he was taken with a violent epileptic fit, the first symptom of cerebral syphilis, which soon defined itself in intellectual troubles and left hemiplegia, and despite all my care he succumbed a few months later." (i)

"A young clerk contracted syphilis and treated himself regularly during some months. Three years later, and without consulting a doctor, he married. Hardly was he married when he communicated syphilis to his wife by a renewal of a secondary symptom which showed itself on the penis. Then symptoms of cerebral syphilis set in and a recurrence of symptoms carried off the patient rapidly." (i)

In married women syphilis is far more common than is generally admitted, either due to primary syphilis or secondary to conception, while the menopause and pregnancy are fertile sources of relapse. No class of patient is more imperfectly treated because manifestations are unsuspected as sequelæ of syphilis.

In prognosis, the presence of enlarged inguinal or post-cervical glands, unless natural to the patient, point to the probability of relapse. Another fact may be mentioned—A further mercurial course will often develop manifestations which were latent. So true is this that some observers have considered treatment inadvisable previous to contemplated marriage. It is rather an indication of the advisability of treatment or postponement of marriage.

Six case of extra-genital syphilis have come under my notice: three of finger of medical men; one of finger of lady; and two of lip in lady; one from kissing a syphilitic grandchild, the other direct inoculation from kissing. They have not appeared to present a more severe course than syphilis contracted in the usual way. One of the ladies presents a clean circular foramen of soft palate, from sloughing 30 years ago. The second lady had two severe attacks of iritis, while the third is now under treatment for secondary eruption, while the chancre on lip is healed but remains the size of a sixpenny piece. This last case was first seen and diagnosed by Dr. Halley, of Fulham.

(a) "Lectures on Syphilis," p. 93.

(b) "Syphilis," p. 268.

(c) "Observations on Effects of Various Articles of Materia Medica in the Cure of Lues Venerea."

(d) "A Treatise on Syphilis."

(e) The Works of Sir B. Brodie.

(f) "On Syphilitic Disease."

(g) "Syphilis."

(h) On Two Cases of Syphilis with Early Nervous Manifestations.

(i) "Syphilis and Marriage." Translated by Alfred Lingard.

THE Treasurer of Guy's Hospital acknowledges with grateful thanks the receipt of a donation of 100 guineas towards the special re-endowment fund from the Liebig's Extract of Meat Company, Ltd.

A NOTE ON THE TREATMENT OF CARBUNCLE.

By J. O. CONOR, M.A., M.D., B.Ch., T.C.D.,

Senior Medical Officer, British Hospital, Buenos Ayres.

At this stage in the progress of surgical science, one occasionally is struck by the fact that there are, as yet, some medical men who prefer to do or say anything, rather than use a knife freely. I confess I was deeply interested in a memorandum, in the *Brit. Med. Jour.*, of Jan. 25th, written by Mr. Timothy Richardson, re the Local Treatment of Carbuncle. According to this gentleman, "moist cane sugar (foots) spread over a hot linseed poultice," is guaranteed to kill a carbuncle. While I do not doubt his good results, nor his belief in his own method, yet the application of such nostrums appears to me directly opposed to scientific treatment, and the appearance of such doctrine, in a journal that is supposed to be an up-to-date tutor for practitioners, involves such a considerable risk to young men entering practice, that I have no hesitation in attempting to detract their minds from such folk lore to a much more scientific and trustworthy method, viz., the removal by excision.

During the past three years it has fallen to my lot to treat twelve cases of carbuncle, six on nape of neck, two on buttock, two on back, one on perineum, and one on face; in each instance the treatment adopted was excision, supplemented in four cases by erosion. The operation is carried out in the following manner:

I. The patient having been placed under ether, a deep incision is made round the whole circumference of carbuncle, at least half an inch outside infected area; luckily, carbuncles, as a rule, do not occupy parts where there are any large blood vessels, therefore, there can be no excuse for stinting the depth of this incision.

II. With the handle of a scalpel or a periosteal elevator, the carbuncular mass is undermined, elevated, and removed, in the same manner as a tumour of breast.

III. Sometimes it happens that the disease has extended too deep and cannot be isolated from the surrounding structures; in such a case I always remove all I can with the knife, then a strong scissors is brought into action, and, lastly, the business is finished with a sharp Volkmann's spoon. Not a trace of the disease should be left.

IV. In order to contend with any microscopical particles that should have escaped this process of eradication, I swab the whole surface with a solution of 40 grains to ounce of zinc chloride. Of course, this is only used in cases that do not admit of a clean removal.

V. A large circular wound is generally left; this is finally painted with the following solution:—Carbolic acid, one part; alcohol, one part; methyl violet, one part; water, ten parts; dusted with iodoform; packed with iodoform gauze; and bandaged.

VI. When the granulating wound comes level with surrounding skin, Thiersch's grafts are applied, which considerably hasten the cure.

Needless to say, this operation is not by any means a bloodless one, but with a steady assistant, armed with a dozen pressure forceps, there is no need of alarm; any vessels that merit it are tied, the general oozing soon ceases with pressure of a sponge soaked in hot water.

Out of the twelve cases, eight were excised, the remaining four required the scissors, spoon, &c. In not a single instance did the disease recur in the wound; constitutional symptoms, in some cases severe, vanished in twenty-four hours. In fact, it is hard to realise that a patient so deep in the throes of septicaemia, can be restored to his normal state in such a short space of time. No other method I have ever tried

or heard of, equals complete excision in this respect. To show this I shall mention one case.

A ship's officer, *et.* 35, entered the British Hospital, suffering from a large carbuncle situated below spine of left scapula; on evening of admission his temperature was 104°, tongue furred and dry, pulse 110, cold clammy sweats, anorexia, with an anxious face, flying all the signals of surgical distress. On the following morning, as his general condition was worse, notwithstanding the frequent application of warm boracic fomentations through the night, he was placed under chloroform, and an incision made around whole circumference of carbuncle, which was over four inches in diameter; the whole mass was lifted up from the connective tissue and removed, without entering the diseased portion. The following evening the temperature was normal, "He felt he wanted something to eat." The temperature never again exceeded 99°; he was able to partake of full diet on the third day, and was taking exercise in the garden on the fourth. My experience in the other cases has been identical.

There was no trace of sugar found in any of the urines; consequently, I cannot say how a diabetic patient would bear the operation. It practically means for him, "is the cure worse than the disease?" Personally, I doubt it.

Having obtained such remarkable results by excision, I reluctantly feel impelled to question the dictum of so good an authority as Mr. Jonathan Hutchinson, junr., in "Treves's System of Surgery," page 713. This gentleman, writing on the treatment of carbuncle, states: "An ancient plan of treatment of carbuncle has, however, been lately revived, consisting in cutting with scissors and scraping away all the slough, in the belief that this shortens the healing process; undoubtedly, some time, and, perhaps, considerable pain, are occasionally saved by this plan, but, on the other hand, the risk of opening up veins and causing pyæmia appears to be distinctly increased, and many surgeons have on this account abandoned it." Well, this gentleman's opinion and mine are far from coinciding. I should explain the occurrence of pyæmia as due to half-hearted operations, where the disease is not thoroughly cleared away; or to operations undertaken too late, when the pyæmic virus had already entered the blood; so far, I have not heard of pyæmia following Barker's operation in psoas abscess, scraping away suppurating inguinal glands, at the opening up and scraping of large abscesses on the thigh, where the process is somewhat identical.

My apology for this criticism is—First, that I do not think there is any scientific foundation for the remarks just quoted, as to the possible dangers; secondly, I am a strong believer that in every instance in surgery, where there is grave constitutional depression, prompt measures ought to be taken, and, if possible, a "clean sweep" made, not only of the micro-organisms, but of their camp; to dilly-dally in the hopes that painting with iodine, injecting limited quantities of carbolic acid, applying dirty linseed meal, covered with "foots," will bring about such a change, that the phagocytes may eventually conquer, is a species of surgery that must be attended with disaster. As Mr. Hutchinson does not mention complete excision in the treatment of carbuncle, my remarks as to his theories only refer to operations where the scissors and spoon are used as supplementary to the knife.

At the last meeting of the Wycombe, Bucks, Board of Guardians, a resolution was passed rescinding a previous resolution by virtue of which the Vaccination Acts have been a dead letter locally for the past three years. Vaccination has, therefore, become compulsory in the district.

Spanish Prescriptions.

Translated for THE MEDICAL PRESS AND CIRCULAR

By GEORGE FOY, F.R.C.S.,

Surgeon to the Whitworth Hospital; Hon. Fellow of the Southern Surgical and Gynecological Association, U.S.A.

BRONCHITIS.—Dr. R. RIVAS.

Beechwood creosote, 8 decigrammes;
Iodoform, 4 decigrammes;
Helanin, 2 decigrammes.

Mix and make twenty pills. Five to be taken during the day.

FLATULENT DYSPEPSIA.—Dr. FERNANDO MUNOZ.

Brucine, 10 centigrammes;
Quassine crystallised, 10 centigrammes;
Rhubarb, 3 grammes;
Essence of aniseed, 10 drops.

To be made into sixty pills. One to be taken after each meal. Or

Socotrine aloes, 20 centigrammes;
Extract of nux vomica, 20 centigrammes;
Powdered belladonna, 20 centigrammes.

To be made into twenty pills. One pill after each meal.

EPISTAXIS.

The following solution is recommended to be sniffed up the nose:—

Trichloroacetic acid, 1 gramme;
Water, 30 grammes.

Mix.

When the bleeding is arrested the following mixture is to be freely applied on cotton wool:—

Phenol, 15 grammes;
Benzoic acid, 15 grammes;
Tannic acid, 15 grammes;
Collodion, 100 grammes.

And in every case it is recommended to plug the posterior nares with tampons of lint wetted with the above.

VOMITING.

Menthol, 4 grammes;
Olive oil, 10 grammes.

Mix.

Six or ten drops to be taken on a lump of loaf sugar.—*Gaceta Médica de Cadix.*

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, APRIL 24TH, 1896.

The President, Dr. BUZZARD, in the Chair.

CLINICAL EVENING.

EXCISION OF UPPER TWO-THIRDS OF FIBULA FOR SARCOMA.

MR. BLAND SUTTON showed a young woman, *æt.* 23, who came with a swelling over the region of the upper end of the fibula. This he cut down upon, dividing the musculo-cutaneous nerve. He excised the tumour with the upper two-thirds of the fibula dividing at the same time the anterior tibial nerve and vessels. He then sutured the divided ends of the musculo-cutaneous nerve and closed the wound. She developed talipes equinus which had been remedied by means of a suitable boot so that she could walk without difficulty. The growth was of the nature of a round-celled sarcoma.

DEFICIENT DEVELOPMENT OF THE LOWER END OF TIBIA AFTER TRANSVERSE FRACTURE

MR. GORDON BRODIE showed a lad who had come to the Middlesex Hospital with talipes valgus on the left side. He had sustained a transverse fracture of the tibia in 1894 and this had been followed by marked curvation outwards of the lower part of the tibia thus throwing the internal malleolus into undue prominence. The lower end of the fibula was much hypertrophied and was buttressed up by ridge of bone to compensate the strain thrown on the outer part of the ankle-joint by the obliquity of the

articular surfaces. The foot had assumed the position of talipes valgus. He brought the case forward because it was the first time he had met with arrest of development as the result of transverse fracture. The line of fracture was far away from the epiphysis.

Dr. F. DE HAVILLAND HALL suggested that it was eminently a case for the application of the new photography.

SEQUEL TO ACUTE SWELLINGS OVER THE CRANIUM IN AN INFANT.

MR. WALLIS showed a child already brought forward at a previous meeting, when it presented a large diffuse swelling over the forehead, limited by the sagittal suture, the nature of which could not be defined. Nothing was done in the way of treatment, and some time later the child contracted measles, after which the tumour cleared up, and now not a trace remained.

SEQUEL OF A CASE OF MULTIPLE INFECTIVE NEURITIS.

THE PRESIDENT showed a patient who was shown by Dr. Mott in February, 1894, as one of "multiple infective neuritis." He was then brought to the Society on a stretcher, being paralysed in all his limbs. He had been admitted in April, 1893, with severe symptoms—hæmaturia, melæna, high temperature, &c., symptoms, in fact, at first thought to point to typhoid fever. Gradually, however, it merged into a condition of paralysis, with marked wasting of muscles, and it was noted that each exacerbation of temperature was followed by an extension of the paralysis. The patient passed under the author's care in May, 1894. Various joints had at different times to be straightened under an anæsthetic to break down adhesions. The knee-jerks were exaggerated. He remained in the hospital until February, 1895, by which time he had recovered power in the legs, and power was beginning to return in the upper extremities. There was, however, still some loss of reaction to galvanic and faradic stimulation in the arm muscles. He was treated by massage, electricity, and hot-water douches. He pointed out that although the symptoms undoubtedly pointed to multiple neuritis, anterior poliomyelitis was also present, as shown by the spasticity of the paralysed muscles, &c. Cultures of blood from the finger, taking during an exacerbation, demonstrated the presence of a coccus, which Dr. Kanthack had been unable to identify.

DEFICIENCY OF LOWER RIBS.

MR. J. MURRAY showed, for Mr. Pearce Gould, a small boy, *æt.* 5, in whom the 8th, 9th, and 10th ribs on the left side were completely wanting, leaving a gap 2½ inches wide. The 11th rib was smaller than the corresponding rib on the other side, but the 12th was larger. When he breathed the spleen could be seen moving freely up and down and the diaphragm could be seen rising and falling. There was nothing of interest in the family history. There was no history of any disease of the chest nor of maternal impression.

CURIOUS DEFECT OF SPEECH.

DR. HERRINGHAM showed a lad, *æt.* 13, who exhibited a curious defect of speech, which was slow and markedly syllabic. He had difficulty in beginning words, though in other respects he was intelligent, and in good health. There were, however, two motor symptoms, *viz.*, "jumps" or "shakes," which consisted of convulsive movements of the hands and shoulders, which came on suddenly, mostly in the morning. He also had twitchings of the face muscles. The defect of speech was noticed as soon as he began to speak. He had measles at four years of age, but the parents believed that even before that attack there was something abnormal in his speech. It was not a progressive disease.

DR. ORMEROD recalled the case of a young soldier who exhibited a very similar defect of speech which came on after an attack, characterised by ataxia, of what he called sun-stroke when in India. He was, when first seen, still slightly ataxic, and his speech exhibited the same syllabic character as this lad's, and he always spoke in a monotone. He had seen the man from time to time since, and he presented no motor symptoms, and could walk long distances. Dr. Hughlings Jackson suggested, when the case was brought forward, that it was an example of interference with speech associated with ataxy supervening after some acute infective disease.

The PRESIDENT also remembered the patient alluded to by Dr. Ormerod, and he, too, noticed the similarity of the defect. He suggested that it would be a good thing to record these defects by means of the phonograph, because defects of speech really could never be adequately described in words.

SACRO-COCYGEAL TUMOUR.

Mr. CLUTTON showed a child, *æt.* 3, with an enormous sacro-coccygeal tumour. It had not increased in size since he first came under observation, but he had postponed interference on account of his delicate state of health. It consisted mainly of one large cyst with some solid matter round the base, and, *per rectum*, a liquid tumour could be felt extending up the rectum rather beyond the reach of the finger. The sacrum and coccyx could be felt expanded over the tumour, showing that it commenced between the rectum and the coccyx. He proposed to tap the cyst at the outer part, reserving the question of dealing with the internal cyst. Mr. Clutton also showed a woman, *æt.* 26, with spina bifida, the position of which was, of course, outside the sacrum, thus contrasting with the previous case. He also referred to the case of a young woman similarly affected who had insisted on the removal of the tumour because she wanted to get married, and she regarded the position of the tumour as an obstacle thereto. The operation had proved successful.

Mr. BLAND SUTTON observed that the result of intervention in pre-antiseptic days had been invariably fatal, but since that time several successes had been recorded. He added that possibly the tumour, felt *per rectum*, might not extend as far as would seem. The fatality of the earlier operations was due to intervention having been resorted to at too early an age.

Mr. CLEMENT LUCAS said he had operated some time since on a tumour of this kind consisting mainly of two cysts. He first tapped the most external cyst, carefully sealing the wound to prevent infection, and later repeated the operation for the other, and the result was satisfactory. In another case in which the tumour sprang from the front of the sacrum, pushing up the bladder and rectum and giving rise to troublesome symptoms, he made a horse-shoe incision round the anus and cut away the solid tissue in pieces, and that case also recovered.

PSEUDO-RICKETS IN AN ADULT.

Mr. SALTER showed a girl, *æt.* 14, who exhibited in a marked degree the lesions usually associated with rickets. She had been under observation for two years and the joints had been skiographed showing the exact pathological condition. She was admitted in January, 1894, for genu valgum which had commenced in September, 1893. Double osteotomy was performed and she was discharged in March, 1894. Since the operation she has never been able to walk on account of the pain in her ankles. In December, 1894, she fell and fractured her left thigh, apparently with very slight violence. There was marked atrophy of both vasti interni and general muscular weakness. The bony lesions were not accompanied by the sweating, painful sensations, or restlessness, usually met with in association with rickets in infants, nor did she appear to have had rickets when a child.

ACROMEGALY.

Dr. HENRY CAMPBELL showed a woman, *æt.* 41, exhibiting the characteristic features of acromegaly in a marked degree.

BRITISH GYNÆCOLOGICAL SOCIETY. MEETING HELD THURSDAY, APRIL 9TH, 1896.

The President, CLEMENT GODSON, M.D., in the Chair

SPECIMEN.

Dr. WINSON RAMSAY, of Bournemouth, showed a specimen of a pedunculated myoma of the uterus, which had filled the pelvis and given rise to intestinal obstruction. The intestines were adherent to it over a large area, and in the jejunum there was a sharp kink, the immediate cause of the obstruction. The patient made a good recovery.

ADJOURNED DISCUSSION ON VENTROFIXATION AND SUSPENSION OF THE UTERUS, AND ALLIED OPERATIONS.

This was opened by a communication from Dr. BANTOCK, which was read in his absence. He claimed the right to discuss these operations on the ground that he had not done them in a single instance. When Dr. Alexander's book was published he studied the question, and came to the conclusion that the principle was entirely wrong; for it seemed to him that the failure, in cases of procidentia, lay, not in the suspensory, but in the supporting, structures. He had been able to afford complete support by means of a diaphragm pessary, either with or without a plastic operation. On the latter depended also the success of Alexander's operation, for this alone never succeeded unless a plastic operation was also done. He had never found it necessary to operate on account of retroflexion; and when he had operated, it was not because of the retroflexion, but because of the far more serious condition of the appendages.

Professor MAYO ROBSON read a communication by Dr. O. CONOR, of Buenos Ayres, received through Mr. Reginald Harrison, giving his experience of ventrofixation of the uterus, which he had performed eight times with very satisfactory results.

Dr. ELDER (Nottingham) said he had performed Alexander's operation in several cases many years ago, but gave it up for three reasons: (1) the uncertainty of finding the round ligament; (2) the results did not seem to be permanent; (3) it seemed to him not devoid of risk. In uncomplicated cases he had found curetting, plastic operations, and pessaries sufficient; in cases of adhesions, when he had opened the abdomen, he did it, like Dr. Bantock, not because of the displacement, but because of the condition of the appendages. He had seen many fashions in gynecology, and he thought ventrofixation was one of them, which would not last.

Dr. ALEXANDER (Liverpool) thought his operation had not been quite fairly represented by some of the speakers at the last meeting, and he wished especially to correct two impressions: (1) that it was a double abdominal section; (2) that the results were not permanent. The operation was as follows:—An incision, $1\frac{1}{2}$ inches long, was made over the external abdominal ring. A few touches with the knife exposed the aponeurosis of the external oblique, and the round ligament was at once found. It was pulled up with forceps, and then fixed by three catgut sutures to the pillars of the ring. One suture was put in the skin wound, through which he left the ligament projecting, to act as a drain. The procedure was then repeated on the other side. It was in no sense an abdominal section, and entailed no risk at all. Some of the modifications which had been introduced were both dangerous and unnecessary. *Indications:* (a) *Prolapse.*—He could not agree with Dr. Bantock's pathology of the condition. The first trouble in prolapse was not cystocele, but retroversion; and the shortening of the round ligaments cured the prolapse, not by drawing up the uterus, but by anteverting it. Perineorrhaphy alone was not, as Dr. Bantock maintained, a permanent operation. (b) *Retroversion.*—He performed the same operation in these cases, but introduced at the same time a Hodge pessary, to keep the fundus up and prevent traction on the round ligaments. In cases of retroflexion, he also inserted an intra-uterine stem; this was kept in for three weeks, with the patient in bed; and the Hodge for three weeks longer. Many cases, like some of his earlier ones, failed for want of these precautions. It was easy to tell when the round ligaments had united, for then pressure on the external abdominal ring caused traction on the cicatrix. *Results.*—Since he introduced the operation fourteen years ago, he had done several hundred cases, and he had always found it fulfil all the conditions he required. He had lately been looking up the after-histories of many of them. Dr. Alexander then related in detail the later results of a number of cases, and said he felt justified in contending that the results were permanent. *Drawbacks.*—He admitted that there was sometimes a tendency to hernia, but this could always be controlled by a truss. The cases in which there had been failure were due in every case to the want of the above-mentioned precautions.

Dr. WINSON RAMSAY (Bournemouth) showed a uterus illustrating an effect of ventrofixation not touched upon by

previous speakers. The patient, *et. 55*, had suffered from prolapse for years. In February, 1894, he performed ventrofixation, and heard nothing more from her for twelve months, when she came back to him complaining of recurrence. He found the cervix protruding from the vulva, and concluded that the stitches had given way. He therefore performed vaginal hysterectomy, and then found that the fundus was still firmly attached to the abdominal wall, and that the protrusion of the cervix was due to great hypertrophy. She made a good recovery.

Dr. WILLIAM DUNCAN, who spoke in response to an invitation from the President, said the specimen they had just seen was very interesting, as it was an example of supra-vaginal elongation of the cervix; but he presumed that the condition existed at the time of the first operation; and so, though the actual operation was successful, it was hardly a case where they could expect a good result. He was very interested in Dr. Alexander's remarks, because his own experience of the operation of shortening the round ligaments had been entirely different. Seven or eight years ago, he performed the operation eleven times; he found it quite simple, and did not agree with Dr. Elder as to the uncertainty of finding the round ligaments, but all the eleven cases reverted within four months to their original condition. He did not use a stem pessary because he regarded it as a dangerous instrument. *Ventrofixation*.—He would consider this under the four heads adopted by Professor Mayo Robson. (1) Safety. He had done five cases, all successful, but the number was of course too small to draw general conclusions from, because there was always a certain risk in opening the abdomen. For this reason also the operation should not be undertaken unless other means had been tried without success. But in cases of old-standing prolapse or retroversion, disabling the patient, when instruments failed to relieve or could not be borne, he thought they were justified in advising operation. (2) Permanence. This depended largely on the method adopted. One or two sutures were not much good; he always used five or six, passing one, a double one, through the fundus, and the rest through the anterior surface of the body, so as to bring this well into contact with the abdominal wall. The sutures should pass through a small portion of the muscular tissue of the uterus. It was too soon for him to speak of the permanent results in his cases, as the oldest was thirteen months; but, so far, all of them were cured, both as to the position of the uterus and as to symptoms. (3) Indications. The best results followed in cases of prolapse or retroversion, without adhesions, when pessaries had failed. When there were adhesions he doubted whether ventrofixation alone was of much use; for when the appendages had been bound down for some time, they were generally so diseased as to require removal. This he had done several times, fixing the stump to the abdominal wall. Some years ago he had a case in which, after freeing adhesions, he removed only the right appendages, fixing the stump to the wound; some months later she returned with extra-uterine gestation on the left side, and so he thought it was wise, when the tubes and ovaries were bound down, and the abdominal ostia of the tubes were closed, to remove the appendages of both sides. (4) Complications. The principal one was ventral hernia, but there was not much risk of its occurring if the sheath of the rectus were well brought together by a separate layer of sutures. His belief was, that ventrofixation had a place in gynaecology, but that its sphere of application was a limited one; that Alexander's operation would never prove satisfactory; and that vaginofixation was not destined to attain any important position.

Dr. LEITH NAPIER wished to add a clinical detail to his previous remarks. The first case he operated on was now pregnant for the third time, and the uterus maintained its good position. He would like to ask Dr. Alexander whether he found his operation practicable when there were adhesions. It seemed to him that the complication might arise spoken of by Edebohl, of New York, who two or three times ruptured the round ligament in trying to draw up a fixed uterus. Dr. Duncan had dwelt on some important points in the *technique* of ventrofixation; but he did not think that more than three sutures were needed. In all the cases in which trouble during pregnancy had followed the operation, it was because the adhesions were too firm. He also differed from Dr. Duncan

as to the necessity of removing the appendages when they were adherent; in one such case a patient of his had become pregnant after the operation.

Dr. HAYWOOD SMITH said that in his first case he used only one suture, and it was entirely successful. The discussion well illustrated the progress of public opinion. Twenty-two years ago, he performed the first case of deliberate ventrofixation, and the *Lancet*, in commenting on the case, said that as it was the first, they hoped it would be the last.

Dr. ALEXANDER, in answer to Dr. Napier, said that if the uterus could be put into position, with the sound or with the finger, it was his practice to operate. When there were adhesions, he put the patient to bed, and ordered douches and glycerine tampons, and after such treatment, he always found that the uterus could eventually be restored to its position. He did not consider there was any danger in the stem-pessary as he used it; he kept it in only while the patient was in bed.

The PRESIDENT said they must all feel indebted to Professor Mayo Robson for coming up again that evening, at considerable personal inconvenience, to join in the discussion. It had been a most interesting and instructive debate, and showed that the operation of ventrofixation was not one to be put aside, but to be used, with proper limitations.

Professor MAYO ROBSON, in reply, thanked the Fellows for the interest shown in the discussion, which showed that they were in the main agreed upon essential points. He would sum up on the lines laid down in his opening remarks:—1. Safety. If these operations were not safe, they should not be done. But the discussion had gone to show that they were safe, except for the small risk which attended all operations. He considered Alexander's operation quite safe, and had never heard of any bad results from it. 2. Necessity. It seemed to him that Dr. Edge operated more often than most of them would deem necessary, having done twenty cases of vaginofixation, for instance, within a short time. He thought the majority of cases could be relieved by less severe measures; and in ten years he had only found it necessary to do under twenty cases of ventrofixation. He felt strongly that when they could cure a patient without operation they should do so. 3. Efficiency. All were agreed as to the immediate efficiency of these operations, and their ultimate efficiency was shown by the evidence of Drs. Napier, Taylor, Alexander, Duncan, and others. In a large number of cases pregnancy had followed, without return of the displacement; and many other patients had been able to resume their work and their social and marital relations. And so he thought that if they allowed the patient to judge for herself, and she chose to run the small risk for the sake of the possibility of cure, they were justified in operating. 4. Complications. As Dr. Duncan had pointed out, the prevention of hernia lay in their own hands. Since he had adopted the plan of suturing the abdominal wall in three layers, hernia was with him a thing of the past. He had no wish to disparage Alexander's operation; and he was glad Dr. Alexander was present to give them his results. No doubt such an operation was better done and more successful in the hands of its inventor. But he still thought the scope of the operation was limited, especially when there were adhesions, for when these were old they did not readily yield to douching and tampons. If the ovaries were unhealthy or damaged in separating adhesions, they should be removed; otherwise, he thought they should be left. In this respect he was getting more and more conservative year by year, and he thought Dr. Duncan's case of extra-uterine gestation must be exceptional. He agreed with Dr. Alexander's pathology of proclivencia rather than with Dr. Bantock's; the essential point in the prevention of this displacement was that the uterus should be anteverted; in this position the intestines occupied the pouch of Douglas, and helped to keep the uterus in proper position. He quite agreed with Dr. Duncan in objecting to the stem pessary.

Dr. WIGMORE, of Green Park, Bath, was presented on March 26th with two handsome volumes of the Poet Laureate's works, by the Members of the Nursing Class held by him at Englishcombe, Bath.

ROYAL ACADEMY OF MEDICINE IN IRELAND
SECTION OF SURGERY.

MEETING HELD FRIDAY, MARCH 20TH, 1896.

The President, SIR W. THORNLEY STOKER, in the Chair.

THE RADICAL CURE OF INGUINAL HERNIA.

MR. HEUSTON in this paper, which appeared in our issue for April 15th, first described the anatomical structures and relations of the internal abdominal ring and the posterior wall of the inguinal canal in connection with hernia, mentioned some of the operations now generally recommended, and then proceeded to describe an operation which he himself performed on thirty-two occasions, the patients varying in age between eighteen months and fifty-two years; all of his patients recovered, and, as far as he could ascertain, the hernia has not recurred in any.

The PRESIDENT said that operations requiring great elaboration of detail did not contain the principle of success. He had long been of opinion that the one thing necessary to ensure success is not any particular method, but the performance of the operation in such a way that, while temporary closure of the inguinal canal during healing is afforded, a copious lymph exudation is produced. He regarded the sutures as serving two purposes—one the temporary closure of the part during convalescence, and the other the provocation of a copious lymph exudation, which is the real means of producing contraction and permanently drawing the parts together.

MR. CROLY had tried nearly all the methods mentioned, but within the last fortnight he had performed two operations by the displacement method of Kocher. Mr. Heuston had quoted Kocher as twisting the sac, but Kocher had now given up this practice. If the sac was twisted freely, besides causing necrosis, a bit of the gut was very apt to be nipped. He avoided scrotal wounds when possible, as asepsis was very difficult there.

MR. BENNETT said that in the present day there was a tendency to the indiscriminate adoption of cutting operations for the radical cure of hernia. In children with congenital inguinal hernia, with proper attention the use of a truss will, in 70 per cent. of the cases, bring about a cure. In operating he followed Mr. Ball's method, which was very successful. He had seen no bad results follow from twisting the sac. The twisting was done sufficiently but not to strangle.

MR. FITZGIBBON, since he first used Ball's method, had never performed a radical cure without trying to do it. Twisting the sac was most dangerous if it was not isolated from everything else. If the sac could be perfectly isolated, he considered twisting as the ideal method of closing it.

MR. M'ARDLE said that the shortening of the transversalis fascia and the cutting away of the sac entirely was the proper operation. If one tried to close the internal abdominal ring it should be done by transversalis fascia. The peritoneum had no influence in preventing a hernia.

MR. LENTAIGNE had passed from one operation to another. He took some trouble to follow up his cases, and found that a good many of the earlier ones had recurred. About two years ago he had adopted Mr. Halstead's operation. He found it so satisfactory that he has performed it frequently since. Not one of these cases had recurred so far.

MR. WHEELER said that after the radical cure of hernia it was not advisable to apply any pressure over the part, as pressure tends to cause absorption of the material thrown out, and so tended to produce a return of hernia. Young children did not bear the operation well. He agreed with Mr. Bennett that many could be cured by a truss. He had a patient over forty years of age who declined operation, and who wore a truss for two and a-half years and was cured.

MR. HEUSTON, replying, said he agreed with the President that the cure did not depend on the sutures, but on the plastic inflammation set up. That is why he recommended the twisted sac to be left through all the length of the canal. The weak point of Ball's operation was that the sac was cut off too close. Otherwise it was an excellent operation. He objected to silver and silk sutures, as months afterwards they might set up inflammation and

suppurate out. He did not agree with Mr. M'Arde in leaving the sac below, after Barker's (?) method. Coiley, of New York, had reported 168 cases without one failure, operated on by Bassini's method. He recommended kangaroo tendon.

INDIAN OPERATION FOR RESTORATION OF THE NOSE
MODIFIED.

MR. ROBERT H. WOODS read a paper on the above subject. The patient, a female, æt. 29, had had the cartilaginous nose, destroyed by lupus. The forehead flap was out according to Dieffenbach's pattern. The skin from the nose was detached and reflected downwards, so that the raw surface looked forwards and the skin backwards towards the nasal cavity, the raw surface of this triangle was adapted to that of the forehead flap, and so formed a portion of the skin lining the new nose. The lining was completed by the flaps inverted from the alæ. Thus the whole new nose was lined with skin, and the tendency to contraction which is always present where a surface is left to granulate and cicatrices obviated. The forehead surface instead of being sutured was covered by a flap of skin transplanted from the arm as in Wolfe's method. This completely healed and perfectly covered the deficiency. The advantages of transplantation were that it avoided the unsightliness of a scar, and by doing away with the necessity for economy in the forehead flap, allowed a sufficient quantity of skin to be taken away to completely line the nose and so avoid contraction of the nostrils from cicatrization of raw surfaces.

The PRESIDENT said that the patient was originally cured by him of lupus. She pressed him on several occasions to perform a plastic operation, but he declined as lupus had not cicatrized sufficiently. The chief interest he thought was not the mere reproduction of the nose, as the large transplantation of the skin from the arm. He thought it was too soon to be sure that there would be no contraction of the nostrils.

The Section then adjourned.

LIVERPOOL MEDICAL SOCIETY.

MEETING HELD THURSDAY, APRIL 16TH, 1896.

Dr. MACFIE CAMPBELL, Vice-President, in the Chair.

THE MIDWIVES QUESTION AT THE LIVERPOOL LYING-IN HOSPITAL.

The following resolution, proposed by Mr. BANKS, seconded by Dr. CAMERON, was carried unanimously:—
"The Members of the Liverpool Medical Institution desire to place on record their firm and unanimous protest against the course recently adopted by the Managing Committee of the Ladies' Charity and Lying-in Hospital in endeavouring to place the Matron Midwife in a position which practically would have vested in her the medical control of all the patients. They consider that, however efficient she may be as a midwife, her want of knowledge in other respects might have caused her to overlook, or fail to recognise dangerous incidental complications, occurring in the course even of a so-called natural labour, the timely treatment of which by a member of the medical staff might have averted serious consequences to the patient. They wish at the same time to convey to the Members of the Medical Staff their high appreciation of the sense of duty and professional honour which actuated them in declining to retain office under conditions to which they themselves could not possibly submit, and which they believed to be detrimental to the best interests of the Charity."

MR. BANKS then proposed that the resolution be sent to the public papers, the medical journals, and the Members of the Committee.

Dr. WATERS seconded, it was agreed unanimously.

CASE OF MULTIPLE WOUND OF SMALL INTESTINE, AND PENETRATION OF GRAVID UTERUS, BY STAB WITH SHOEMAKER'S KNIFE.—RECOVERY.

MR. PUZEY related the case. The patient, æt. 28, was admitted into the Northern Hospital, under his care, on the 14th October last. A loop of bowel was protruding from a small wound in the abdomen about half-way between umbilicus and pubis; this presented two incised

wounds, one completely dividing the bowel, the other cutting half through the diameter. These wounds were closed by continuous Czerny-Lembert suture. On enlarging the abdominal wound downwards, there was a gush of arterial blood and clots, and another piece of bowel came out; this loop had been transfixed by the weapon, and presented three wounds, two in the outer circumference of the bowel, the other, between them in its attachment to the mesentery, which was extensively wounded, and bleeding profusely. The bleeding arteries having been secured, the intestine was clamped above and below the wounded portion, with Lane's intestinal clamp, and the intervening nine or ten inches was cut away. The divided ends were then fixed by Murphy's button (No. 2), and the rent in the mesentery repaired. The intestine having been replaced, and the abdomen irrigated with hot boracic acid solution, dark blood was seen welling up from the pelvis, which was filled with black clot. The abdominal incision was enlarged down towards pelvis, and the clots scooped out with the hand; then a stab wound of the anterior portion of the fundus uteri, which admitted two fingers, was found. Out of this hung three or four inches of what proved to be umbilical cord, which had been divided. This was pulled out, cut away, and the wound of the uterus, which had contracted under exposure and handling, was closed by one thick chromic catgut suture. The pelvis having been thoroughly flushed, the abdominal wound was closed, except at its lower part, where a large drainage-tube was inserted for pelvic drainage. Four days after the patient miscarried, but only placenta and membrane were removed although the uterus was flushed out, the probability being that the fœtus (three or four months) had escaped through the uterine wound and been swept away with the clots from the pelvis. The woman had a hard struggle for a fortnight, and then made a capital recovery. But the Murphy's button has not appeared though sharply looked for. Nevertheless, she has had no bowel trouble, and has been up and about for the last three or four months. Two days ago, by vaginal examination, the button was felt apparently in the sigmoid flexure, so an effort can now be made to extract it.

Dr. MACFIE CAMPBELL congratulated Mr. Puzey on his successful treatment of an almost unique case. He had been asked to see the patient on the fourth day after the operation as there had been signs of uterine action. He found the woman in a collapsed condition with a very offensive vaginal discharge, but no labour pains. On examination, the os was patulous, and a portion of placenta presented. This was cleared away with the finger, was very friable, and as no counter-pressure over the womb was possible owing to the abdominal wound, a flushing curette with an antiseptic solution was used to complete its removal. No fœtus was discovered, and from the fact that the portion of umbilical cord presenting through the wound was single, the fœtus must have been hooked out of the uterus by the assaulting knife, and was probably in the blood and clots removed by Mr. Puzey. He had to-day seen the patient, and agreed with Mr. Puzey that the Murphy's button is probably in a pouch in the sigmoid flexure.

Mr. PAUL thought Mr. Puzey had adopted the best methods for approximating the numerous intestinal injuries in his case, every such injury must be dealt with in accordance with the special conditions of the case, and the chief lesion here was best repaired with the help of Murphy's button. Mr. Puzey's fear that harm might result in the use of this appliance owing to its retention in the body was hardly justified by experience. No doubt it was not rare for buttons to be retained, but they usually set up no symptoms, for in most cases they were in a part of the alimentary canal which by the operation had been cut off from the functional track. The real danger in the use of the button was the tendency it sometimes showed to cause perforation at the seat of operation. Mr. Paul had used the button in seven cases, four recovered, including an extensive pylorectomy, and three died, but in only one of the three could the button be blamed in the least degree.

Mr. THEWLALL THOMAS read a paper on

THE OPERATIVE TREATMENT OF VARICOSE VEINS OF THE LOWER EXTREMITY (SHOWING LANTERN ILLUSTRATIONS).

He advocated a method of ligature and division of the internal saphena just below the saphenous opening as an

improvement on the operation of Trendelenburg. In some cases where a large bunch of varices existed at the inner side of the knee he noticed that there was nearly always a deep communication which necessitated excision of a small bunch. Other cases could be cured by tying and cutting the external saphena at the lower end of the popliteal space. He read notes of seventeen cases, in all of which union occurred by first intention. When the limb is carefully bandaged after the operation, thrombosis does not appear to occur. In two of the cases a large varix was present at the saphenous opening, the ligature and division was performed immediately below this. It was astonishing to see old ulcers of the leg heal up so rapidly after the operation and not recur even in cases where the ulceration had lasted for many years.

Mr. ROBERT JONES had performed Trendelenburg's operation altogether fifteen times; in some instances, excising both the internal saphena vein and the external saphena. In those cases where there was considerable ulceration the operation helped materially the healing process. The general results of the operation were most favourable. Mr. Jones laid much stress upon the after-treatment, more especially the employment of massage in those cases of brawny swelling due to lymphatic obstruction.

Messrs. Rushton Parker and Larkin also took part in the discussion.

Mr. THOMAS replied.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD THURSDAY, APRIL 9TH, 1896.

The President, Dr. PORTER, in the Chair.

Dr. KEELING showed a "Solid Ovarian Tumour, probably of a Fibroid Nature," which had been removed from a patient, æt. 45, at the Jessop Hospital. Firm adhesions to the bowel existed at two points, rendering necessary the leaving of small portions of the tumour adherent to the gut, otherwise the operation presented no difficulty. The patient made a good recovery.

Mr. PYE-SMITH read notes of a case of "Acute Intestinal Obstruction due to a mass of Currants." The patient was a young man, æt. 20. Constipation was absolute, and vomiting frequent for sixty-eight hours. Severe colic pain and slight abdominal distension were also present. Relief was obtained after a turpentine enema. Mr. Pye-Smith also showed a "Photograph of a case of Malformation of the Penis."

Mr. BALDWIN (Rotherham) showed a case of "Sacrosacral Excision, and gave a report with comments."

Dr. ARTHUR HALL showed, and made remarks upon, "Four cases of Muscular Atrophy," and a case of "Lead Paralysis."

The President, Mr. Cuff, Mr. Pye-Smith, Dr. Keeling, Mr. Makeig Jones, Mr. Atkin, Dr. Arthur Hall, Dr. Sinclair White, Dr. Hargeaves, Mr. Sidney Barber, and Dr. Sweeten, discussed the cases.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD FRIDAY, APRIL 10TH.

The President, Mr. ERNEST CLARKE, in the Chair.

Mr. HOWARD MARSH read a paper on

RECENT PROGRESS IN PATHOLOGY AND TREATMENT OF DISEASES OF JOINTS,

illustrated by specimens. He discussed—(1) Syphilis as affecting joints: first in children, secondly in adults. As to children, he pointed out that two forms of syphilitic disease occur, viz., a destructive lesion of the growing part of the bone, especially common in early infancy, and a gummatous infiltration of the synovial membrane, affecting children most commonly between three and nine years, frequently multiple and often symmetrical; the joint is swollen, but it is freely movable, which is not the case in tubercular disease. In adults, syphilis produces (1) a simple synovitis with effusion, readily mistaken for subacute rheumatism, sprain, or commencing tubercle;

but yielding readily as a rule to potassic iodide; (2) a gummatous infiltration of the subsynovial tissue, often very similar to Brodie's "pulpy degeneration"; and (3) a deep serpiginous ulceration of the articular cartilage and subjacent bone, similar to and simultaneous with ulceration of soft parts and of the shafts of the long bones. The treatment of the two latter groups is necessarily prolonged, and it is especially unsatisfactory in gouty and rheumatic subjects. (1) The joint lesions of syringo-myelia were then described and specimens shown of both the atrophic and hypertrophic forms. (2) Senile tuberculosis of joints was next discussed, and its comparative frequency insisted on; the prognosis of these cases is invariably bad, and the older the subject the more rapid is the downward course. (3) A very rare specimen of the effects of repeated hæmorrhages into the joints in hæmophilia was shown. (4) Finally, Mr. Marsh showed the practical importance, as regards treatment, of the fact, recently ascertained, that the seat of active tubercular disease in the joints of children is often the growing tissue at the end of the diaphysis. He urged that in children under twelve, excision is radically wrong, not touching the seat of the disease. In these cases, rest begun early and maintained for a prolonged period gives the best results. It is difficult to persuade parents to continue the treatment long enough to ensure death of the tubercle-bacillus, and the removal of its products by absorption. Both these processes must obviously occupy considerable time. But until they are both completed, the use of the joint will be followed by a relapse. To maintain rest for three months, and then allow the patient to resume exercise is, considering the conditions present, scarcely less than a farce. Twelve months is sometimes, in early cases, sufficient, but two or three years may be indispensable, and Mr. Marsh mentioned two cases—examples of what he had many times observed—in one of which a child recovered with absolutely free movement in the knee-joint, who, at two-and-a-half, had acute tuberculous disease attended with deformity, but who wore leather splints uninterruptedly for six and a half years. The limb now bears no trace of the disease, except slight muscular wasting. In the other case, a child with old-standing tubercular disease of the elbow, threatening suppuration, wore splints for four and a half years, with the result that complete free movement of the joint was preserved and that every trace of disease, except some, but not marked, muscular wasting, absolutely disappeared. He knew no other method by which such results could be secured. The principle of forcibly straightening joints that are actually diseased, *e.g.*, straightening a diseased knee by the use of McIntyre's splint, is objectionable, for as the force employed is leucrage, interarticular pressure is produced. Weight extension in the line of deformity should be used for the hip, and for the knee leather splints should be fitted to the limb as it is, and altered as the limb gradually straightens itself, as it will do when the muscular spasm is relieved.

The President showed a case of optic neuritis following influenza in a girl whose vision was reduced to 6/60, but under potassic iodide had again become normal (both eyes 6/6), while the pearly whiteness of the discs originally observed, still continued.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, April 24th.

REPORT ON DIPHTHERIA CURATIVE SERUM.

The Report of the Kaiser and Kaiserin Friedrich Hospital shows that a considerable diminution has taken place in the mortality from diphtheria in that institution since the introduction of the curative serum treatment. Whilst during the earlier years of the hospital's existence the average mortality from the disease was 37·63 per cent., it fell in 1894 to 27·80 per cent., and last year it fell further to 11·2 per cent. Besides those treated in the hospital, 460 children were treated by immunising serum, and of these, 18 only contracted the disease later. Nearly all

the cases were mild, and no death took place amongst the number.

In the introductory address at the Congress for Medicine on the 8th inst., Dr. Baümier speaks of the serum treatment of diphtheria as the most important acquisition of modern therapeutics, that it has been admitted as a sure constituent of our armamentarium, and that used with caution we need fear no ill-effects from its use. For the first time in the history of medicine we have by purely scientific methods, discovered in it a new principle for the treatment of infective diseases, and one that has been proved in practice. It consists in introducing into the system from without the same material that in favourable cases is elaborated in the body itself as an antidote to the disease. We had obtained an insight in the way in which recovery was brought about. The immunity that was acquired by passing through a disease depended probably on the fact that in the patient's body protective material accumulated and remained permanently. This formation did not take place in the juices, but in the cells, and this was a new discovery as regarded cell activity.

THE JENNER CELEBRATION.

In connection with this a commemorative address was delivered before the Medical Congress at Wiesbaden by Prof. v. Leyden. He said that the 14th of May next was the 100th anniversary of the first vaccination with intent, in which Dr. Edward Jenner vaccinated a boy with the contents of a cow-pox pustule from a dairymaid, and that on the later inoculation of the boy with small-pox, the disease failed to make its appearance.

This important inoculation was to be regarded as the birthday of vaccination, and indicated the completion of a great work that freed humanity from the fearful plague of small-pox. The work, like Athene, did not spring perfected out of the head of Zeus, but was the result of years of thought and work. The speaker then went on to give a history of the various steps that led up to the completed work, and related how on the presentation of his work the "Inquiry into the Causes and Effects of the Variola Vaccinae, or Cow-Pox," to the Royal Society, it was rejected by that distinguished body. But Jenner's work was not completed by Jenner himself, the most important improvement being the practice of re-vaccination.

Re-vaccination appeared to be necessary and efficacious. It was introduced into Germany in 1819, but was not made compulsory for many years. In the year 1874 it began to be regularly carried out in the German army, and during the same year was made compulsory for the civil population. Another advance had been the introduction of animal lymph, and this advance was directly attributable to the opposition of the anti-vaccinators. The number of anti-vaccinators had been gaining ground, they carried on a lively agitation during the present session of the Reichstag. They were very quickly dismissed, however, the clear and comprehensive report of the Reichsgesundheitsamt for the year 1896 contributing materially to their overthrow. Whoever, without prejudice and with a clear mind, read over the explanation and figures could have no manner of doubt as to the blessings that vaccination had brought us. As frequently happened, the opposition had done good. It had led the way in avoidance of the defects of Jenner's system, instead of overlooking them. The result was retro-vaccination, *i.e.*, the inoculation of human protective vaccination upon the calf and vaccination with this humanised

cow-pox lymph. In Germany animal lymph had almost displaced human lymph. Since 1884 a Commission had been in existence in the Imperial Health Office and State Vaccination Institute for the production and preservation of calf lymph, and for its free distribution. By this procedure, which must be looked upon as decided, advance chances of doing injury by inoculating disease material along with the lymph were done away with, and the more certainly so as the animal from which the lymph is taken had to be killed and examined as to its healthiness at the time of killing.

Indisputably, since the introduction of this method of vaccination and compulsory re-vaccination, Germany had obtained the best results of all the States. Even the last small-pox epidemic that broke out last winter in Berlin in consequence of its introduction from Poland, and which comprised only fifteen cases, showed the exceeding good effect of vaccination. On a careful analysis of the cases it was found that all the victims to this epidemic, three in number, were unvaccinated, the disease running a milder course in those who were vaccinated. The speaker then went on to give a short review of the labours and discoveries of German and French investigators into bacteria toxins and antitoxines and immunity that were allied to Jenner's protective inoculation and that had already borne fruit. "We now stand in the midst of a great movement in the domain of this inquiry, and may with certainty hope for further important results in the near future to the glory of science and the well-being of humanity."

FRIEDREICH'S ATAXY.

At the meeting of the Society for Innere Medizin, Hr Lewy showed a young girl with marked kyphosis and well-marked ataxic gait. There was weakness of the right arm and right leg. There was no evidence of nystagmus and changed speech, but intentional hesitancy and changes in the fundus of the eye. The brothers and sisters were healthy. Suspicion as to multiple sclerosis was to be excluded as no symptoms pointed to it, whilst they did so to hereditary ataxy. The absence of nystagmus could not be counted as an objection to the diagnosis, as it was a later manifestation, and had not yet developed.

Hr. G. Rosenbaum showed two sisters, aged 13 and 10, of healthy parentage who in their seventh and fourth year respectively passed through a severe attack of whooping-cough after which the ataxic symptoms developed.

Austria

[FROM OUR OWN CORRESPONDENT.]

VIENNA, April 24th, 1896.

HYPNOTISM AND DEATH.

THE case of Ella Salomon was again heard in the Court of Appeal, and the judgment of the lower court confirmed. These proceedings, in the first instance, arose out of her death; she was the daughter of Herr Salomon, one of the accused, and a man of considerable wealth and property in Hungary. The hypnotiser was Frank Neukomm, "Master of Wells," as he is designated in the charge, although commonly known in the district as professor of this department. The father and the professor it appears decided on curing Ella Salomon by hypnotism, which they considered the proper treatment. After an exhausting strain, continued without intermission

for a long time, the girl died. At the inquest the jury returned a verdict of culpable homicide against the father and Prof. Neukomm, for which the authorities prosecuted in the lower court, but the culprits having the right of appeal the case was taken to a higher court, which now upholds the sentence passed in the lower court.

OPERATIVE TREATMENT OF MYOPIA.

In young people where a high degree of myopia exists the application of lenses, even when the retina and choroid are sound, has proved a practical failure.

Prof. Fuchs brought this subject before the Gesellschaft some years ago, and suggested the removal of the lens as a "radical cure." Since that time he has shown many excellent results, which have convinced oculists of its utility.

Prof. Szili showed to the members of the Buda Pest medical meeting a boy, *æt.* 12, who had myopia in both eyes to the extent of 14 D., and vision of $\frac{1}{5}$. Six weeks after the operation it improved to 1.5 D., and $V = \frac{1}{2}$. The reduction of the error of refraction and the improvement in vision is the common result of all such operations, a form of correction that cannot be obtained by any kind of lens at our disposal. If the ocular structures were in a morbid condition before operation it can be easily conceived how the function of an eye would be impaired by the rapid accumulation of fluid in the chambers, and thus paralyzing the accommodation. With this precaution, Szili thinks the operation well adapted for young patients with high myopia.

Siklosy brought before the same meeting another case that of a girl, *æt.* 16, whom he had operated on for myopia, which was 22 D. in one eye and 24 D. in the other, with V of a $\frac{1}{2}$ and $\frac{1}{3}$ respectively. He first performed discission, owing to the enormously swollen lens; absorption rapidly took place, leaving only a small residue of lens matter to be extracted later. The power of vision is now $\frac{1}{2}$, with 2 D. This was a favourable result, and the common experience of every case he had operated on.

Goldzieher said the operation was a wondrous advance in ophthalmology. In one case where he had operated, in which the myopia was 14 D., the girl was restored to almost perfect vision without any glasses being necessary. In another case, where there was traumatic cataract, there was better vision after its removal, without correction, than was present in the healthy eye.

Groz thought that this operation should still be held in reserve. It is not many years since Fuchs introduced this method of treatment for a high degree, and as far as he knew, there would only be about 200 cases operated on, which were distributed very sporadically over Germany and Austria, but as yet we had no exact history of any of the cases beyond the first year or so after the operation. His own experience was that we were not justified in operating in every case with the confident hope of uninterrupted success. The dangers were many, and the success sometimes disappointing. When the myopia reached 14 or 15 D., with a healthy choroid, he quite agreed with his colleagues that the operation might be undertaken with benefit to the patient, but the risks were always great.

CANCER OF THE UTERUS.

Bäcker next gave an analytical account of the two Clinics of Buda-Pest, viz., (1) midwifery or lying-in, and (2) gynaecology and diseases of women. Since 1882, 11,095 new cases were admitted to the institutions; and out of this number 705 were afflicted with cancer = 6.35

per cent. of the total. From a further analysis he concluded (a) that carcinoma was more common in the child-bearing; (b) that the birth of the child did not stand in any relation to the outbreak or declaration of the disease, as 85 per cent. of the cases showed no symptoms of cancer until three years after confinement; (c) that carcinoma is a common result of endometritis; (d) and that the position of the cancer is usually found to commence in the original site of the endometritis. From these statistics he formulated the hypothesis that endometritis was the proximate cause of cancer in the uterus, and should receive early attention.

In the diagnosis it is difficult to determine with accuracy when the carcinomatous character has commenced, as it may not be actually demonstrated in the mucous membrane excochleated from a uterus suffering from metritis chronica. Yet, after a short time, a large cancerous mass may be removed by the forceps.

In the treatment of cancer early operation is necessary, but it need not be abdominal if recognised sufficiently early.

It is only when the growth has exceeded the size of the fist that this major operation need be resorted to, as the vaginal extirpation abdomino-vaginal or sacral are quite ample for ordinary purposes. Since 1885 he has performed 70 operations for extirpation of cancerous uteri, 69 of these being vaginal, and 1 after Freund-Rydgier's recommendation, which recovered.

The mortality of the 69 cases was 11.6 per cent., and of the recovery cases, 33.33 per cent. continued three years without recurrence. Cure can only be expected where the disease is recognised very early.

Tauffer said the etiology of cancer was still obscure, notwithstanding Backer's eloquence on the subject. It was not yet demonstrated whether the endometritis was the cause of the carcinoma, or the carcinoma the cause of the endometritis! His personal experience of the sacral operation was that it was not a minor undertaking. On reaching the uterus, he found parametria, infiltration, and fistula of bladder that led to a larger operation than possibly would have been required by an abdominal section.

The Operating Theatres.

ROYAL FREE HOSPITAL.

TWO JOINT CASES. I. REMOVAL OF LOOSE BODIES FROM THE KNEE-JOINT.—The patient, a big well-built heavy man, applied at the hospital on account of a weakness of the right knee-joint of some months' duration, with occasional attacks of pain. The knee was slightly distended with fluid, and on examination in certain positions of the joint a loose body about the size of a shilling was found to the upper and outer part; it slipped away again immediately when touched; it could not always be found, but by certain movements of the joint the patient could make the body appear at the point mentioned. After the careful cleansing of the surface of the joint and shaving of the limb, Mr. Battle made an incision over the outer part of the joint where the loose body could usually be felt, and on pressure it was easily brought to the surface and removed; the finger was then introduced to examine the condition of the interior of the joint, and detected another and much smaller body lying near the lower margin of the wound; this was easily taken away. The synovial membrane appeared thickened and congested, and a small quantity of synovial fluid of

very thick consistency escaped from the joint. As nothing further in the shape of loose bodies could be felt the wound was washed out with perchloride solution, the synovial membrane sutured with silk sutures, and the external wound closed with other sutures, the usual dressings being applied. The limb was then put up in a plaster of Paris splint. The larger of the foreign bodies removed was disc shaped, slightly irregular of margin and very hard; the smaller was flat and apparently fibrous. Mr. Battle considered that the separate suturing of the synovial membrane was an important thing in the treatment of these cases, for should suppuration occur in the other parts of the wound it was thus rendered less likely to spread to the joint. In dealing with such a large synovial membrane, it was best, he thought, to treat it with the same respect that one paid to the peritoneum, for if suppuration occurred in the knee-joint, it might ultimately prove as fatal to the patient as a suppuration in the peritoneum. Another point on which he insisted was the necessity of immobilising the joint, that is, of applying splints of such a length as to render futile any attempt of the patient to move the joint; as a rule, when splints were applied to the knee, they were rarely of sufficient length to attain this object, and experience of several years in out-patient practice had shown him that whilst splints were put on extending far enough towards the foot, they did not extend sufficiently high up the thigh, and time after time he had seen splints which apparently gave the patient power over the knee, possibly because they had slipped down, but certainly because they were not of sufficient length. The treatment by splint was said to have been ineffectual, but this was because the method of applying the splint was faulty, not because the treatment by splints was in itself ill-advised.

II. MONARTICULAR RHEUMATOID ARTHRITIS OF METACARPO-PHALANGEAL JOINT OF THE MIDDLE FINGER.—The patient, a woman, *set.* about 45, was sent to the hospital on account of a swelling on the back of the hand, which she had noticed for five years; she had consulted a medical man for pain in the joint affected five years previously, and the swelling had gradually formed since. Over the joint, and extending on to the dorsum of the hand was a swelling about the size of half-a-crown spreading more to the radial side of the extensor tendon than to the inner side; its outline was well defined and gave the sensation of fluctuation. In the palm of the hand there was decided fulness of the joint. On pressing the joint surfaces together, a creaking sensation was elicited, and the patient complained of some pain; she could not flex the finger fully, and was, therefore, unable to do her work, that of a laundress, on which her livelihood depended (she was a widow and had to support two children). Mr. Battle made an incision to the outside of the extensor tendon, and the capsule of the joint, which was irregularly distended, was opened; it was found that the greater part of the swelling consisted of a lowly-organised solid material with some cystic dilatations in its substance continuous with the joint; this was dissected away, being closely attached to the extensor tendon. There was a groove in the upper part of the head of the metacarpal bone, where the cartilage had been partially worn away. The small end of a Volkman's spoon was passed between the joint surfaces and the synovial membrane on the anterior aspect scraped as thoroughly as possible; many polypoid fringes were thus removed; the joint was then washed out with perchloride lotion and

the wound closed without drainage. Esmarch's bandage was used during the operation, and removed after the application of the dressings. An anterior splint was applied. Mr. Battle remarked that such an affection of a single joint of the hand was a very unusual occurrence. When a single joint was affected in the hand he had generally seen the metacarpal joint of the thumb invaded. Operations in cases of rheumatoid arthritis were seldom performed, but he considered that there were many cases where such joints as the shoulder were diseased in which operation would be of great benefit to the patient, for even if a movable joint was not obtained much relief might be afforded from the pain, and the patient's condition correspondingly improved; he thought that in the present position of surgery much more might be undertaken than formerly to the great advantage of some of the sufferers with this painful disease.

LONDON HOSPITAL.

With regard to the tumour of the palate removed by Mr. Dean (the operation was reported in "Operating Theatres" on the 15th inst.), a microscopical examination of a section of the palate growth showed it to be a round-celled sarcoma. The deposit in the lymphatic glands was of the same nature. A section of the portion of the thyroid gland removed did not show any sarcomatous change under the microscope, but had the ordinary appearances of chronic goitre. The case, therefore, was one of primary sarcoma of the palate with metastatic deposits in the lymphatic glands.

It is satisfactory to state that the patient was quite well at the end of a fortnight, and returned home promising to come back to the hospital later to have the glands removed from the right side of the neck.

DR. FARQUHARSON, M.P. for Aberdeenshire, has extracted from Sir M. W. Ridley, the Home Secretary, the admission that the scale of fees for witnesses, medical and other, which is now operative, is obsolete, it having been made in 1858, and that it must be reconstructed. We trust that the process of revision will not be long delayed, for at present the fees allowed are preposterously unjust.

DESPIITE statements to the contrary which have appeared in certain journals, the *Playfair v. Kitson* case has not been settled out of court. The appeal will in due course come on for hearing, when, of course, all the old evidence will have to be repeated. The damages may appear to be excessive, but it must be remembered that the amount was clearly calculated as sufficient to yield to Mrs. Kitson an income equivalent to that which, through the representations of Dr. Playfair, she had lost.

THE Board of Agriculture have had their attention drawn to a serious outbreak of swine fever in Lancashire.

AT Portsmouth last week a local anti-vaccinationist was fined twenty shillings for refusing to conform with the Vaccination Act.

PROFESSOR SAPPEY, the well-known anatomist, died recently in Paris at the age of eighty-six.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 29, 1896.

THE PREVENTION OF MEDICAL ADVERTISING.—II.

BEFORE any serious endeavour is made to purge the profession of the evils to which we have referred in a previous article (see *THE MEDICAL PRESS AND CIRCULAR*, April 22nd) it is necessary to obtain a clear idea of the extent to which existing disciplinary powers can be effectually brought to bear. Most forms of medical advertising, as at present practised, are not, and cannot be made, amenable to the disciplinary action of such a body as the General Medical Council. That body will certainly never consent to declare that it is "infamous in a professional respect" to found a hospital, be it ever so private, and that being conceded it is difficult to see how the founders can be prevented from using their connection with the institution for advertising purposes. It is possible that the Colleges might be induced to formally prohibit the advertising of medical works in the lay press, but such drastic measures would if insisted upon fall upon men whose position virtually places them beyond the reach of collegiate censure, seeing that they are not unfrequently presidents or censors of the very body whose duty it is to take cognisance thereof. As we have repeatedly pointed out there can be no hard and fast line. Each case must be judged upon its merits. It is not, as has been so often asserted, a question of free trade in advertisement or its entire prevention. Entire prevention, indeed,

is altogether out of the question, but God forbid that, for this reason, we should ever come to free trade in medical advertising, if only on the ground that the cost of advertising, if it became general, would absorb a large proportion of one's income to no useful purpose except that of degrading the moral and social tone of the profession. Just as there are persons too high-placed to be amenable to any impeachment, so there are others, and their name is legion, who are driven by the struggle for existence to disregard conventional amenities as between fellow practitioners. In a sense they are beneath contempt and beyond the reach of censure, but the remedy lies probably in measures which would restrict the number of competing practitioners and thus render it possible for men to gain a livelihood without resorting to unbecoming practices. Medical societies and associations might do much to combat the evils complained of by placing a ban on those who wantonly and systematically violate the code. Their action, however, would be more likely to reach those in the higher walks of the profession than delinquents lower down in the scale. If consultants are once made to understand that covert advertising excites a hostile feeling among "the geese who lay the golden eggs" they will be more chary of indulging therein, but after all the consultant pits himself against his brother consultant and not against the general practitioner, who has consequently little to fear from his self-assertiveness. In spite of the flood of eloquence that has been let loose by a recent law suit, we really doubt if there is serious ground for complaint in the ranks of the average general practitioner. He, poor man, plods his melancholy way, for the most part without any overt attempt to aggrandise his person or his practice by illegitimate means. As a matter of fact, an unexpected puff by an injudicious journalistic friend usually gives him more pain than pleasure. The General Medical Council might, as matters stand, do much to check the broadcast distribution of quasi-anonymous handbills by out-at-elbow practitioners who make a bid for custom by underselling their fellows, but this the Council will probably not do until it is goaded on by outside pressure. If the medical societies and associations would declare once and for all that the advertising of medical books in the lay press was unbecoming and inadmissible conduct involving exclusion from professional fellowship, the practice would cease to exist with a few insignificant exceptions. The anti-fat men and specialists in sexual disorders might, it is true, set all such edicts at defiance, but as far as the profession at large is concerned their blatant self-advertisement can safely be treated with contempt.

FADS AND "ADS."

WITH the alliterative title of "Fads and 'Ads,'" an American practitioner recently read a paper before the Missouri Medical Association, drawing attention to many of the little weaknesses of his professional brethren. In the first place, however, his remarks would seem to show that in many respects in America

practitioners are a great deal more disposed to indulge in fads than is the case in this country. In this connection mention is made of the peculiarities of several of his personal friends. For example, one practitioner devoted himself to fine horses, another prided himself on keeping his "office" clean, a third, with some perverseness, made a particular point of having his "office" in such a dirty and untidy condition as to disgust everyone who entered it, his explanation being that the adoption of this policy could be taken to indicate that he never had any time, owing to pressure of work, to enforce a more cleanly state of affairs. A further example is given of a practitioner whose "fad" is always to indulge in "loud talking," whenever he sees or meets a friend in the streets, and who takes the opportunity to say that he is too busy to stop and speak. All these fads and "ads" the author believes are in themselves harmless, and to some extent excusable, but the same he asserts is not the case in regard to a more pressing fad which everyday is becoming more and more pronounced. The allusion is to the use of proprietary compounds. Here the author's lash is fully laid about, and with no uncertain hand he makes it felt. The reasons given for prescribing these compounds are: (1) They are generally palatable, some of them are trustworthy; (2) Time and trouble is saved in prescribing. "For instance, I believe that quinine and iron are indicated in a certain case, accordingly I prescribe someone's elixir of quinine and iron already made. The dose and proportion may not be exactly what I want, but through laziness or carelessness I fall into the trap set for me. These compounds, as a rule, are labelled and indication given, and some have an extra wrapper on which are printed reports of cases treated and results. These we do not order, but the smooth manufacturer saw the point. He knew if the doctor prescribed the compound the curiosity of the patient would lead him to read all about it, after which the patient gets a fad of his own, and that fad consists in buying these compounds without consulting the doctor." Another point of which this critic complains is the exorbitant prices which are charged by the manufacturers for these compounds. The high prices, it is stated, are charged because the compounds are recommended by medical men. Again, a manufacturer introduces a new remedy which he claims as a specific for, say, influenza. Forthwith, says the author, the word of the manufacturer is taken, and the remedy is prescribed broadcast. "This," it is added, "is a nice way to learn and practise medicine, a nice way to study our cases and to learn what is the real lesion in *la grippe*. Let us make out our own prescriptions and study medicine and pharmacy for ourselves. In fact, let us do our duty as physicians and cease patronising ready-remedy-makers. We can never restore medicine to its proper sphere by connivance with drug manufacturers. We ought to be teachers of pharmacy instead of its dupes." There is undeniably some truth in these remarks. But we think that the author is somewhat hard on the manufacturers to whom he refers. In the first place, the ordinary busy practitioner has no time to devote to the investigation of new pharmaceutical

compounds. For the most part all that he has time for is merely to prescribe those which his knowledge and experience have taught him are useful. On the other hand, it is the business of the manufacturer to spend time and capital upon researches in this direction. Unless praiseworthy enterprise had been shown in the pursuit of such objects, it is undeniable that many new compounds, the value of which has been repeatedly proved, would never have been available for practitioners with which to cure or relieve their patients. While, therefore, the manufacturers devote their energies towards the attainment of such laudable objects, it seems rather unjust to quarrel with them for the profits they make, and to decline to give them support in consequence. The improvements in pharmacy have been entirely due to the modern industry of manufacturing pharmaceutical chemists, and it would be a bad day for the public, no less than for medical practitioners, if this industry were suddenly to cease.

THE METROPOLITAN DEATH-RATE.

THE belief that London is the healthiest of the great cities of the world has long since become an article of faith among the inhabitants of the United Kingdom. Nor is the theory devoid of a solid basis of fact, for the death-rate of 20.5 for the decennium 1881-90 fell to 17.7 in 1894, and to 19.7 during last year. The figures of the death-rate for the whole metropolis, however, although in themselves of a satisfactory nature, will nevertheless be found on analysis to point to internal conditions that are far from reassuring. If, for instance, we compare together the mortality returns of the various districts included in Greater London we see that the mean of 19.7 is made up from widely-varying results. Two Southwark parishes, St. Saviour and St. Olave, head the list with 25.6 and 24.1 per 1,000, while the remaining forty-three sanitary areas follow in diminishing ratio until they reach Wandsworth, Lee, and Lewisham, with 14.8, 14.5, and 14.4 respectively, and the lowest points of 13.4 in Stoke Newington, and 12.0 in Hampstead. Southwark has for a long time, in one or other of its parishes, achieved the unenviable position of heading the death-rates of the Metropolis. In 1894 the parish of St. George-the-Martyr, Southwark, came first with 23.7, but last year a fall of .2 placed it fourth among the London sanitary areas. Its Medical Officer of Health, Dr. Waldo, in his recently issued annual report for 1895, has gone into the matter in a way that is both suggestive and instructive. His parish is the poorest and most crowded in London, and a comparatively high death-rate, under such circumstances, might be safely predicted. On inquiry, however, the striking fact becomes evident that the excessive mortality is mainly confined to a single one of the three sub-districts into which the area in question is divided. More precisely, the 1895 death-rate for the Borough Road sub-district was 33.0 per 1,000, as against 19.8 for the London Road, and 19.1 for the Kent Road sub-districts. The average for the four years immediately preceding was 33.9 for the Borough Road, as against

20.4 for the London Road, and 20.6 for the Kent Road sub-districts. In other words, the relative number of deaths in the first-named portion of the parish has been, roughly speaking, almost double that of either of the two remaining portions. As Dr. Waldo points out, the period over which these figures extend, four years, and the actual number of deaths are both too small to allow of drawing absolutely sound conclusions. At the same time he calls attention to the following facts in connection with the 1895 Report. "1. The mortality of the Borough Road sub-district is 4.2 higher than that of Liverpool for the year 1895. The latter place had the highest death-rate of the thirty-three large English towns. 2. That of the London Road sub-district is almost the same as that for the thirty-three large provincial towns, and only slightly higher than that of the whole of London. 3. That of the Kent Road sub-district is below the figure returned for the whole of London, and for the thirty-three great towns." These statements can bear but one interpretation, namely, that the Borough Road sub-district is one of London's plague spots, and that to its influence is attributable the high collective death-rate of the whole parish of St. George-the-Martyr. The bane of excessive infantile mortality has brought about, in no small degree, this evil condition. Thus we find that "during 1895, the number of infants who died within the first year of life was 4.52. These figures give the high rate of 208 deaths to every 1,000 births in St. George's as compared with 165 deaths per 1,000 births for London. The average rate for the four years 1892-3-4-5, for St. George's, was 206, and for the Borough Road sub-district, 235; as against 155 for London." Then the zymotic rate is high; indeed, for the whole parish, it heads the list so far as the London sanitary areas are concerned. From this analysis the valuable lesson may, we think, be gathered that the death-rate of Greater London, favourable though it may seem, attains that standard only through the dilution, so to speak, of the returns of the bad districts by those of the good. If London were to purge its vast area of plague spots its death-rate would rapidly sink below 17 per 1,000, which the late Dr. Parkes fixed as "the mortality incident to human nature." Now that the principle of community of interest in metropolitan health matters has been accepted it would be well if some central authority were to search out and purify such plague spots as those of the Southwark Borough Road sub-district. Dr. Waldo's report contains many other interesting features, with some of which we hope to deal at a future time. For the present we will be content with the solid fact that the death-rate for 1895 touched the lowest point recorded for the last half century, "Moreover, if we take the recorded rate for the past fifty years we find that there has been a decrease from 30 in the decade 1841-50 to 23.7 in 1895." These results, both the general and the particular, are encouraging in the highest degree, and most people will emphatically endorse the modest claim of the author of the report that they "certainly appear, on the face of them, to furnish proof of the value of sanitary progress to the community."

Notes on Current Topics.

The Mauser Rifle.

FROM medical papers to hand, it appears that the Mauser rifle, as modified by the Spanish military authorities and used in the Cuban war by the Royal troops, is a weapon better adapted for wounding than for killing, especially at short range. The bullet is one third of an inch in calibre, conico-cylindrical in shape, wrapped in five coverings, the outer of which is made of nickel-plated steel. With a charge of twenty-eight grammes of smokeless powder, the range is 2,000 metres, and at 100 metres the bullet can pierce a metre of pine wood. Dr. J. Santos Fernandez describes a case of Mauser gun-shot wound in a recent number of *La Cronica Médico-Quirúrgica* of Havana. The patient, set 41, was wounded in the left temple, the bullet traversed the frontal lobe of the brain obliquely, and escaped just above the inner canthus of the left eye. Immediately on receiving the injury, the man fell to the ground, but after recovering from the shock he did not complain of pain. The eyelids became swollen and pressed down on the eyes, excluding light. After eight days the swelling diminished, and then it was noticed that the globe of the left eye had become much smaller and that the sight of that eye was lost. Neither pain nor suppuration had followed the injury, and the sole lesion discernible was atrophy. Dr. Fernandez, in referring to the great velocity of the bullet, considers that in its passage through the tissues it cauterises those with which it comes in contact; hence, the primary hæmorrhage is slight, but secondary hæmorrhage frequently occurs, probably from slight sloughs from the cauterised walls of the injured blood vessels. The destructive power of the weapon is well shown by Dr. Antonio Canello y Peirole's case (*El Siglo Médico*) of a soldier who was cleaning the barrel of his loaded rifle. He had placed his left wrist on the muzzle and by some accident the rifle went off; the bullet entered the anterior surface of the wrist and passed out at the posterior surface at the carpo-metacarpal articulations. It blew away the carpal extremities of the radius and ulna; the whole of the os magnum, semilunar and unciform bones, and the carpal ends of all the metacarpal bones. On examining the wound with the finger it was found to contain a large number of spiculae of bone, some loose and some only partly detached. The hæmorrhage was slight. Under strict aseptic dressing the hand was saved, but not without much trouble. On the fourth and fifth days the patient complained of much pain, had a high temperature, and was restless. On the tenth day there came a copious discharge of pus, and on the twelfth day the temperature was normal, the pus lessened, and the patient made an uninterrupted recovery.

The Capacity of Women for Bearing Pain.

It is obviously a somewhat difficult matter to estimate the degree of resistance to painful impressions in man and woman respectively, or even as between individuals of the same sex. Some measure of success has, it is

true, attended attempts to express in figures comparative sensitiveness to tactile impression and in respect of the auditory and olfactory functions. There, however, we are dealing with tangible stimuli, which can themselves be titrated, so to speak, before being employed. It is quite otherwise with the subjective phenomenon which we call pain. Pain, indeed, is a reaction which varies more with the idiosyncrasy of the individual than with the nature or intensity of the excitant. The sensations associated with the violent abduction of a tooth are always disagreeable, but it is difficult to resist the conclusion that, other things being the same, the intensity of the pain varies within very wide limits. For purposes of comparison we are obliged to assume what we may call a standard intensity of pain, and, proceeding on that basis, M. J. Finot feels justified in asserting that women are more resistant than men. When under the stimulus of emulation women, he tells us, are capable of developing a will power far in excess of that attainable by her hardier partner in the "struggle for life." For instance, in experiments with the electric current, the female subjects were able to bear as much as 230 volts, compared with 40 or 50 volts, which was all the men would put up with. According to this observer, this capacity of resistance to pain constitutes a valuable attribute in the struggle for life. Woman's intelligence being approximately equal to that of man this extraordinary will-power confers an indisputable superiority over man. The author clinches his argument by pointing out, on biological data, that femininity of sex is the result of a superabundance of vitality, of a richness of nutrition, rather than of any arrest of development, as we have hitherto complacently supposed. The caterpillars of moths and butterflies become of the male sex when subjected to starvation régime, and in poor and miserable countries, the preponderance of boys over girls is very marked, just as twins, who have to compete for the maternal nourishment, and are comparatively less favourably situated from a nutritive point of view, are, he states, usually of the male sex. Everywhere and always, concludes M. Finot, nature shows a preference for the female sex, a preference, it may be added, which men have universally endorsed. The ladies ought to vote a medal to M. Finot for his contribution to the emancipation of women on logical and biological grounds.

A "Penny-in-the-Slot" Doctor.

To the uses to which the "penny-in-the-slot" system can be put there seem to be no end. The public have become familiar with the contrivances of this kind, which enable them to test their own vision and ascertain the strength of the lenses required to correct the refraction defect from which they may be suffering. Presumably, these machines are patronised by some persons, otherwise it is certain that the railway stations and other places where they are placed would know them no more. But the difficulty is to understand what manner of person he or she would be who could seriously make use of any information derived

from such a source. However, this matter aside, there is soon to be a new development in the "penny-in-the-slot" business. A Dutchman, it is reported, has invented an automatic doctor, we suppose, upon the general practitioner principle. In appearance, the machine is a dignified metal presentment of a man, the front of whose waistcoat is pierced with a number of openings, over each of which is described the name of one of the common ailments to which humanity is subject. A penny is dropped into the slot corresponding with the disease from which the customer is supposed to be suffering, and out pops a small packet of medicine "suitable for the case." But, however advantageous this arrangement might prove it obviously involves a question of etiquette. For example it would be difficult to proceed against the metal practitioner for divulging professional secrets, but clearly whenever he happened to be consulted by one of the public, say at a railway station, all the little boys and other persons standing near would know at once, from the particular slot operated upon, what the complaint happened to be for which assistance was required. An engaging young lady might covertly drop a penny in one of the slots, but before she would be able to push the drawer back, a casual passer by might see that she wanted something for the toothache. Again, an elderly female taking the opportunity when nobody was looking might manipulate another well-worn slot, but an inquisitive little boy might pop round the corner and just be in time to see that she had taken something for the "spasms." Of course the metal practitioner would reveal all the secrets of which he was capable, corresponding with the number of slots which entered into his construction. This unethical character of his might, or might not, interfere with his practice; nevertheless it is certain that no matter what he divulged, he could never be proceeded against.

Dublin Sanitation.

SOME time ago we noticed the promulgation by the Dublin Sanitary Association of a Report on Typhoid in Dublin, containing a number of recommendations for change in the sanitary system now in force. Most of these recommendations had reference to matters of detail which had previously, or have been since, attended to by the Public Health Committee of the Corporation. The salient points of the report, however, were proposals that a complete system of subsoil drainage of the city should be undertaken, and also that a map should be prepared and kept open for inspection of all-comers, in which would be indicated every house in which a typhoid case had occurred. As regards the proposal for subsoil drainage the Public Health Committee, in its report to the Town Council, attempts and seems to succeed in showing that no subsoil drainage is needed, because no water-logging of the soil exists. It caused wells to be sunk in various parts of the city, (and thereby has established that the districts supposed by the Sanitary Association to be waterlogged are, in fact, the driest in the entire area — for geological reasons. The

Committee also very reasonably objects to gibbet householders who are so unfortunate as to have typhoid in their houses by marking them on a map, to which all the world might have access. Finally, the Public Health Committee controverts the assertion that typhoid is unduly prevalent in Dublin, and states that the zymotic rate is below that of 33 of the largest English towns. For the purpose of asserting an empty principle the Sanitary Association may, perhaps, consider it necessary to declare in favour of complete subsoil drainage and the mapping of infective disease, but if the Association means business, as distinguished from dogma, it goes a very bad way about improving Dublin sanitation. Surely the Association must know that it might as well recommend the paving of the streets with half-crowns as ask the citizens to spend another £200,000 or £300,000 on subsoil drainage after they shall have outlaid £600,000 on main drainage and, possibly, £480,000 on sewer reconstruction. Such a suggestion, even if the necessity for subsoil drainage were admitted, is enough to choke off all attempts at sanitary reform and to extinguish all chance of realising the praiseworthy objects to which the Association is devoted.

The Medical Aid Societies.

THE speculators known by this name have held a conference at Wednesbury, at which they discussed the course to be adopted to combat the agitation against them on the part of the medical profession. We notice the pronouncements of delegates at this conference for the purpose of pointing out that this sort of contract doctoring has now put forth pretensions which it would not have thought of advancing ten years ago. At that time these Friendly Societies pleaded to be allowed to live because they provided medical care for a neglected class who were too good for hospitals and not good enough for private practitioners, and the profession willingly conceded that such class had a claim, and might be catered for on specially easy terms. Now these Societies, as represented at this conference, assume a commanding tone and avow their determination to admit to their benefits all classes, however wealthy. One of the spokesmen made the following declaration: "We shall have welcomed and shall continue to welcome the entrance of persons of all grades to our ranks, whether rich or poor, and we claim for the well-to-do the right to make what provision in the future in our Society they may desire." All right. The profession has no power to effectually contest this proposition, but it has ample power, if it pleases to avail of it, to checkmate this nice little speculation upon the necessities of the doctors by leaving without medical attendance any Society which adopts the policy thus stated. If the Friendly Societies have perfect freedom of action, so have the doctors, and if it is right for the Societies to sponge well-to-do people upon the doctors at pauper rates it is also right for the doctors to refuse to attend such people and mercilessly to boycott any practitioner who does attend. If there is any impropriety in the transaction it is on the part of the Societies.

Drug Traps for Fools.

THE *Chemist and Druggist* favours us with an exposure of some of the proprietary "springes to catch woodcocks" from which, when lavishly advertised, piles of money are made out of the gullibility of the public, especially the feminine public. It is as far back as thirty years ago that our contemporary showed that the hair restorers, sold at 6s. a bottle, consisted of nothing more than a little sugar of lead and sulphur, and some coloured water. Yet these restorers are as vigorous in their sales now as they were then. The same journal has found that an infallible liquid for curling the hair is nothing but common lime water, and a powder for the same purpose comprises a little washing soda mixed with gum powder. Again, a lotion to clear off wrinkles and freckles, sold at half a guinea a bottle, consists of a few teaspoonfuls of glycerine and tinct. benz.; one for keeping the skin safe against sea breezes, sold at 16s. a pint, is nothing but dilute glycerine, and other skin lotions consist of a pinch of corrosive sublimate dissolved in one or other nice-smelling menstruum. These are toilet preparations, but the same tricks of trade are found as frequently in proprietary medical preparations. Feverish babies are calmed and cooled with a grain or two of potassium chlorate, mixed with a little liquorice-powder; the popular pink powder owes its efficacy to its grain of calomel; headache-snuff is carbonate of soda with a pinch of salt; and the "nit-powder" is more often than not borax pure and simple. Higher flights are coloured carbolic oil for the last-mentioned purpose, and solution of sal-ammoniac with a bitter for neuralgia. It would be ridiculous to expect trade morality so Quixotic as to refuse to make money by selling to the public what they ask for, and are willing to pay for, and what, in some cases, may produce the results claimed for it, nor can traders be reasonably condemned for charging any price they please for a nostrum, if they find buyers ready to pay such price, and, indeed, unwilling to buy at all if they are not overcharged. It is, however, to be regretted that ignorance and stupidity should be so universal amongst the buying public, and we can only hope that the continual publication of the tricks of trade may educate them, or some of them, so that they shall be less credulous than they are.

The Local Government Board and the Gloucester Epidemic.

THE Local Government Board, somewhat tardily we think, have issued an important statement with regard to the statistics of the small-pox epidemic at Willenhall in 1894. It will be remembered that since the outbreak at Gloucester, the anti-vaccinationist agitators have repeatedly referred to the Willenhall epidemic, and have issued statements respecting it which the Local Government Board have only now shown to be absolutely false. The attempt of the agitators was to prove that Willenhall was a fully vaccinated district, and that despite this fact small-pox occurred with a high death-rate. The real figures, however, are these, quoting from the official communication;—

"Having regard to misstatements that have been frequently made in connection with the epidemic of small-pox at Willenhall in 1894, full inquiries have been made by the Local Government Board as to the facts of that epidemic in its bearing on the preventive influence or otherwise of vaccination. It has been found that the report of the local medical officer of health of Willenhall gives the following facts:—842 cases of small-pox were notified: of these, 830 were traced, and it is known that no death occurred among the remaining 12. Of the 830 attacked, 89 occurred in persons who had never been vaccinated; of these, 30 died—namely, 33·7 per cent. The remaining 739 persons had been vaccinated at some or other time of their lives, and of these only 17, or 2·3 per cent., died. 'The death-rate,' says the local medical officer of health, 'was more than 14½ times greater among the former than the latter.' Other data given show that, accordingly, as the vaccinated had one to four prominent vaccination scars, the death-rate ranged from 4·1 per cent. among those with one scar to 1·1 per cent. to those with four scars. No death occurred among any of the revaccinated persons."

It is too much to hope that the logic of these facts will have any effect upon the perverse anti-vaccinationists, for, hydra-like, they become assertive with a new set of perverted figures when their cherished misstatements have been effectually disposed of by official records.

The Payment of Medical Bills.

A CORRESPONDENT in *Tit Bits* raises a question which might certainly with advantage be considered by the public. He asks, "Is medical etiquette bad for the public?" and then relates, in illustration, a personal experience of his own. He lately paid his doctor's bill for 1895, and states that the amount rather startled him. "There was no possible way of checking the items," he adds, "and as my doctor is also my friend, I, like many of your readers, lacked the moral courage to ask for a detailed account, and so wrote a cheque for the total, feeling dissatisfied, and wishing that medical etiquette provided the ordinary means of gauging one's expenditure on any particular item of the year's outlay." This correspondent then proceeds to argue that the yearly bills sent in by doctors are a mistake, and this custom of rendering accounts can only be due to an erroneous sense of medical etiquette. We hasten to inform this critic that he is quite in error. Medical men prefer cash payments just as much as other persons, whether professional or otherwise. It is merely out of deference to their patients that such payments have not been the rule among general practitioners. If this system were in vogue it is certain that medical men would find that their unremunerated work would greatly diminish. Persons frequently incur the costs of medical attendance which their means do not warrant, and in these cases it often happens that the practitioner has to suffer for their incapacity to pay. Were cash payments to be the rule such contingencies could not arise.

"Model" Dwellings, Indeed!

OF late years it has been more and more the fashion to build huge blocks of dwellings for the artisans of our large towns. The massing together of so many people

under these new conditions has already led to many unpleasant complications. One of the latest is that the police decline to interfere with the control of the stairs and passages of the "models," because they are private property. The result of this attitude may be gathered from the following passage which appeared lately in a letter addressed to the *Daily Chronicle*: "The staircases, as a rule, are open to the street, and are used for sleeping, and often for worse purposes; the yards are infested by young gamblers throughout the greater part of Sunday, and whenever daylight allows. The police say they have no right to interfere, because both yards and staircases are private property. But to all intents and purposes they are public thoroughfares; the gates are open all night, and women who have to go office-cleaning in the early morning not infrequently go in fear of personal violence." In view of these and many other abuses reported under the present system it is clear that the interests of the public demand a better control over these huge hives of population.

A "Snap-shot" Diagnosis.

THERE is no more difficult task, at times, than to decide whether a particular person is or is not under the influence of drink. Various tests of the co-ordination of muscles and nerve-centres have been devised from time to time, but none of them are infallible. It is quite conceivable, for instance, that a sober man would slip over the mystic sentence, "she stood at the door of Burgess's fish-sauce shop, beckoning him in," and in the same way the inability to walk along a line chalked on the floor might be due to non-alcoholic causes. It behoves the medical man who is called by the police to pronounce as to the sobriety or otherwise of a prisoner to be specially guarded in his diagnosis. During the past week, from the evidence given before a London magistrate, it appeared that a doctor, summoned to a police-cell, gave one look at its inmate, pronounced the word "drunk" and departed. It is not surprising that the magistrates marked his sense of the worthlessness of such evidence by discharging the prisoner and disallowing the doctor's fee. With that decision we are in full accord, as we hold a fixed opinion that the diagnosis of drunkenness, especially in police cases, should be arrived at only after patient and exhaustive examination.

The Perils of Petroleum.

THE increased popularity of petroleum lamps for the purposes of household lighting has been attended with an alarming number of fatal explosions. Hence, any attempt to control these accidental occurrences becomes a matter of national importance, and on that ground we welcome the inquiry now being conducted by a Select Committee of the House of Commons. Last week some important evidence was tendered by an official of the London County Council. He made the remarkable statement that the lamp accidents in the Metropolis had increased from sixteen in the year 1866 to 473 in 1895. Heating of the burners was the main cause of these explosions, and it was the opinion of the Council that the sale of dangerous lamps ought

to be entirely prohibited. Even in some of the expensive lamps a channel of communication was sometimes left open between the flame and the reservoir. All the oils causing accidents were found to be above 73 degrees flash-point, which was the "Abel" test. In one instance, the flash-point was as high as 110 degrees. The witness expressed his belief that it would be wise to raise the flash-point from 73 to 120 degrees, in which case it would not matter very much what sort of oil was used. It is to be hoped that the Governmental inquiry will speedily lead to practical results. We know of no piece of domestic legislation that is more needed than a measure to control the makers of defective lamps.

Anti-Vaccinationists Tactics.

THE unscrupulous statements made by rabid anti-vaccinationists have been particularly obtrusive of late. Perhaps the most outrageous one of this description which has come under our notice is that of a correspondent, named J. R. Williamson, who frequently adorns the columns of the *Echo*, and other newspapers of that ilk. His latest contribution to the subject is that "although it is no longer a matter of speculation that deaths from vaccination are of constant occurrence, yet it is extremely difficult to obtain a public inquiry into fatal cases, especially in Scotland." He also asserts that "Mr. A. R. Wallace has computed that 10,000 children are destroyed yearly in England and Wales by five maladies induced by vaccination." How is it to be wondered at that the poor and uneducated should be induced to disobey the law, when such mendacious statements as these are issued broadcast over the country. Can, under these circumstances, surprise be felt that two brothers who died of small-pox last week at Gloucester should have stated that they preferred death to vaccination. Verily, the anti-vaccinationists have much to answer for, since out of their pernicious teaching, death, untold misery, hideous deformities, and many other evils have held sway during the course of the epidemic of small-pox in Gloucester.

The Importation of Invalids into the Colonies.

EVIL days are in store for phthisical persons in this country who are desirous of trying the effects of the climate of New Zealand. At the present moment the Government of this Colony are considering a draft for a Bill prohibiting those suffering from phthisis from landing, the intention being to pass an Act similar to that in force against the importation of lepers, sufferers from small-pox, and others afflicted with contagious disease. A clause will be inserted in the proposed Bill exacting heavy penalties from ship captains who bring consumptives to the Colony. One of the effects of this will be that the owners of the passenger lines will have to demand clean bills of health from their passengers before taking them on board. We doubt the necessity or the expediency of the step proposed to be taken by the New Zealand Government in this regard. The tubercle bacillus can only flourish when the conditions are favourable to its

development. Its infectiveness is not by any means comparable to that of the zymotic and other contagious diseases, despite the opinion of German professors upon this point; it is many degrees less infective than the latter, and among healthy persons not predisposed to the disease, the risk of its dissemination is *nil*.

The Transvaal Government and Foreign Medical Practitioners.

In view of the attention which is now being centred in the South African Republic, it may be of use to point out the conditions under which the holders of foreign medical degrees and diplomas are permitted to practice in that country. The business in connection with the regulation of these conditions is placed in the hands of a Board, called the Transvaal Government Medical Board. The Board does not examine the candidates applying for permission, nor does it grant diplomas in medicine or surgery, but it only supervises and decides on the merits of the diplomas of such medical men who desire to be registered in the State for the purpose of practising their profession. The rule followed is to accept and admit all diplomas which entitle the legitimate holders to practice in the country in which such diploma has been granted, and for which a minimum of four years' purely professional study is required. These are not severe restrictions, nevertheless, if carried out, they would be quite sufficient to exclude the peripatetic, uneducated followers of Æsculapius, who might be disposed to make a raid upon the Transvaal with their diplomas obtained from the bogus colleges in America and other places.

The Late Baron Hirsch and Medical Charities.

THE death of Baron Hirsch will make a great difference to many charities which in this country have to depend for their existence upon voluntary contributions. Especially so will this be the case in London. The *Charity Record* points out that in 1893 the late Baron gave, to metropolitan hospital charities alone, a sum of £40,000. As is well known it was his custom to devote most of his winnings on the turf to this purpose. Truly it may be said that he was a great philanthropist, for who has ever given as much as £3,000,000, as he is reported to have done, to charitable and philanthropic work, within the space of a few years? The late Baron, in common with many of his co-religionists, possessed a remarkable faculty for making money, but the unstinted way in which he gave of his great wealth to charitable objects will long survive as a grateful reminiscence among those who were the recipients of his bounty.

The Matabele Rebellion.

THE daily press have been keeping the public well informed with regard to the anxious times through which the inhabitants of Bulawayo are at present passing in consequence of the revolt of the Matabele. But there is one point in connection with the unfortunate position of the beleaguered inhabitants to which but little attention has been drawn, and that is the absence

among the Chartered Company's forces of skilled surgeons. A few young surgeons, thoroughly versed in all the modern methods of operating would be, at the present moment, of the greatest possible use in Bulawayo. Apparently wounds of limbs associated with fractured bones, are now generally treated by amputation, and the cases of amputation so far have shown a deplorable rate of mortality. The overcrowding, also, of the wounded in the event of the town being besieged, will be certain to prevail to a large extent, as the result of which hospital gangrene or other forms of blood poisoning cannot fail to occur. The only remedy for this state of things is to have thoroughly skilled surgeons on the spot, who would be able to prevent these untoward complications, by the adoption of the modern hygienic and antiseptic methods of wound treatment.

Abortion Medicine-mongering.

A CORRESPONDENT of a medical contemporary again calls attention to the extensive and lucrative trade in emmenagogues, which are largely advertised and recommended to married women and to young women who "have got themselves into trouble," the palpable suggestion put forward in the advertisement being that these medicines will, when desired, cause abortion. The correspondent knows a man, and believes that there are many such, who makes £20 a week by purchasing the pil. aloes et ferri for threepence a box, and selling them under another name at six shillings. Much of the enormous marginal profit is expended in advertising, usually in the religious papers, special prominence being given to the statement that these pills must "on no account be taken by anyone who expects to become a mother." Of course they have no efficacy as abortives, and, therefore, the police cannot prosecute the vendors, but the women buy them to any extent for that purpose, and the trader makes a fortune out of their vicious and immoral propensities.

Chloroforming by an Unregistered Dentist.

AN inquest was held last week at Idle, near Bradford, which brought to light some allegations of a serious and remarkable nature. The inquiry was held to investigate the cause of death of a servant girl, æt. fifteen. The deceased had suffered from toothache and went to an unregistered dentist, named Priestley, who is alleged to have administered two doses of chloroform for the purpose of extracting a tooth. During the operation the patient's heart ceased beating, and a doctor who was summoned pronounced life extinct. The operator is now under arrest on a charge of manslaughter. It seems hardly credible that anyone, without full medical training, should venture upon the administration of chloroform single-handed. Moreover, anyone who is conversant with the subject of chloroform and its dangers knows that not a few of the fatal cases occur in the practice of dentistry and of minor surgery. We shall await the result of this trial with a good deal of interest.

The Metric System.

WE regret to note that the reply of the First Lord of the Treasury to the question of Mr. Arnold Foster, as to the adoption of the metric system in Great Britain was discouraging in its tone. Mr. Balfour said that the imposition of such a system by law has not yet come within the scope of practical politics. No one, however, has asked for any revulsive legislation of the sort, but rather for some alteration of the law and regulations which may eventually lead up to the adoption of the system. It is satisfactory to the promoters of any scheme when the Minister declines on the ground that it is not "within the scope of practical politics." It means that if enough pressure is put on, and enough noise is made, the subject will be brought within that range, and the desired object gained. We are glad to observe that three other M.P.'s have given notice of further questions in order to keep the matter in the minds of parliamentarians.

Climbed Down.

THE leader of the anti-vaccination agitation at Gloucester, seeing his neighbours dying of the murrain which he and his group of sympathetic lunatics have brought upon the city, has announced that he has "submitted to vaccination, against his convictions, but for the public good." Let there be no mistake. He submitted, not that he cared one straw about the public good, but because he was in terror lest the falsity of the doctrines which he had preached might be proved upon his own person. People of this sort, who are wont to disregard human life whenever the fad seizes them, cannot be allowed credit for magnanimity when, to save their own skins, they do what they have spent their lives in persuading other people not to do.

Eucaine.

UNDER this name a new substitute for cocaine has been brought out by a Berlin dentist named Kiesel. It is prepared synthetically, and the chemists describe it as "a methyl ester of benzo-yloxypiporidine carboxylic acid." It is claimed for it that it does not affect the heart, produces more extensive anaesthesia than cocaine, and is non-poisonous. Probably, it will also be much cheaper.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE LATE DR. A. FLEMING WOOD.—The members of the profession in Edinburgh were shocked to hear of the death of Dr. A. F. Wood, on Tuesday of last week, from pneumonia, contracted in the discharge of his duties as Resident Medical Superintendent of the City Fever Hospital. Dr. Wood graduated at the University of Edinburgh in 1880, and shortly afterwards became an assistant in the fever wards of the Old Infirmary. When the New Infirmary was opened the old buildings were reserved for fever cases alone, and Dr. Wood was given the resident appointment, a post which he held up to the time of his death. His life has been a curious one. Exceedingly shy by nature, and seemingly devoid of all ambition, he was content to devote all his time and his by no means incon-

siderable talents to the service of the town. From his long acquaintance with the symptoms and course of infectious diseases, obtained at first hand, his opinion as to doubtful and isolation cases was always of the greatest value, and many a practitioner in the city has cause to thank him for invaluable help in difficult cases. From his long experience his powers of prognosis in fever cases was marvellous, and his opinion was, therefore, relied on with much confidence by the ordinary medical attendants of patients in the hospital. The funeral from the hospital to the Waverley Station *en route* for Dundee, was attended by a number of the Edinburgh Town Council, and by a large representation of the profession in Edinburgh.

MEDICAL DECREES AT THE UNIVERSITY OF EDINBURGH.—The University Court have agreed to make the following subjects compulsory for the degrees of Bachelor of Medicine and Bachelor of Surgery:—1. A course of instruction in Mental Diseases, given by the University Lecturer or by a recognised teacher, consisting of not less than six class-room meetings for lectures and demonstrations, and ten meetings in the wards of a recognised asylum for the insane. 2. Post-mortem examinations in a recognised hospital for a period of at least three months, during which practical instruction is given in the methods of making post-mortem examinations, and in framing reports. 3. A course of clinical instruction in infective fevers, given at not less than twelve meetings in the wards of a recognised hospital where clinical instruction is given on cases of infectious diseases. 4. Instruction in Diseases of the Eye, given by the University Lecturer, or by a recognised teacher, at not less than twelve class-room meetings and twelve meetings for clinical instruction in the wards of a recognised hospital or in the wards of a hospital and in a dispensary both recognised for the purpose. The course to include efficient practical instruction in the methods of examining the eye. 5. A course of Operative Surgery, conducted by the Professor of Surgery in the University or by a recognised teacher. 6. Every candidate shall also be required to attend any one of the two following courses:—1. Clinical instruction in children's diseases, given by the University Lecturers on this subject, or by a recognised teacher or teachers in a hospital recognised for the purpose, at not less than four lectures and ten meetings for clinical instruction in the wards, together with four meetings in the out-patient department of the hospital, with attendance at post-mortem examinations. 2. Instruction in diseases of the larynx, ear, and nose, given by a University Lecturer, or by a recognised teacher, at not less than six class-room meetings, and twelve meetings for clinical instruction in the wards of a recognised hospital, or in the wards of a hospital and in a dispensary both recognised for the purpose. By the above resolution the long-suffering student of ordinary capacity will have to attend classes which up to the present only those of greater assimilative power or of greater ambition have thought fit to patronise. The result, however, must be that all the graduates of the University will henceforth enter on the duties of their profession better equipped for their manifold duties than hitherto, a thing of some importance for the laity, especially for those in country districts.

THE SCOTTISH PUBLIC HEALTH BILL IN THE LORDS.—The Select Committee of the House of Lords have been making some drastic changes in this Bill. They have thought fit to strike out the word "dangerous" before "infectious diseases" in the clause relating to them, leaving the recognition of infectious diseases requiring supervision presumably to the local authorities. A new clause has been added to authorise a great increase in the powers of the medical officers of health, which runs as follows:—"A medical officer may at reasonable times enter and inspect any house or premises in the district in which he has reason to believe that any infectious disease exists, and the medical officer may examine any person found on such premises with the view of ascertaining whether such person is suffering from any infectious disease, and, in the event of access being refused, the Sheriff or Magistrate or Justice may, on reasonable cause shown, authorise such inspection and examination, and, on such warrant being obtained and exhibited, any person refusing to admit the medical officer to such house or premises, or obstructing him in making the inspection or examination aforesaid, shall be liable to a penalty

not exceeding forty shillings for every such offence." Provision is also recommended to enable the local authority to compel the removal of any resident, not themselves sick, from a house in which infectious disease exists, and to provide accommodation for them free of charge. The hours during which the authorities may enter a house have been very properly changed from 6 a.m. to 9 p.m., to from 9 a.m. to 6 p.m. Some other alterations are suggested on the same lines, largely also in the way of increasing the maximum fines imposable, and if the recommendations of the Committee are adopted in their entirety, if Scotland is not healthy and free from any excess of infectious disease, it ought to be.

GLASGOW'S LATEST HOSPITAL FOR INFECTIOUS DISEASES.—A very complete disinfecting system has been introduced at Lightburn Hospital. The apparatus used is the Alliot-Paton Patent Lyon's Steam Disinfecter. Without giving minute details of the system, it may be stated that the apparatus is provided with a door at each end, and a cross wall built so as to prevent goods entering through the infected chambers. This system has also been introduced at the Ruchhill Hospital. This new hospital (Lightburn) was opened on the 23rd inst., and is intended for infectious diseases, is beautifully situated a few miles out of Glasgow in Sighthill district, north-east of the city. The building consists of four pavilions, two observation wards, and an administrative block with workshops. The ward pavilions are one-storey high, and so arranged as to secure the fullest exposure to the sun. Two of the pavilions, with eleven beds each, are to be devoted to scarlet fever cases, the third pavilion has 17 beds, which are intended for typhoid fever, and the fourth also with 17 beds, for cases of diphtheria. The two observation wards have two beds each. Altogether there is a total bed accommodation for 60 patients. It may be stated that in each pavilion there is the necessary accommodation for the nursing staff.

GREENOCK.—CLAIM AGAINST THE MILITARY AUTHORITIES.—Dr. Wallace, medical officer, Greenock, has reported that three cases of diphtheria occurred recently at Fort Matilda, and that the patients were removed to the infirmary. He considered that a charge should be made against the military authorities for the maintenance and treatment of the cases referred to. The Town Clerk and Sanitary Inspector of Greenock have been instructed to forward this claim to the proper quarter.

DEATH OF A NOTABLE SCOTCH CHARACTER.—There has just died at Hawick, Mrs. Mitchell, aged 76 years, the last surviving daughter of a well-known Border celebrity—Tibbie Shiel, who for many years kept the small inn at the head of St. Mary's Loch. This inn was frequented by Hogg, the Ettrick shepherd; Professor John Wilson (Christopher North), and others alluded to in the "Noctes Ambrosianae." The deceased, Mrs. Mitchell, up to the time of her death possessed a good memory, and could give many interesting reminiscences of the famous men who used in bygone days to visit her mother's house.

MEDICAL SOCIETY OF LONDON.

THE meeting on Monday evening last (April 27th) was devoted to the subject of mammary abscess. The subject was brought before the Society by Mr. Marmaduke Sheild in a very elaborate paper, in which he discussed the frequency, causation, and treatment of these abscesses. He pointed out that by far the greater number of these abscesses occur in association with lactation, and are due to infection from excoriated or fissured nipples. Mammary abscess is, therefore, evidently a preventable affection, and the results of antiseptic treatment of the nipples in lying-in hospitals proves the correctness of this view. His plan of operating comprises a primary incision, into which the finger is passed until it reaches the most dependent part, where a second incision is made and the cavity further explored. After thoroughly evacuating and cleansing the abscess cavity, the original incision is closed with horsehair sutures, and collodion is applied over it in order to secure healing with a minimum of scarring. In the event of a sinus proving intractable after scraping, &c., he advocated the excision of a wedge-shaped piece of gland tissue, including the sinus and its environment of dense fibrous tissue.

Dr. Griffiths approached the question from the

surgeon's point of view, and insisted on the facility with which abscesses of the breast can be prevented by due attention to cleanliness and antiseptics.

Mr. Wallis pointed out that the tendency of these abscesses to develop in the shape of an hour-glass was not sufficiently recognised. It is often only on squeezing the breast that the minute orifice of communication through which the superficial collection of pus communicates with the deeper abscess can be rendered visible.

Dr. Eccles asked the author what his experience had been in respect of abscesses of gummatous origin, and alluded to a case of his own which appeared to have had that origin. He urged that these operations should always be one under an anæsthetic general because it was impossible otherwise to treat the abscess effectually.

Dr. A. Routh alluded to the success which had attended antiseptic treatment in an institution where previously inflammation of the breast was common, and mentioned that not only might the passage of pus into the milk ducts give rise to vomiting and diarrhoea in the infant, but the presence of micro-organisms in the first portion of milk might determine the same symptoms. In these cases all that was necessary was to draw off the first portion of milk before putting the child to the breast.

Correspondence.

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

THE ETHICS OF PROFESSIONAL ADVERTISING.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your correspondent "MacSplint" who writes from Edinburgh may have full warrant to speak as to the institutions of that city, but he is quite mistaken if he imagines my statements—strong as they may be—will be challenged by any specialist consultant or practitioner of sufficient experience who has had the opportunity of viewing the seamy side of the profession in the metropolis. Every member of the profession in London entitled to express an opinion, and not being a member of the staff of a sham special hospital, will endorse the words of your leader of this date (April 22nd) that "the most rampant form of medical advertising is without doubt that which is daily practised in connection with new hospitals, special or otherwise." The public do not know that ample provision is made for treatment of all so-called special diseases at all general hospitals, and when they see advertised the names of individuals in connection with sham special hospitals, rectum, throat, ear, skin, deformities, nose, or what not, a large number of patients are attracted to the private consulting rooms of the staff under the impression that these men are, in fact, the elected representatives of the profession in the special departments in question. Every member of the profession in London knows the equivocal character of many specialisms—some of them are constantly denounced openly as infamous—and it is, I repeat, a demoralising spectacle to see these fellows rolling in riches, the reward of pure impudence and ignorance, whilst honest men, as superior in attainments as in moral worth, are struggling on in poverty, or even in want.

"MacSplint" seems to think the best way is to cover up this foul sore, and make the public believe all is well within the profession; but many of us, and I among them, take an opposite view, and constantly act upon it. On every opportunity we inform the public that, on the whole, no more honourable profession exists than the medical; that there are in every department a vast number of men in whom absolute confidence may be reposed—men steeped in professional knowledge, certain to bring to bear the highest practical skill, and equally certain to guard every interest of the patient with, if necessary, self-sacrificing devotion. On the other hand—we explain—there are a minority in every department—a minority well known to their brethren—whose sole aim is plunder; men in whom the pursuit of wealth has deadened human feeling, who follow their aim with perfect callousness and show themselves completely indifferent to the injury they deliberately inflict upon the

victims cunningly lured by this sham special hospital advertising dodge, to place themselves with confidence in their hands.

I believe it is better the public should be frankly made aware of these facts rather than be allowed to learn them for themselves at cost of bitter experience and with the effect (as I explained in my last letter) of damaging the reputation of the whole profession.

I am, Sir, yours &c.,

ANTI-QUACK.

Literature.

MURRELL'S PHARMACOLOGY. (a)

WE are informed in the preface that "pharmacology has of late attained such importance in the medical curriculum that a student's text-book on the subject is urgently needed." This statement is somewhat discounted by the fact that since this work left the press the Conjoint Examining Board for England has thought fit to remove pharmacology from the position it then occupied. Although this circumstance detracts from the importance of pharmacology to the London student, it does not in the least militate against its intrinsic and undeniable value to the practitioner. A knowledge of the physiological action of drugs is vastly more essential to the physician than a knowledge of anatomy to the surgeon, and if the exclusion of pharmacology from the curriculum be maintained, we are within measurable distance of the time when the physician may truthfully be described as pouring into bodies, of which he knows nothing, drugs of which he knows less. Fortunately, the last word rests with the General Medical Council, where the art of prescribing still reckons several devoted admirers. If medical men are to continue to prescribe they must e'en learn the rudiments, of which pharmacology is the Alpha and the Omega.

Turning, however, to the work before us, we at once recognise the author's genial conversational style, which divests therapeutics of its usual aridity and confers a glamour even on the dry details of pharmacology. After an interesting chapter on "Old-fashioned Remedies," which points the maxim that history repeats itself, we are given a brief but virtually exhaustive account of that branch of curative medicine now known collectively as "Serum Therapeutics," which, in the author's opinion, "holds an established position," still greater developments in this direction being confidently predicted. In deference to a growing distaste for the unpalatable mixtures dear to our ancestors, the author discourses of "palatable medicines," a detail contumaciously ignored by previous writers on the subject; The British Pharmacopœia is lamentably deficient in flavouring agents and we are fain to draw on unofficial formulæ to remedy the deficiency. Diet is an important factor in any therapeutical method, and the author, leaving the beaten track, lays down the principles underlying "the art of self-nutrition," even to the extent of giving a choice of menus calculated to make the reader long for an invitation to partake thereof at the author's expense. Among the other topics dealt with by the author, not usually met with in therapeutical text-books, we have exercise, clothing, massage, climatology and bacteriology, and special "cures," such as the grape cure, &c.

We now come to the modes of administering medicines, special attention being paid to the hypodermic and endermic methods, and to the exhibition of the active principles of plants. The use of the last-mentioned is rapidly gaining in popularity since practitioners have come to recognise that the exhibition of a crude drug containing numerous conflicting principles is polypharmacy of the worst description. Finally, we reach the chapters dealing with the pharmacology of the various drugs in particular, regarding which little need be said, beyond remarking that the main properties of each are tersely, but comprehensively, described, all prescriptions being given in plain English.

(a) "A Manual of Pharmacology and Therapeutics." By William Murrell, M.D., F.R.C.P., Physician and Lecturer on Pharmacology and Therapeutics at the Westminster Hospital, &c. London: Baillière, Tindall and Cox 1896. Price 10s. 6d.

Lastly, we have a chapter on what our American cousins would call "elegant" prescriptions, which will well repay attentive perusal.

The work is indisputably an excellent and comprehensive manual, though perhaps better suited for practitioners than students. It is a practical treatise for practical men, and for it deals with a branch of our art which of late years has fallen more or less into abeyance. The text has evidently been revised with the utmost care, and the excellence of the publishers' work leaves nothing to be desired.

BEITRAGE ZUR KENNTNISS EINIGER PRACTISCH WICHTIGER FRACTURFORMEN. (a)

This volume may be termed a specialist's production, forming one of the series of the *Annales Suisse* that is being so ably published by Sallmann, of Basle.

The whole book deals with the fracture of the ends of two bones, viz., the humerus and femur, and is divided into three parts. The first part is devoted to the consideration of the upper part of the humerus, not commonly described or observed in the ordinary literature of surgery. Under the head of the humerus alone the author describes upwards of 30 different fractures occurring within the region of the "supratuberculares" and "infratuberculares," the former terminating with the collum anatomicum humeri, while the latter includes fractura pertubercularis, or those through the epiphysial union and fractura colli chirurgica or the surgical neck of the humerus.

The probable causes, diagnosis, and treatment are lucidly discussed and clearly illustrated with a profusion of diagrams, which enhance the value of the work in correctly exhibiting the meaning of the author. He considers these fractures in the head of humerus, to be more common than those of the lower end of humerus, or head of femur.

In the second part the lower end of the humerus is treated as exhaustively as the upper end was treated in the first part. The fractures are divided into seven simple forms: (1) supra-condylia, (2) condylus externus, (3) epicondylus internus, (4) dia-condylia (5) fract. condyli-interni, (6) epicondylus externi, (7) and partial fracture of the condylus externus. The other compound T and Y forms make the whole work a pleasant study.

The third part, on the femur, is still more extensively worked out as the area described is wider. The first difficulty to the author is the partition of the space into divisions suitable for terminology, as the capsule of the joint is not coterminous with any scientific line of demarcation, although it is not uncommon in surgical works to speak of intra- or extra-capsular fractures. Kocher divides them in accordance with his classification of the humerus, and adopts the terminology of:—

(a) Fracture colli femoris supratrochanterica, which include sub-divisions of—(1) Fractura colli femoris sub-capitalis; (2) Fractura colli femoris intertrochanterica. The former is intra-capsular, corresponding with the "epiphysaria," while the latter is extra-capsular.

(b) Fractura infratrochanterica. Under this head are arranged fractura pertrochanterica and fractura subtrochanterica.

The work is the result of 23 years' experience in this department of surgery, and deserves careful perusal.

Medical News.

"The Arema" Vaporiser.

THIS vaporiser is an entirely new and improved form of appliance. It has been designed for the purpose of treating the local conditions in phthisis and other diseases of the lungs by means of air, charged with the antiseptic vapour from volatile oils and volatile therapeutic agents dissolved in them. The appliance consists of a stout wire frame attached to a firm wooden stand. Two pans are suspended on the frame over the source of heat which is supplied from an oil-lamp, fitted with a float and wick, and placed in the centre of the wooden stand. A neat and clearly arrangement is also provided for the use of a night light. Of the two pans one is the evaporating pan, into

(a) Beiträge zur Kenntniss einiger Practisch wichtiger Fracturformen." By Theodor Kocher, Professor of Surgery, Berns.

which the liquid to be vaporised is placed; this pan fits into a larger and outer one, in which water is placed; thus the evaporating pan is placed in a water-bath. There are three pairs of notches in the wire frame, by which the distance of the pans from the flame can be regulated, and according to the distance so is it possible to control the rapidity of the evaporation. We have no hesitation in saying that the "Arema" vaporiser is one of the most perfect appliances of its kind in the market; it is not only cleanly, handy, portable, but the ingenuity of its design is such as to ensure for it a high degree of usefulness. The makers are the "Arema" Manufacturing Company, 27 High Holborn, London.

The Army Medical Dinner.

It has been arranged that the dinner of the Army Medical Staff shall take place on the 15th of June, at the Whitehall Rooms, and that the Director-General of the Army Medical Department shall occupy the chair.

French Ophthalmological Congress.

THE Ophthalmological Society of France will hold its annual meeting in Paris for three days commencing on the 4th of May.

Indian Medical Service.

THE following appointments and promotions were officially gazetted on Friday last, April 24th:—To be Surgeon Colonel.—Brigade Surgeon Lieut.-Colonel T. J. M'Gann, Madras Establishment. Surgeon-Lieutenants to be Surgeon-Captains—C. Milne. V. G. Drake-Brockman, W. Young, J. J. Bourke, G. Y. C. Hunter, B. R. Chatterton, C. B. Prall, C. E. Williams, J. N. MacLeod, W. H. Ogilvie, T. A. O. Langston, R. Heard, E. R. Parry, W. H. Orr, and P. St. Clair More, Bengal Establishment; and G. Bidie and J. P. Morton, Madras Establishment. Surgeon Major General P. S. Turnbull, M.D., Bombay Establishment; Brigade Surgeon Lieut.-Colonel C. W. MacRury, Bombay Establishment; Surgeon Lieut.-Colonel B. Evers, M.D., Bengal Establishment; and Surgeon Lieut.-Colonel J. O'Neill, M.D., Bengal Establishment.

The "Policeman" at the Dinner Table.

THE fact that at all our formal dinner parties it is essentially necessary to employ the "policeman" is a decided reflection upon our culinary knowledge. If stated in a bold, matter of fact way, it would cause quite a shock to most people to be told that in consequence of what they had eaten they must take a dose of medicine (in the form of a liqueur or a "policeman") to prevent their being ill. The fact is, that all our dishes are much too heavy, and this is the more to be regretted, as a very little study would lead to our substituting light and digestible little entrées for the heavier dishes that are so constantly served up to us. These remarks are called forth by the presence on our table of a little book on cookery, issued by the Liebig's Extract of Meat Co., which will be sent free by post to all who ask for it, in which there are innumerable recipes for such dishes, which are a pleasure to eat and no trouble to digest.

The London and Counties Medical Protection Society, Limited.

THE Annual Meeting of "The London and Counties Medical Protection Society, Limited," will be held on Friday, May 1st, 1896, at "The Restaurant Frascati," Oxford Street, London, at 5 p.m. The Annual Dinner of the Society will take place after the meeting at 7 p.m., under the presidency of Mr. Johnathan Hutchinson, F.R.S. Medical men not members of the Society, but interested in its work, are cordially invited to attend the Dinner. Tickets, price 7s. 6d. each (exclusive of wine) may be had on application to the Secretary, 11 Archway Road, Highgate, London, N.

PASS LISTS.

Royal College of Physicians of Edinburgh, Royal College of Surgeons of Edinburgh, and Faculty of Physicians and Surgeons of Glasgow.

At the quarterly Examinations for the Triple Qualification in Edinburgh, held in April, the following were the results:—

First Examination.—Four Years' Course.

Of 16 candidates entered, the following 8 passed the Examination:—
Frederic Lilley, Louise Blanche Smith, William Joseph O'Farrell,

James Dodwell Richey, Wesley John Jenner, Walter Latham, William Edward Wallen Strickland, and John Ernest Broadbent; and 3 passed in Elementary Anatomy, 1 in Histology, and 1 in Chemistry.

First Examination.—Five Years' Course.

Of 39 candidates entered, the following 14 passed the Examination:—

William Thomas Finlayson, William Henry Eden Brand, William Lock, James Alexander Chisholm, William Mitchell Browne, Harold Emery Jones (with distinction), William Maxwell Mather, Francis Wilfred Harlin, Alice Muriel McFarlane, Charles Stephenson Oliver, Francis Edward Woodroffe, Robert McLaren, Roger Shotton Milburn, and Francis Peake Maitland; and 2 passed in Physics, 3 in Biology, and 9 in Chemistry.

Second Examination.—Four Years' Course.

Of 18 candidates the following 7 passed the examination:—

John Harris, Frederick Ernest Shawe, Joseph Stanislaus Gubbins, Theodore Alexander William Ogs, Joseph Kennish, John Critchley Pemberton, and Frank Parr Mounckton; and 1 passed in Anatomy and 3 in Materia Medica.

Second Examination.—Five Years' Course.

Of 16 candidates the following 11 passed the examination:—

Patrick Coffey, Henry James Clarke (with distinction), Cecil Charles Murison, George William Hardie (with distinction), Michael Sullivan, Frederick Patrick Walsh, John Arnold Petavel, Edith Neild (with distinction), Herman Aspinall, John Herbert Gibbs, and Katharine Constance Sampson; and 2 passed in Elementary Anatomy.

Third Examination.—Five Years' Course.

Of 15 candidates the following 6 passed the examination:—

Richard James Isaac, Gilbert Jamieson Meikle, William Laidlaw Gibbes, Montague Rust, Edith Mary Paton, and Marcus Hill Baxington; and 2 passed in Anatomy, 2 in Pathology, and 1 in Materia Medica.

Final Examination.

Of 105 candidates entered, the following 42 passed the examination and were admitted L.R.C.P.E., L.R.C.S.E., and L.F.P. and S.G.:—

Frederick George Haywood, Frederick Herbert Perry, Matthew Caldwell, John Bernard Voortman, Frederic Victor Elkington, Henrick Otto Kellner, James Wilson McBrearty, William Chapman, John Stott, Gustave Lewis, Hubert Hope Thomas, George Broadbent, Edward Bernard Levy, Correll Collard Field, Kisabnaji Annaji Dodiwalkar, Herbert Maunrell Hewlett (with honours), James Jeffares, Frank Wiseman Doak, Alfred Whitehead, George Patrick O'Connor, Allan Forde, Cecil Ridge Batchellor, John Simeon Colebrook Elkington, Reginald Bryson, Edward Robertson, Samuel Nicolson, Ardashir Sorabsha Paymaster, William Henry Drury, Stanley Foster, James George Mackay, John James Sylvester Healy, Robert Smyth (with honours), Edward Blythe Hurst Hughes, Arthur Holmes Field, Thomas George Santon Crouch, William Gladstone-Cook, Kaval Vittal Rao, Charles Edward Proctor, Edmund Joseph Cummins, John Newcombe Coul, George Percival Searle, and George Grant Stewart.

Ten passed in Medicine and Therapeutics, 1 in Surgery and Surgical Anatomy, and 5 in Midwifery and Medical Jurisprudence.

University of Durham.

In addition to the list published in our last issue, of candidates who passed the recent examination for the Degree of Bachelor in Medicine, the following have passed the First Examination:—

1.—Chemistry with Chemical Physics, and Botany with Medical Botany.

Alfred Thornhill Greenhill.

2.—Chemistry with Chemical Physics.

John Harris, B.A., Herbert Robert Cambridge Newman, George Norman, M.R.C.S., L.R.C.P., Vaughan Pendred, M.R.C.S., L.R.C.P., George Woodvatt Proctor, Maurice Frederick Squire, M.R.C.S., L.R.C.P., Robert Alfred Wilson.

3.—Elementary Anatomy and Physiology.

John Henry Martin, Fred Sutton.

The following passed the Second Examination for the Degree of Bachelor in Medicine:—

Anatomy, Physiology, Materia Medica.
Honours—Second Class.

Maurice Frederick Squire, M.R.C.S., L.R.C.P.; Herbert Robert Cambridge Newman, Robert Lewis Routledge, Vaughan Pendred, M.R.C.S., L.R.C.P.; James McConnell, Lawrence Fielder Hemmans.

Pass List.

John Thomson Bell, Wm. Henry Isaacs Bathurst, Ernest Castleigh Bailey, William James Coddington, Thomas Ponsford Cann, Francis Gerrard Hamilton Cooke, Leopold Stanley Davison, Henry Edward Davison, Thomas Stokoe Elliot, Henry Adamson Fielden, Thomas Harold Gibbs, Douglas Hethcote, Samuel Percy Johnson, Robert Atkinson Morland, George Norman, M.R.C.S., L.R.C.P.; Harold Turner Newton, Claud Maxwell Pennefather, Maurice Dale Wood, Allan Mackie Garnock Walker, Thomas Blandford Watson.

Notices to Correspondents, Short Letters, &c.

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

MR. S. T. G.—Our correspondent has good cause of complaint, but the matter is entirely an ethical one which had better be referred to the president and council of the medical society of which our correspondent and his opponent are both members.

TO ABOLISH THE BREAST.

At a recent meeting of the German Social Democratic party it was proposed by an enthusiastic reformer that the State should prohibit wet-nurses on the ground that sterilized milk was preferable to Nature's article. Better still, we should substitute for the pregnant woman a sterilized ovum incubator.

PENSATOR.—We shall be much obliged if our correspondent will forward all the documents bearing upon the subject, so that we may deal with it in an early number.

SURGEON LIEUTENANT-COLONEL E. LAURIE (Bombay).—Your paper on "The Cause and Treatment of Malaria," with photographs of blood-cells, has been received.

DR. A. G. PHEAS (Oxford) will receive a private note in answer to his inquiry.

MR. E. J. PRICE is thanked for his suggestion, which shall have the consideration it deserves.

DR. JULIUS ALTHAUS' paper on "Impotency and its Treatment by Electricity" is marked for early insertion.

DR. KARL ONTKE (Oeynhausen).—Your letter has reached us, but not the brochures to which you ask us to call attention.

G. E. HARRISON, M.D. (Press Club, New York, and of 8 Duke Street, Bath).—Such invective from men of your stamp is the best evidence we can receive that we have touched a weak spot. Your advocacy of Mrs. Longshore Potts, and your polite expressions of wrath concerning ourselves, will not prevent our keeping that lady in view.

DR. TONKIN.—Gualacol is regarded as a safe remedy in typhoid fever, its action being, so it is supposed, that of preventing the toxin poisoning of the later stages of the disease, due to the bacillus coli and other putrefactive organisms in the intestines.

Meetings of the Societies.

WEDNESDAY, APRIL 29TH.

SOCIETY OF ARTS.—8 p.m. Mr. E. W. Badger: Fruit Drying or Evaporation.

FRIDAY, MAY 1ST.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY (West London Hospital, W.).—8.30 p.m. Dr. S. Bontor: The Treatment of Whooping Cough.—Mr. Mayo Collier: Some Effects of Chronic Nasal Obstruction.—Clinical Case.—Mr. Keetley: Temporary Colotomy.

WEST KENT MEDICO-CHIRURGICAL SOCIETY (Royal Kent Dispensary, Greenwich Road, S.E.).—7.45 p.m. Messrs. Maw, Son, and Thompson will exhibit some new Surgical Instruments.—Messrs. Johnson and Johnson will show Surgical Dressings, &c. 8.15 p.m. The President (Mr. E. Clarke): Recent Progress in the Treatment of Diseases of the Eye.—Mr. T. Moore: Demonstration of the Roentgen Rays.

MONDAY, MAY 4TH.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 p.m. A discussion will be opened by Mr. J. F. Colyer on "The Early Treatment of Crowded Mouths." Mr. G. Branton will read a paper on "Some Experiments in Colouring Porcelain for Teeth and Gum Body."

THURSDAY, MAY 7TH.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Tichborne Street, Edgware Road).—8.30 p.m. Dr. A. T. Schofield: Mental Therapeutics.

Vacancies.

Borough of Portsmouth.—Medical Officer of Health, Port Sanitary Medical Officer, and Medical Officer. Salary £450 per annum, rising to £550. Applications and testimonials endorsed "Medical Officer's Application" to the Town Hall, Portsmouth, by May 2nd.

Burgh of Leith.—Public Health Hospital.—Resident Physician. Salary 50 guineas. Further particulars may be had from the subscriber, with whom applications and testimonials (17 copies) to be lodged not later than May 9th.

Crediton Union.—Medical Officer. Salary £26 15s. per annum, with fees. Further information from the Clerk, 2 Market Street, Crediton.

Government of South Australia.—Senior Resident Surgeon and Senior Resident Physician to the Adelaide Hospital. Surgeon's salary £400, Physician's salary £300, each with apartments and board. Applications to the Agent-General, 1 Oroby Square, Bishopton Street Within, E.C. by May 1st.

Hospital for Sick Children, Newcastle-on-Tyne.—Resident Medical Officer. Salary £60, with board, lodging, and laundry. Applications to the Secretary by 4th May.

Metropolitan Asylums Board.—Medical Superintendent of the South Eastern Hospital, Old Kent Road, London, S.E. Salary £400, rising to £500, per annum, with house, attendance, washing, &c. Applications before May 7th (see advert.)

North-West London Hospital.—Resident Medical Officer and Assistant Resident Medical Officer. Salary attached to the senior post £50

per annum. Further particulars to be obtained from the Secretary, to whom also applications, with copies of testimonials, should be sent not later than 2nd May. Address, Alfred Cranks, Kentish Town Road, London, N.W.

St. Marylebone General Dispensary, 77 Welbeck Street, Cavendish Square.—Assistant Resident Medical Officer. Salary £50 per annum, with furnished apartments attendance, &c. Applications and testimonials to the Secretary by 4th May.

University Court of St. Andrew's.—The Court propose to appoint the following Lecturers, viz.: (1) on Anatomy, with a salary of £200 per annum; (2) on Materia Medica, with a salary of £200 per annum; and (3) on History, with a salary of £200 per annum. Applications with twenty copies of testimonials will be received by the Secretary until 1st June.

Appointments.

DANIELL, G. H. S., M.B., B.C.Camb., Medical Officer for the First Sanitary District of the Blandford Union.

EVANS, J. J., M.B., M.S. Edin., Senior House Surgeon to the Birmingham and Midland Eye Hospital, Birmingham.

GALLOWAY, W., L.R.C.P., L.R.C.S. Edin., Medical Officer for the South Gateshead Sanitary District of the Gateshead Union.

GRAHAM, J., M.B., C.M. Edin., Medical Officer for the Orton Sanitary District of the East Ward Union.

HISLOP, J. A., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., Medical Officer for the district of Glenely.

KILLEN, S., L.R.C.P., L.R.C.S. Edin., Medical Superintendent of Shiels Institute, Carrickfergus.

LAMPLOUGH, C., L.R.C.P. Lond., M.R.C.S., House Physician to the City of London Hospital for Diseases of the Chest.

LONG, F., L.R.C.P. Lond., M.R.C.S., Medical Officer for the Wells Sanitary District of the Walsingham Union.

MACAN, A. V., M.B., M.Ch. Dubl., F.R.C.P. Irel., re-appointed King's Professor of Midwifery in the Royal College of Physicians of Ireland.

MINNERS, E. S., M.D., M.R.C.S., Resident Surgical Officer to the Birmingham and Midland Eye Hospital, Birmingham.

MOORE, E. D., M.B., M.S. Edin., Junior House Surgeon to the Birmingham and Midland Eye Hospital, Birmingham.

MORTON, B. B., M.B., C.M. Glasg., Resident Dispensary Surgeon to the Bradford Infirmary.

MUNRO, H., M.B., C.M. Aberd., Resident Dispensary Surgeon to the Bradford Infirmary.

PAGE, G. S., L.R.C.P., L.R.C.S. Edin., Public Vaccinator for Bristol.

PAXTON, F. V., M.B., M.Ch. Oxon., M.R.C.P. Lond., Consulting Physician to the Chichester Infirmary.

ROBERTS, J. L., M.D., B.S., B.A., B.Sc. Lond., F.R.C.S., Honorary Assistant Physician to the Stanley Hospital, Liverpool.

SADLER, F., M.B., B.Ch. Oxon., Honorary Surgeon to the Beckett Hospital and Dispensary, Barnsley.

SMITH, A. G. L., M.R.C.S. Eng., L.R.C.P. Lond., Medical Officer to the Crick District of the Rugby Union.

SIMMONS, G. A., M.D. Lond., B.S., M.R.C.S., L.R.C.P., Medical Officer for the Fairfield House Workhouse, Chelsea.

THORNE, B. B. T., M.D. Durh., L.R.C.P. Lond., M.R.C.S., Honorary Physician to St. Peter's Convalescent Home, Woking.

Births.

CORNER.—April 26th, at Earlwood Asylum, Redhill, the wife of Harry Corner, M.D. Lond., of a son.

HANDS.—April 26th, at Tolland Bay, Isle of Wight, the wife of C. H. Hands, M.B. Oxon., of a son.

SAUNDY.—April 26th, at 83 Edmund Street, Birmingham, the wife of Robert Saundby, M.D., of a son.

WHITAKER.—April 21st, at Willoughby Road, Hornsey, N., the wife of George Herbert Whitaker, M.R.C.S., of a daughter.

Marriages.

GROVES—ANDERSON.—April 21st, at the church of St. Nicholas, Cole Abbey, Ernest W. Hey Groves, M.R.C.S., L.R.C.P., to Frederica Margaret Louise Anderson, second daughter of the Rev. E. Anderson.

TATE—DALEHILL.—April 21st, at St. Benets and All Saints', London, E.C., Walter William Hunt Tate, M.D., son of the late George Tate, to Flora, widow of the late Dr. Anthony Dalzell.

TURNER—FERGUSON.—April 22nd, at St. James Episcopal Church, Inverleith Row, Edinburgh, Horace George Turney, M.B., M.R.C.P., of 28 Wimpole Street, London, to Margaret, daughter of the late William Ferguson, Writer to the Signet, Edinburgh.

Deaths.

CLARK.—April 23rd, at 20 Gatestone Road, Norwood, Willington Clark, F.R.C.S., L.R.A., formerly of Sutton, Surrey, aged 91.

HENDERSON.—April 19th (suddenly), at his residence, Stanhope Terrace, Regent's Park, Wm. Henderson, M.D. Glasg., aged 51.

HIGGITT.—April 26th, Charles Higgitt, M.R.C.P. Ed., of Field House, Montpellier, Bristol, aged 84.

HOLTUM.—April 21st, at Latomare House, Watling Street, Canterbury, Charles Holtum, F.R.C.S., aged 78.

METCALFE.—April 18th, at Massongex, Valais, Switzerland, John William Metcalfe, M.D. Briang., M.R.C.S. Eng., aged 77.

RATTRAY.—April 24th, at Estville, Cheltenham, Eiza, daughter of Chas. Rattray, M.D., of Davenport.

SQUARES.—April 18th, at 14 Forland Square, Plymouth, of pneumonia, William Square, F.R.C.S., aged 51.

NOTICE.—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXII.

WEDNESDAY, MAY 6, 1896.

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Original Communications.

IRITIS:

ITS

PATHOLOGY AND TREATMENT. (a)

By HENRY JULER, F.R.C.S.,

Surgeon to the Royal Westminster Ophthalmic Hospital, Ophthalmic Surgeon to the St. Mary's Hospital, Consulting Ophthalmic Surgeon to the London Lock Hospital.

In bringing before you the subject of iritis, its pathology and treatment, I desire to confine my remarks to non-traumatic cases. The introduction of local injuries, local sepsis, and sympathetic troubles would occupy too much of the time at our disposal.

I will, in the first place, offer a few remarks upon the anatomy of the iris; secondly, upon the pathology of iritis; thirdly, upon its clinical varieties; and lastly, upon the treatment which I consider to be most indicated and most successful in each form.

1. THE ANATOMY OF THE IRIS.

This is a vascular and contractile membrane which is suspended in the aqueous chamber. By its circumference it is attached to the ciliary body and the ligamentum pectinatum. Its anterior surface is free, whilst its posterior surface rests by its pupillary edge against the anterior capsule of the crystalline lens. Its substance consists of a loose connective tissue stroma, in which are found two sets of involuntary muscular fibres, copious blood-vessels, lymph spaces, pigment, and nerves.

The *sphincter pupillæ* is a flattened ring of fibres around the pupil, situated nearer the posterior than the anterior surface. Its existence is universally admitted.

The *dilator pupillæ* consists of a uniform stratum of fibres, two or three deep, placed immediately in front of the posterior epithelium of the iris. Its existence is denied by some observers. In unbleached specimens it is so hidden from view by the uveal pigment that it is only seen with difficulty. Thanks to the excellent method of bleaching introduced by my colleague, Mr. John Griffith, I have been able to demonstrate its existence in the human eye, and so to confirm the opinion of those who had previously asserted its presence (b). The anterior surface of the iris is lined by a very delicate endothelium, continuous with that on Descemet's membrane. It contains certain openings, or stomata, which bring into communication the aqueous fluid of the anterior chamber with the lymph-spaces and lymph-channels in the stroma of the iris. The posterior surface is covered by a double row of deeply pigmented epithelium—the uvea. The posterior of the two layers, consisting of cubical cells, with large spherical nuclei; it is thrown into folds when the pupil is dilated.

2. THE PATHOLOGY OF IRITIS.

Two chief forms of iritis are recognised by pathologists: the serous and the plastic.

Serous iritis is indicated by a sluggish action of the

pupil, which is somewhat dilated; by a slightly increased tension of the globe, and by a somewhat deepened anterior chamber. The iris is lustreless and rather muddy in appearance; it evinces, however, little tendency to the formation of plastic exudations. There is congestion of the pericorneal zone. The aqueous humour is turbid and distends the anterior chamber; the cornea often presents a hazy appearance at the lower part. Upon examining the latter by oblique focal illumination, or with the ophthalmoscope, small dots of opacity are seen on the back of Descemet's membrane. These dots may be irregularly scattered, or, as is more often the case, may occupy a triangular area below, the apex of which is opposite the pupil and the base at the periphery of the cornea.

Mr. Treacher Collins considers that these cells aggregated on the back of the cornea are derived from the ciliary glands, the cells of which have proliferated from catarrhal inflammation, and being thrown off, are carried by the lymph-stream through the pupil to the back of the cornea. If such be the case, and I see no reason to doubt it, this affection can be no longer considered an *iritis per se*, but rather an inflammation of the ciliary body—a cyclitis. In *Plastic iritis*, on the other hand, we find a tendency to plastic exudation, to contraction and sluggish action of the pupil, and to irregular dilatation under a mydriatic. The change in colour of the iris is often very marked, especially if the natural colour be blue; and from the turbidity of the aqueous humour and the exudation within and upon its surface, the iris loses its natural brilliancy and assumes a lustreless and so-called "muddy" appearance. The exudation of lymph occurs on the back as well as on the front of the iris, and occasionally fills the area of the pupil, hence it is only to be expected that the iris becomes attached by its pupillary margin to the anterior capsule of the crystalline lens, forming more or less complete lymph adhesions, which, unless they can be broken down or prevented altogether by the early use of mydriatics, are likely to become organised into fibrous tissue and cause permanent trouble to the eye and to the vision. The extent of the mischief will of course vary with the severity of the inflammation, the period of its duration, and the number and permanency of the adhesions formed. We know that the nutrition of the eye, and the clearness and fitness of its transparent media, are kept up by the free circulation of lymph within its cavity. It is secreted by the ciliary body, either directly by the ciliary processes, or indirectly by the ciliary glands from whence it permeates the vitreous humour, nourishes the lens and passes forwards through the posterior chamber into the anterior chamber by way of the pupil and out of the eyeball by the spaces of Fontana and canal of Schlemm, being carried away in the blood stream of the venous plexus of Leber.

Thus, the sole communication between the anterior and posterior chambers is through the pupil, if, therefore, the whole circumference of the pupillary margin of the iris became glued to the anterior capsule of the lens by plastic exudation, and, eventually, if not broken down, by fibrous tissue what irreparable damage is done to the eye. The lymph circulation is arrested and secondary glaucoma inevitable. Adhesion of the iris at one point of its pupillary margin is not to be

(a) Delivered before the Harveian Society of London.

(b) Trans. International Ophthalmic Congress, 1894, p. 67.

looked upon lightly. It creates a local irritation, for the iris is a most active membrane as shown by the rapid changes in size of the pupil. Every time the pupil dilates there must be a drag on its structure at the point of attachment. In subjects prone to recurrent attacks of iritis this slight local disturbance may precipitate an attack with an extension in the amount of adhesion, and so on, till a time comes when the whole pupil is excluded, and possibly occluded as well. Whether the total posterior synechia is the result of one attack or several, the disastrous effects are the same, viz., secondary glaucoma which, if not relieved will most assuredly result in permanent blindness. Hence any adhesion, however slight, must be regarded as antagonistic to the welfare of the eye. When total posterior synechia exists the iris throughout its circumference bulges forwards between its natural ciliary attachment and its abnormal lenticular attachment, a condition known as *iris bombé* and which is due to the aqueous humour being put up behind and distending the posterior chamber. The tissues of the eye consequently lose their nourishment and degenerate, the media, vitreous, and lens, become cloudy, in fact, the latter may become wholly cataractous, and finally undergo calcareous degeneration. The iris, ciliary processes, retina, &c., show microscopically atrophic changes.

These facts bring home to us the importance of early diagnosis and early treatment in all cases of iritis so that the pupil may be well dilated at onset of the disease, and that these adhesions while plastic may be broken down or prevented altogether.

Working as I have done for many years in the eye departments of several large hospitals, I have seen much of the bad results of ill-advised treatment.

Only the other day a poor woman came to St. Mary's Hospital with iritis. She remarked that it had become worse since she worked at a public-house and used the eye-water they kept for their customers. It seems to be a very common practice for publicans to keep a strong lotion of sulphate of zinc on the premises so that persons who have bad eyes can bathe them with the lotion at the same time that they take a drink. This may be an excellent remedy for conjunctivitis, but when applied to a case of iritis it cannot fail to aggravate its intensity in a marked degree. Druggists again are very fond of supplying both zinc and atropine for eyes which look red and uncomfortable, little knowing the harm they may be inflicting upon the person using the one or the other.

It is remarkable, however, what a large number of cases one sees which come from the immediate care of members of our profession in which, either from ignorance or culpable neglect, cases of iritis on the one hand have been treated with sulphate of zinc, alum, or other equally irritable lotion, and cases of subacute glaucoma on the other hand have been flooded with atropine until the patient has become hopelessly blind. It would seem that catarrhal conjunctivitis, plastic iritis, and subacute glaucoma must have some outward resemblance which renders them mistakeable the one for the other. It is more difficult for me to bring forward points of similarity than it must be to a careful observer, points of distinction. The only common feature is ocular conjunctival redness, and yet this in itself is a guide to the diagnosis. In catarrhal conjunctivitis the superficial or conjunctival vessels are injected, there is a bright florid redness, and yet this in itself is a guide to the diagnosis. In catarrhal conjunctivitis the superficial or conjunctival vessels are injected, there is a bright florid redness, and the vessels move with gentle pressure over the subadjacent white sclera. The ocular redness in glaucoma is chiefly due to distension of the anterior ciliary veins, the venous blood leaving the interior of the eyeball by this exit since the increased tension closes the oblique, and hence valvular passages in the sclera which transmit the *venæ vorticosæ*. These anterior ciliary veins are distended and tortuous, few in number, and dark in colour. The redness in cases of iritis is more deeply

seated, and though the conjunctival vessels will be injected the subjacent episcleral vessels will also be visible, giving the circumcorneal zone of sclera a uniform majestic colour. Other points, perhaps more valuable to the general practitioner, are the following:—The visual acuity, the state of the pupil, the presence or absence of discharge, the tension of the eyeball, and the ophthalmoscopic condition. If the visual activity is normal, by which I mean not only direct vision, but also the visual field, iritis and glaucoma can be excluded. If the pupil is contracted and inactive to light iritis may be suspected, but if dilated, oval, and inactive, glaucoma. A pupil of natural size and active, associated with normal vision, points to conjunctivitis, if some flakes of lymph or mucopurulent discharge are present, the diagnosis is substantiated. A pupil which dilates irregularly under the influence of a mydriatic is strong evidence of existing iritis if associated with collateral signs and symptoms. If the recognition of changes in the intraocular tension, and disturbances in the fundus oculi can be made, the diagnosis of these three complaints would not be difficult to a surgeon so efficient in ophthalmic work.

The eye is a lantern ordained by Nature to guide the physician; it is the organ, *par excellence*, which assists the neurologist in determining the cause of nervous affections; he may look upon it as his compass, the clerk of the weather-storm, the scout on the field of battle. Few, if any, ocular complaints are diseases, *per se*, they are symptomatic only. The eye is an organ of signs and symptoms. "The light of the body is the eye" says the learned apostle, and we may rightly add that the body provides the oil for this lamp, the purity of which determines the brilliancy of the illumination. The iris, as we have already said, is a vascular and contractile brilliant-looking membrane, which is completely shut up in a closed cavity, and were it not for the existence of the natural window—the cornea—we should not know or appreciate the disturbances to which it is liable. Again, it is suspended in a chamber of warm water—a direct secretion from the blood, the temperature of which is the same as, and only varies with, that of the blood. Besides this, the eye is amply protected by the eyelids, which are copiously supplied with blood-vessels, and are ever closing as protecting organs upon the eye. Before any heat can elevate the temperature of the aqueous humour the corneal surface must become dry, and before the cold blast can lower its temperature desiccation of the corneal epithelium must equally take place, but the secretion of the tears and the closure of the eyelids prevent any such mishap. The only cause for alteration of the temperature of the aqueous humour is a disturbance of the thermogenic centres which control the heat of the blood.

It seems to me, therefore, unlikely that mere alterations of heat or cold, such as a draught or any exposure, can bring about an attack of iritis, except in a person who is predisposed to this by some constitutional dyscrasia.

Passing before one's mind's eye the different known causes of iritis, we are at once struck by the fact that they are for the most part diseases attended with joint complaint. In syphilis, rheumatism, gout, gonorrhœa, and tuberculosis—the best known causes of iritis—joint disease is a prominent feature. I do not wish for a moment to imply that arthritic disease is always found in those complaints. In gonorrhœa, for instance, joint trouble is more the exception than the rule, as also in syphilis, but still it presents itself sufficiently often to incur the names "gonorrhœal rheumatism" and "syphilitic rheumatism."

Pyæmia, another well-known blood disorder, and one attended with joint disease, is liable to be complicated with iritis of a suppurative form terminating in panophthalmitis.

The actual cause of any case of iritis must be the

same as that which originates the constitutional complaint. If it be gout, the excess of uric acid in the blood lithæmia. If rheumatism—the circulating poison whatever it may be, whether originating from perverted metabolism of the tissues, or whether entering the blood from without in the form of a parasite analogous to the hæmatozoa malarie. If syphilis—the poison of that complaint, be it a micro-organism or not. If gonorrhœa—the poison of rheumatism, for gonorrhœal iritis is only seen in association with gonorrhœal rheumatism, and it is the subject who is predisposed to rheumatism who suffers from gonorrhœal arthritis, and iritis when the victim of specific urethritis. If diabetes—grape sugar would presumably be the cause.

It is not my intention to deal with the actual causes of these constitutional complaints, but rather to attempt a differentiation in these forms of iritis originated by them.

(To be continued.)

A UNIQUE COMPLICATION OF ENTERIC FEVER—ENTERO-VESICAL FISTULA.

By ALEXANDER INNES, M.B.

M. W., æt. 21, single, became ailing in August, 1894, and had to take to bed. She had diarrhœa and feverishness, and from her temperature I was able to diagnose enteric fever in six days' time. During this attack and the subsequent relapse there was an entire absence of roseola, although looked for with care about every second day. The attack proved one of moderate severity, with persistent diarrhœa and typical typhoid dejecta, and abdominal distension was present in the later part of the attack. The only complication was an attack of bronchitis which did not distress her much. The temperature was taken by myself daily, and in the third and fourth weeks of illness, I took it twice daily. The temperature was typical of the disease. In the third and fourth week, evening temperature was 102° 6' to 104°, and on one evening, 105° 2', but reduced by quinine and cold sponging.

Treatment.—She was fed on milk, three parts, and lime water, one part, varied at times with beef tea and soups. She took ʒj of whisky (Scotch) daily from the middle of third week with benefit. It was given in early morning and forenoon. She was given small doses of Beta naphthol, which she took with some dislike. The bronchitis was treated with spt. ammon. arom. and spirit chloroformi. Sleeplessness was sometimes complained of, but ʒj of pot. brom. was sufficient to relieve this. Mind was clear, except for a slight wandering on some nights.

By the twenty-ninth day, temperature was normal at night, and she seemed to improve. For five days, the temperature remained normal and subnormal, and no change was made in diet, medicine, or stimulant. The urine was examined from time to time and no sugar or albumen was found.

Relapse.—After these five days of apyrexia the temperature began to rise, and the diarrhœa returned. By the end of the week the evening temperature was 103° and continued during the rest of the illness rather variable from 102° to 105° 6'. In the mornings it was about the same or sometimes lower, never higher than at night. She took her nourishment badly, and whisky was increased to ʒij a day with benefit.

She took the Beta naphthol still, but in smaller doses. About eight days after this relapse she had left-sided pleurisy with moderate effusion, but subsided under digitalis, strychnine, spt. ammon. arom. with blisters to chest. The pulse after this became very small and at times irregular, and now a mitral systolic murmur

was first heard with signs of dilatation of heart. This was treated with beef tea in addition to milk, and whisky was raised to ʒiv daily. Digitalis and strychnine (the latter in large doses) seemed to improve the heart to a slight extent. She had now become greatly emaciated. Tubercle of the lungs was never present although carefully looked for on many occasions. She had now always delirium at night which was combated by partial cold sponging and ʒj of bromide of potassa, at night. She took nourishment very badly. When the diarrhœa was present to an unnecessary extent she had bismuth and opium. Her general state was now far from promising, and in the third week she had a slight hæmorrhage from bowels.

But just before this the left foot and leg became swollen from femoræ thrombosis (which was easily felt). With bandaging and elevating limbs this subsided slightly. The right leg in three days after was affected in a similar way. Whisky was raised to ʒv a day and usual heart stimulants given, but heart now seemed to get more dilated. On the 22nd day of relapse I was hurriedly sent for and found her nearly moribund. She was in a state of collapse, almost pulseless, with temperature subnormal. She had been seized with sudden acute pain in the belly, vomited, and became quite faint. We got her round a little and then a small dose of morphine was given. She was in great pain and in a few hours the abdomen became much distended and tender. She lay with her knees drawn up. Ice was given by mouth and she was fed by enema. To my surprise the issue was not immediately fatal, for she rallied a bit and for three days was between life and death. By this time she was so thin that bed-sores formed on the sacrum. She was in a half delirious state day and night. She had morphine in small repeated doses. She still lived in this state for some three more days, and was now allowed teaspoonfuls of milk and whisky by the mouth. And at this time her mother told me that the urine contained fæcal matter, which I saw. Micturition caused extreme pain and she passed fæces and flatus in considerable quantity by the urethra. This went on for five days until she died exhausted, eleven days after the perforation. I washed out the bladder repeatedly with boric acid with little benefit. For the last few days all the fæces came by the urethra. A necropsy was refused, which was a disappointing end to such an interesting case.

Remarks.—Features of Interest.—(1.) Temporary recovery from intestinal perforation. (2.) The free communication between bowel and bladder. This was caused probably (a) perforation and partial peritonitis, forming adhesions to bladder and so shut off from general peritoneal cavity. There was thus formed a cavity into which the bowel (probably ileum) freely opened. This at a later date opened into the bladder, and so a free communication was formed between intestine and bladder.

N.B.—I have been unable to find a similar case recorded.

641 Fulham Road, S.W.

DR. A. WYNTER BLYTH, Medical Officer of Health for Marylebone, in his report on the health of that parish, records the fact of the death of 119 children from measles in the last quarter, and says the main factor of the spread of this disease was undoubtedly crowding in the schools.

TRADE has been stagnant in Gloucester during the fear and gloom occasioned by the epidemic of small-pox, and the cost itself of the outbreak has been estimated at £12,000.

NOTE ON THE RÖNTGEN RAYS IN LARYNGEAL SURGERY. (a)

By JOHN MACINTYRE, M.B., C.M., F.R.S.E.,

Surgeon to the Throat and Nose Department, Glasgow Royal
Infirmary; Lecturer on Diseases of the Throat and Nose
in Anderson's College, Glasgow.

THAT Röntgen's brilliant discovery will prove useful in general surgery is no longer a matter of doubt. Only a few weeks ago photographs of the bones of the hand and foot were looked upon with curiosity mixed with speculative interest, and now the greater portion of the human skeleton, including the vertebral column and the extremities, have been photographed. The question naturally arises, however, will this important discovery be of use in our special department? and as I have been making a number of experiments in this direction, the following preliminary notes may be of some interest:—

Apparatus.—For cryptoscopic purposes—and this must in the end be of more importance than photography—more expensive and powerful apparatus must be at the surgeon's disposal. For this work a current of something like ten volts and twelve to sixteen amperes is required at least, and a good coil, with a well-made interrupter, having a spark of from six to eight inches, and a Crooke's tube at the proper vacuum. For photographic purposes the current need not be so powerful, and even a two to four inch spark coil may be used for most practical purposes. During my experiments I have been fortunate in having currents and coils of much greater strength than the above-mentioned; my work has been mainly done with an Apps coil, and the best results have been obtained with Newton's tubes. I have tried a number of fluorescent screens for the cryptoscope, but find the potassium platino-cyanide and barium platino-cyanide the best. Calcium tungstate in its crystalline form, as recommended by Mr. Edison, is also good. With this apparatus I have been able to see shadows of the different bones of the extremities, and the vertebral column, ribs, clavicle, and scapula, as will be seen further on.

In the present state of our knowledge it may at once be stated that photography by means of Röntgen rays, is in a more advanced state than cryptoscopy. With regard to the former, I may say that I have on the living subject photographed the vertebral column in the chest and neck (above and below the lower maxilla) with such definition that destruction of bone will be easily detected. I have also photographed the chest for the presence of foreign bodies, as will be mentioned further on; and I have been able to photograph the larynx in the human subject, the picture obtained showing the base of the tongue, hyoid bone, thyroid and cricoid cartilages with epiglottis; the opening at the upper part of the oesophagus is also seen, and the spine is indicated behind. I have also photographed the bones of the face in health and disease, in the latter case showing destruction of the upper jaw, the result of malignant disease. Experimenting on the dead subject, I have also been able to obtain excellent photographs of the presence of foreign bodies in and around the region of the larynx, as well as ossification in the cartilages.

With regard to the cryptoscope, the light easily penetrates the tissues of the neck and chest, and I have seen sufficient of the former to enable me to say that many foreign bodies might be detected with the eye without photography at all. In this department I have to record an interesting case sent to me by Dr. Rutherford and Professor Henry E. Clark. The patient had swallowed a halfpenny six months ago,

and on examining him by means of the fluorescent screen I could easily see the round black shadow of the coin at the level of the third dorsal vertebra. This is important and interesting, because the boy referred his pain to the cardiac orifice of the stomach. I afterwards photographed the case, but the foreign body could as easily be seen by the eye.

For the examination of the antrum of Highmore, I made a number of experiments in the way of obtaining small tubes to go into the mouth. These are not so easily obtained, nor, as yet, as satisfactory as the large tubes. I therefore fell back upon another plan, viz., placing the Crooke's tube outside. I made a small laryngo-cryptoscopic mirror and a cryptoscopic tongue depressor, the salt being placed on one side of the glass, cut to the proper size and shape and covered in with aluminium. In this case the X rays are generated outside of the mouth. For the antrum, where difference of density is to be detected, the tube is, of course, to be placed above the level of the face and the mirror inside of the mouth with the platinum surface towards the palate. In the case of foreign bodies or for viewing other parts of the mouth, the Crooke's tube will be placed below the lower maxilla. The instrument I described at the meeting of the Royal Society in Edinburgh on the 6th inst. I hope at the next meeting of the British Laryngological Association to place the photographs and appliances before the Fellows. As far as I have been able to judge, the X rays are going to be much more useful in our special department than we had at first anticipated.

ON COMPLETE EXTIRPATION OF TUMOURS AND THE IMPORTANCE OF RAPID CICATRISATION OF THE WOUND. (a)

By F. HOLME WIGGIN, M.D.,

Surgeon (Gynaecological Department) to the New York City Hospital.

NEOPLASMS occur with greater frequency in the female than in the male subject. Statistics show that the breast, next to the uterus, is the most usual site of these morbid changes—17 per cent. of all cases occurring in the former, and 19 per cent. in the latter. Williams found in a collection of 13,824 primary neoplasms 2,397 cases in which the female breast was affected, while only 25 similar cases were found to exist in males. We may, therefore, with propriety limit ourselves in considering and answering the questions of the necessity of complete extirpation of tumours and the importance of the rapid cicatrization of the wound to the neoplasms of this region in the female. It may be well once more to call attention to the fact that malignant growths occur in all parts of the body more frequently than do those which are more benign. According to Williams, 95 per cent. of all breast neoplasms are malignant. The preponderance of malignant tumours, coupled with the fact that at times benign neoplasms take on malignant characteristics, proves at once the fallacy of the widespread belief which, contrary to the teaching of Gouley and others, still continues to exist in the minds of many general practitioners, that as long as a tumour remains quiescent it is unwise to remove it. This idea undoubtedly originated in the dread which surgical procedures, undertaken for the relief of these morbid conditions, inspired in the minds of both patient and physician, partly on account of the high rate of mortality which formerly followed them, and partly because they seldom

(a) Read before the British Laryngological Association April 19th, 1896.

(a) Read at the Twelfth Annual Meeting of the New York State Medical Association.

afforded even temporary relief to the sufferer. We can hardly wonder that these patients, failing to receive encouragement that their condition could be materially benefited by drugs or operative measures, should either do nothing or should, in their despair, turn towards the charlatan in the vain hope that possibly he could in some degree make good his promises of cure.

While, undoubtedly, this was a true statement of the results of the treatment employed by physicians a few years since, it is by no means a fair representation of the case to-day, and it is the purpose of this paper to show why the older surgeons so often failed in their treatment of this class of cases and the methods by means of which so much better results are obtained with certainty to-day and the surgeons enabled to hold out hope, if not cure, of long periods of freedom from the disease. The most frequent cause of death following these operations in the past was septic infection; but thanks to the discoveries of Pasteur, and their adaptation to surgical practice by Lister, and the changes which have finally ended in the aseptic technique of the present day, the mortality following these operations has been reduced from 25 per cent. to practically none.

It is a well-established fact that after three years have elapsed, the tendency to recurrence is slight, and for my present purpose this period of immunity will be considered as the test of success of the methods employed by the surgeon. Formerly, when it was customary to remove only the tumour, the results were unsatisfactory, and few surgeons succeeded in giving their patients this period of immunity. If we accept the cellular theory of the genesis of neoplasms, it can be readily understood, as has been pointed out by Williams, that these lesions are seldom limited to their starting point. Sir Astley Cooper, in the course of his lectures on surgery, published in 1839, page 386, said, "I would observe that the scirrhus tumour is not all the disease; there are roots which extend to a considerable distance, and if you would remove the tumour only and not the roots, there will be little advantage from the operation." Again the same author in his lectures on surgery published in 1821, in describing the technique of the operation of excision of a mamma containing a malignant tumour, said, "Let both the incisions be carried down to the pectoral muscles and dissect out the tumour close to the latter, so as to lay it completely bare, removing even the fascial covering, for if this be not minutely attended to, there will be a very great probability of the disease returning, or I may say with propriety, remaining." Again, "The glands in the axilla, if enlarged, are now to be cautiously removed, together with the intervening substance, as leaving the latter would be the future cause of a similar disease being produced." In 1866, Charles H. Moore, F.R.C.S., in his paper entitled, "On the Influence of Inadequate Operations on the Theory of Cancer," "Medico-Chirurgical Transactions, London," vol. 1, page 245, said, "When any texture adjoining the breast is involved in, or even approached by the disease, that texture should be removed with the breast. This observation relates especially to skin, to lymphatics, to much fat and to pectoral muscles. The attempt to save the skin which is in any degree unsound is, of all errors, the most pernicious, and whenever its condition is doubtful, that texture should be freely removed. In the performance of the operation, it is desirable to avoid not only cutting into the tumour, but also seeing it; no actually morbid texture should be exposed, lest the active microscopic element in it be set free and lodge in the wound. Diseased axillary glands should be taken away by the same dissection as the breast itself, without dividing the intervening lymphatics; and the practice of first roughly excising the central mass of the breast and afterwards removing

successive portions which may be of doubtful soundness, should be abandoned. Only by deliberately reflecting the flaps from the whole mamma and detaching it first at its edge, can the various undetected prolongations of the tumour and outlying nodules be included in the operation. To parts not capable of removal, it is desirable to apply chloride of zinc."

It would appear that Sir Astley Cooper was the first to recognise the fact that the disease was not confined wholly to the mamma where it originated, that in cases of scirrhus tumours of this region, the axillary, infra and supra, clavicular gland early become infected and enlarged and should be removed, that the incision should be made wide of the disease and down to the pectoral muscle; and he advocated the removal in all cases of the pectoral fascia. He called attention to the fact that the reappearance of the disease is often not a true recurrence but a "remaining" or continuance of the disease. In other words, the operation has been an incomplete and, therefore, unsuccessful one when, after a short interval, the disease reappears locally and cannot be considered a reinfection. Had he left out the words "if enlarged" in his advice to clear out the axilla, little would have been left for the so-called originators of the modern complete operation to discover. In these views, Moore coincided, reiterating the importance (1) of the complete removal of the diseased organ, (2) of the necessity of cutting so wide of the disease that none of it should appear in the course of operation and (3) the removal in one mass of all the tissues (including a liberal margin of apparently healthy skin).

Notwithstanding this sound and brilliant teaching, surgeons continued to perform partial operations only. Dr. Curtiss in the course of his article entitled "The Cure of Cancer by Operation," (a) said, "Gross found in those cases subjected to operation in which the site of recurrence is noted that in 96 cases operated upon without touching the glands, the disease reappeared in the cicatrice or vicinity alone in 48 per cent., in the axillary glands alone in 20 per cent., and in both in 32 per cent., returning in the glands in 52 per cent. of the cases. On the other hand, in 313 cases in which the axilla was cleared, the percentage of recurrences was 75 locally, twelve in the glands, and thirteen in both; a reduction of the glandular recurrences from 52 per cent. to 25 per cent." These statistics showed the importance of including the axillary glands in the tissues to be removed. But Küster was probably the first to prove that the glands may be infected and, therefore, a source of continuance of the disease before they begin to enlarge. Volkman called attention to the fact that the loose areolar tissue between the glands and the pectoralis major muscle contains glandular offshoots and lymphatics which, in malignant cases, are diseased. Heidenhain proved that these lymphatics may adhere to the fascia without penetrating it, and that there is not free communication between them and the lymphatics of the muscle. With the recognition of Volkman, Banks, Gross, Bull, Dennis and others of the importance of these views and their practical adoption, came a marked diminution in the percentage of recurrences or, more properly speaking, continuance of the disease, the cures amounting to about 20 per cent.

Volkman, in a few of his worst cases, excised the pectoral muscles, as well as the other tissues ordinarily removed by him. This addition to his technic was followed by results more satisfactory than his previous ones, the disease reappearing in only 35 per cent. of these cases against 60 per cent. in those cases in which the muscles were left intact. Halsted, acting on this suggestion, has for some time included this procedure in his operations for the removal of carcinomatous mammae with apparently wonderful results, he stating

(a) *Medical Record*, Feb. 24th, 1894.

the so-called recurrences to be only 6 per cent. in the cases operated on by him from June, 1889, to January, 1894, but in many of these cases sufficient time had not elapsed when his paper was written, to make the test either a fair or satisfactory one.

Prof. W. H. Welch, subsequently confirmed the necessity of this addition to *technique*, for he says, "that frequently microscopical examinations of the pectoral muscles in cases in which there was no appearance of cancerous deposit, showed a plugging up of a lymphatic by a group of several cancer cells; therefore," he said, "the rule for cutting wide of the disease has the very best foundation in microscopical examination." He also added that "a carcinoma was always unquestionably a malignant tumour, but microscopical examinations of sarcomata did not allow one to speak with the same assurance as to the malignancy of these tumours. Thus, sarcomata which were made up of small, round cells with very little basement substance, were most malignant tumours; on the other hand, the spindle-cell sarcomata might be localised and never give rise to metastasis.

By a complete operation, then, is meant one that not only removes the entire mamma and all the skin that surrounds it, but the axillary glands and those contained in the infra and supra clavicular space as well as those that lie between the edges of the pectoralis major and deltoid muscles, the loose areolar tissue underlying the gland, and the fascia covering the great pectoral muscle; and if more than six months has elapsed since the detection of the primary neoplasm, the pectoral muscle as well, the incisions being carried wide of the diseased tissues, which are removed in one mass, thus avoiding the danger of dissemination of cancerous fragments in the wound, the smallest particle of which, is sufficient to form a nucleus for recurrence or continuation of the disease.

Halsted, Mayer, and Curtiss report that but little of deformity and functional disturbance follows the extirpation of the pectoral muscles, major and minor.

There can be at this time little doubt that the reason of the failure of the older surgeons to obtain satisfactory results was due, in the first place, to septic infection, and in the second place, to late and incomplete operation. The remedy seems at present to be largely in the hands of the general practitioner, as well as those of the surgeon, for, as we have seen, much depends on the promptness with which the operation is advised and performed. Too much stress cannot be laid on the importance of the complete extirpation of neoplasms, for upon the thoroughness with which this is accomplished, depends the cure or interval of immunity from the disease. To the question of what importance is the rapid cicatrization of the wound, it may be answered that while it is of consequence that every wound should heal as rapidly as possible, in the cases we have been considering, it should be deemed a matter of secondary importance to the free removal of the tissues adjacent to the diseased structures. The rapid healing of the wound may be promoted by skin grafting according to the method of Thiersch, or by Schede's method of the organisation of the blood clot.

With a better understanding on the part of the general practitioner of the necessity for the early extirpation of all neoplasms, especially of those of the mammary region, and on the part of the surgeon of the vital importance of the complete operation, it seems reasonable to expect that in the near future the surgeon's art will triumph over this mortal foe of womankind, and that a reasonable hope of cure can be confidently offered those afflicted with this most malignant of diseases.

Spanish Prescriptions.

Translated for THE MEDICAL PRESS AND CIRCULAR

By GEORGE FOY, F.R.C.S.,

Surgeon to the Whitworth Hospital; Hon. Fellow of the Southern Surgical and Gynaecological Association, U.S.A.

THE following prescriptions are from the collection of Dr. Manzano and Moseti (*Gaceta Médica*).

CHRONIC CYSTITIS.

Iodoform, 50 grammes;
Glycerine, 40 grammes;
Distilled water, 10 grammes;
Gum, 0.25 grammes.

Make an emulsion.

One tablespoonful of the emulsion added to a litre of tepid water to be used daily to wash the bladder.

NIGHT SWEATS.

Ergotica, 3 grammes;
Alcohol, 5 grammes;
Glycerine, 5 grammes;
Distilled water, 5 grammes.

Mix.

The full of a Pravaz syringe to be injected at night.

DYSPEPSIA OF PHTHISIS.

Pepsine, 1 gramme;
Hydrochloric acid, 1 gramme;
Hydrochlorate of quinine, 0.10 gramme;
Distilled water, 180 grammes;
Syrup of orange peel, 20 grammes;

Mix.

One tablespoonful every three hours.

CHRONIC ECZEMA AND PSORIASIS.

Papain, 10 grammes;
Salicylic acid, 5 grammes;
Glycerine, 150 grammes;
Castor oil, 150 grammes.

Mix.

To be well rubbed on the rash, the part having been previously washed.

HERPES OF THE VULVA.

Dr. Lutand (*Gaceta Médica*) prescribes the following for herpes of the vulva:—

Resorcin, 2 grammes;
Cocaine, 1 gramme;
Alcohol, 15 grammes.

Make a solution.

Wet a compress with the solution, and apply it to the rash three or four times daily, covering the compress with oiled silk. Or

Phenol, 25 centigrammes;
Cocaine, 1 gramme;
Alcohol, 100 grammes.

Make a solution. To be used as above.

ASTHMA.

To arrest the spasm of bronchial asthma nothing (*Boletín de Sfidrotcrapsia*) is better than the application of ice to the umbilicus.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF MEDICINE.

MEETING HELD FRIDAY, MARCH 27TH, 1896.

The President, DR. THOS. W. GRIMSHAW, in the Chair.

DEFECTIVE METABOLISM IN ITS RELATION TO GOUT.

DR. M. A. BOYD read a paper "on Defective Metabolism in its Relation to Gout," and pointed out the interdependence of the great physiological systems on each other, and how defective metabolism in any one of these systems was likely to be followed by derangements of the others. The defective metabolism that led to the formation of uric

acid in excess was not confined to the digestive system alone, but could arise from this defect in any of the other great systems, either the circulatory, the nervous, or the lymphatic ones. His communication ranged over the entire field of their individual contributory aid; and after reviewing the evidence of this contribution from the nervous and digestive side, which he considered the most frequent factors, he dwelt on the conclusions of Harbaczewski as to the circulatory system contributing the chief share of this excess. This latter observer has come to the conclusion that uric acid was the metabolic product of nuclein derived from leucocytes, and grounds his conclusion on the increase of this acid in the blood and urine in leucæmia and pernicious anæmia. If this observer's conclusions be correct, Dr. Boyd considered the formation of uric acid must be intimately associated with both blood destruction and formation, and if uric acid is due to a leucolysis, it must materially interfere with the contributory aid of the leucocytes in blood formation, and so account for the anæmia present in many of the forms of atonic gout. As to uratic precipitation in the joints, he considered if the nervous system was to be invoked in this process (as it was by every writer since Sydenham's time), it was in this aspect of uricacidæmia that it principally applied, as an interference with the nutrition of joints through their trophic nerves rendered them more vulnerable to its invasion, as Charcot pointed out.

AN OUTBREAK OF ACUTE DYSENTERY IN FIVE MEMBERS OF A FAMILY.

Dr. FINNY submitted the clinical notes of acute dysentery which broke out in September, 1889, among the members of a family consisting of seven persons. Five were attacked, and two died. The deaths occurred in one old lady at 70 years, and an infant of 11 months. The ages of the others were 37, 49, and 12 years respectively. The first case began on September 12th, lasted fifteen days, and ended fatally. The second case occurred two days after the first, and lasted fourteen days (recovery). The third began on 19th, and, after four days, died. The fourth began also on 19th, and after nine days recovered; and the fifth also recovered after seven days, and began on 21st. No other inmate of the house (and there were several) was ill before, during, or after the outbreak, and no cause could be suspected except that for two days before the outbreak milk was used which had been supplied by a friend, whose child was reported to have died on September 14th of intestinal disease. The family had just returned in perfect health from spending the summer at the seaside in Co. Wicklow. It is probable that the latter cases contracted the disease by contagion. The features of the disease were almost identical in all, viz.:—(a) sudden onset, without diarrhoea; (b) frequent calls to stool, 12-20 in 24 hours; (c) immediate and complete absence of feces and of fecal odour from the stools for several days (4-7) (verifying Stott's definition of dysentery—*Morbus alvum occultus*); (d) the motions were very scanty, the total not exceeding 1 oz. 5 oz. in 24 hours; (e) they consisted of mucus, glairy, blood-stained or bloody, and shreds; (f) considerable pain above pubes, over sigmoid, and in epigastrium; (g) oliguria to almost complete anuria; (h) slight febrile reaction in two cases; (i) vomiting and straining were notably absent. The treatment consisted of bread or arrowroot in boiled milk, chalk, and opium, and for the pain, laudanum enemata. Ipecac. in 20 gr. doses was given in two cases, but seemed to have no controlling effect, and the same may be said of every kind of astringent used. Recovery coincided with the passage of a formed fecal motion.

Dr. FALKNER said he had a friend who suffered from chronic dysentery. He found the liquid extract of Indian hellebore of no use, but a preparation made by Squire, of London, from the fresh fruit was the only thing that did him any good.

Dr. S. M. THOMPSON, from his experience in South America, said that the hippo treatment had failed. Enemata of starch and opium hastened death by blocking up the lower bowel. It was very contagious. Patients in the same ward got it, although fed on a different diet.

Dr. DAWSON said, that in acute dysentery an amoeba had been discovered by Lösch. It had been found by other observers since. It grew very freely in an infusion of hay.

Dr. LITTLE said there must be two or three different pathological changes which give rise to the symptoms of dysentery. He saw a great many cases in India. The astringent treatment was not useful in India, but quite the reverse—such as calomel and castor oil. When he was there, the ipecac. treatment was revived. In virulent acute dysentery it produced results unattainable by any other treatment. Vomiting following 20 gr. doses was very rare, unless in the first dose, or unless mixed with opium, as in pulv. ipecac. co. When pure, and given in a little arrowroot, it very seldom sickened. After the patient had an evacuation, 20 minims of liq. opii. sed., in about 2 drachms of warm milk, was injected with a small glass syringe into the rectum. If the patient had not a motion, he was first given a warm water enema, and subsequently the opium. It was generally followed by a few hours of quiet, which was a matter of considerable importance. In chronic dysentery he gives 1 grain dose each of ipecac. and extract of hyocyamus in pill—3 to 12 being given in the day, and patient put on a milk diet. At about the same time as Dr. Finny's cases occurred there were several cases in the Adelaide Hospital which presented all the symptoms of tropical dysentery, and which were confirmed by post-mortem.

Dr. BURGESS said, when crossing the Atlantic, the temperature suddenly changed from being very cold to very hot. A great many of the passengers got symptoms of dysentery. Astringent and sedative remedies failed, and large doses of ipecac. caused vomiting. On the advice of one of the passengers, he tried a large teaspoonful of pulv. ipecac. co. They all rapidly got well under this treatment.

Dr. FINNY, replying, said that when he stated that ipecac. had failed in the cases he mentioned, he did not wish to condemn it generally, as he had found it useful before. Osler had mentioned several cases in which an amoeba was found, and called it amoebic dysentery, thus separating it from other forms of dysentery. He thought his own cases were probably more catarrhal than true tropical dysentery.

The Section then adjourned.

HARVEIAN SOCIETY.

MEETING HELD THURSDAY, APRIL 16TH, 1896.

Mr. J. H. DREW, in the Chair.

MESSES. J. T. LEON and R. W. DODGSON, of St. Mary's Hospital, gave a demonstration of the Röntgen ray process of photography. A vote of thanks was carried by acclamation.

Mr. RAYMOND JOHNSON read a short paper on some

UNUSUAL CASES OF SWELLING OF THE PAROTID GLAND.

Short details of five cases—two adults and three children—were given, in each of which the essential feature was swelling and induration of one parotid gland. The onset of the swelling was invariably rapid, often occurring during a meal, and in every instance the swelling persisted for at least several weeks. Pain during mastication was considerable, and in one case suppuration was wrongly thought to have occurred on account of redness and œdema of the skin in the parotid region. In one case recurrent attacks of the affection took place during two or three years, in each attack the swelling beginning in the socioparotidia. The view was expressed that the parotitis was caused by retention of saliva resulting from blockage of Stensen's duct by inflammation of its lining. In two of the five cases this was evidenced by the fact that pressure on the swollen gland caused the escape of a string of ropy mucus from the orifice of the duct followed by a free flow of clear saliva, whilst in the case in which the swelling always began in the socioparotidia it was easy to understand that gradually increasing obstruction would affect first this part of the gland, which has small ducts of its own opening into the main one. Reference was made to somewhat similar cases published in Germany several years ago by Kussmaul and others. The practical importance of the affection consisted in its resemblance to mumps, for which, indeed, several of the cases were at first mistaken.

Dr. DUNDAS GRANT remarked that one of Mr. Raymond Johnson's cases seemed to have improved very rapidly after the application of liniment of iodide of potassium. This recalled to his recollection a case of suppurative parotitis under his own care when in general practice in East London, in which no benefit ensued from even a considerable number of incisions. The late Mr. Chance was called in consultation, and he recommended abstention from all instrumental interference, predicting that under the use of iodide of potassium ointment the condition would speedily come to a favourable termination. This prediction was amply verified, and Dr. Grant thought the therapeutic hint might be found of value by those who met with these decidedly rare cases.

Dr. COODE ADAMS said that the subject of parotid swellings was one of extreme interest to those who like himself were engaged in general practice. He was struck by the unsatisfactory state of our knowledge as to the etiology of such conditions, and as a result he felt himself frequently compelled to enforce all the annoying conditions of isolation and quarantine where he had doubts as to whether the case was really one of mumps at all. This indeed had been done in the majority of the cases just described by Mr. Raymond Johnson, and which were both interesting and instructive. Mr. Johnson, however, had not made reference to the possibility that such swelling might be caused by reflex action. It had been noted that arrest of salivary secretion always took place in the dog if the intestines were handled. Mr. Stephen Paget had published in the "Transactions of the Clinical Society" an interesting account of a case of parotid swelling occurring in connection with, and apparently as a result of severe fecal accumulation in the intestine. Mr. Paget had also published a record of no less than 102 cases of parotitis associated with operative interference with the abdominal organs. The speaker had no very defined ideas to lay before the meeting, but he would like to suggest the possibility that many cases of so-called mumps might really be instances of reflex hyperæmia resulting from intestinal indigestion. At all events, he hoped his remarks might assist criticism and discussion.

Dr. WILLIAM HILL made a short communication on
PROGNOSIS IN CHRONIC NON-SUPPURATIVE CATARRH OF THE
MIDDLE EAR.

The author excluded from the purview of the paper cases only of a few months' standing, and also more or less chronic deafness in children and young persons, because these are admittedly the most favourable classes of patients the otologist has to deal with, and the results of treatment are often brilliant, and nearly always encouraging; with adults, however, it is frequently quite otherwise. On account of the anatomical conformation of the tympanum and its delicate structure, it was obvious that when catarrhal changes went on for even only six months, permanent damage was likely to result, so that an absolute cure could rarely be looked for, and we were fortunate when we could promise and obtain a moderate improvement in condition, or even arrest the disease, which is usually progressive. After alluding to the forms of middle ear catarrh and to the diagnosis, the author only briefly discussed the more obvious factors which influence prognosis, such as the age and general health of the patient, the duration and degree of the deafness, the amount of damage done to the membrane ossicular apparatus and Eustachian tube; more consideration was, however, devoted to "certain points which are often of distinct aid in forming a prognostic opinion which is more than a mere guess." *Mode of onset* was instanced; deafness coming on gradually and almost imperceptibly, and resulting in marked dullness of hearing in the course of a year or two, was usually due to sclerosis and incurable; a history of sudden onset, was as a rule, more favourable, especially when due to a definite cause such as nasal and pharyngeal catarrhs and hypertrophies; amongst exceptions to this rule were noted tympanic disease in acquired syphilis and cases of extensive destruction produced by scarlet fever and other exanthemata. From this statement it was seen that prognosis was influenced by the cause; when the deafness is due to throat and nose lesions, provided the damage to the tympanum is not great, the outlook is good if the cause can be remedied, even when, on account of want of ventilation from the blocked tube,

the impairment to audition may be considerable, and even as long-standing cases the result is occasionally gratifying. Chronic cases of rheumatic gouty of malarial origin usually resist treatment especially when quinine, salicine, and alcohol have been taken in excess. Deafness of dental origin requires early treatment. When no extensive cause is ascertainable as in tympanic sclerosis the otologist is usually powerless, even when the disease has only lasted a few months. *Variability* in the amount of deafness is nearly always an encouraging sign; it may depend on the general health, on locality, atmospheric conditions, occupation, &c.; in women pregnancy, lactation, menstruation and the menopause often act adversely. A very hopeful form of variation in hearing power is improvement as the result of the air douche applied by the catheter or otherwise, and is also relief afforded by the production of positive and negative air pressures on the meatus by Siegle's or Delatanche's methods. Some patients were better immediately after the introduction of a tympanic bougie, and others after tympanic fluid injections; when such exceptional results are obtained there is always great hope of some permanent relief: and the same holds good for pressure applied to some part of the membrane by probes or supports. Tinnitus, Paracusis Willisii, and vertigo are generally held to be of unfavourable import, but the prognostic value of these symptoms has probably been over-estimated.

Dr. DUNDAS GRANT expressed his accordance with the views set forth in Dr. Hill's paper on chronic catarrh of the middle ear. He thought that it was most essential to differentiate between the two classes of cases, the exudative in which the Eustachian tube was narrowed, and the sclerotic in which this was not the case, the disease being mainly centred in the articulation between the stapes and the vestibule. He attached great value to the use of Eustachian bougies, and he had found that Weber-Liel's fine gum-elastic intra-tympanic catheter was the most convenient form of instrument to use for the purpose. It is smooth and flexible, and being hollow, the fact that it was in the right position could be determined by auscultation. He presumed that Dr. Hill would not continue the use of the bougie in cases in which the Eustachian tube was quite free. The prognosis, in his experience was much more unfavourable in the case of females than that of males.

LARYNGOLOGICAL SOCIETY OF LONDON.

MEETING HELD APRIL 15TH, 1896.

The President, Dr. FELIX SEMON, M.D., F.R.C.P., in the
Chair.

ADJOURNED DISCUSSION ON FOREIGN BODIES IN THE UPPER
AIR AND FOOD PASSAGES.

Dr. SCANES SPICER remarked that in children for removing foreign bodies impacted in these passages a general anaesthetic should be given at once unless asphyxiation is imminent, in which case tracheotomy should be done, and then anaesthetisation. The distress and terror of the little patient is thus allayed, calm and gentle procedure on part of the surgeon is facilitated, the risk of increasing impaction is lessened, and chances of removal improved. Foreign bodies in the nose in children, from the smallness of the channels and from the swelling—usually secondary to previous attempts at removal or to consecutive rhinitis,—are not usually to be detected even by skilled rhinoscopy, and the diagnosis must depend on the probe. This must be used with caution in the right direction, and the finger inserted in the naso-pharynx to guard against backward dislodgment of the intruder into the larynx or œsophagus. *Forcible* injection of water is undoubtedly attended with risk to the ears, especially if practised through the pervious nostril with the other one blocked. It is not improbable in the case of certain metallic foreign bodies, e.g., needles and pins which had perforated the wall of the œsophagus and were lying more or less parallel to its axis (such bodies as it is most important to remove forthwith), that assistance would be given by a strongly magnetised bougie of flexible steel shaped like an ordinary gum œsophageal bougie but fluted longitudinally. With

reference to the use of emetics for dislodging impacted bodies, he would fear to initiate the action of a powerful *vis-a-tergo* which could not be regulated or controlled. Emeis appeared just as likely to increase impaction and damage surrounding structures as the *vis-a-fronte* of the surgeon acting with undue violence at the end of an œsophageal ramrod—a method now so generally deprecated.

Mr. LAURENCE related the case of a lady who had a whitening bone in the epiglottis low down close to the left pyriform sinus. The bone caused no symptoms, except an occasional prick. He drew attention to the difficulty of localising throat impressions generally.

Dr. A. A. KANTHACK gave the following account of a specimen of impacted piece of meat in the larynx, which he showed. A piece of meat, during hasty swallowing, had become lodged in the *aditus laryngis*, and had there been firmly impacted. A sagittal section had been made, which showed the relation of the parts to the foreign body. The epiglottis had been pushed forwards against the tongue, and the piece of meat had been firmly moulded into the upper part of the larynx. The specimen afforded a good example of what happens when the epiglottis does not act and becomes pushed forward, and refutes the view, expressed by Prof. Anderson Stuart that the epiglottis during deglutition becomes applied against the *basis lingue*, and acts as an inclined plane for the bolus to slide along into the œsophagus beyond the larynx. Experimentally this view had already been disproved by the speaker in conjunction with Mr. H. K. Anderson, of Cambridge.

Dr. LAMBERT LACK entirely disagreed with Mr. Symonds with regard to the absence of odour with a unilateral purulent discharge from the nose in children as diagnostic of the presence of a foreign body. In a large number of cases he had, the fœtor of the discharge was expressly noted. In one case, an intensely horrible smell pervading a whole ward was traced to a foreign body (a piece of string) in the nostril. He had always considered that a unilateral fetid and purulent, and often irritating discharge from the nose of a child indicated a foreign body, had usually administered an anæsthetic, and only once failed to find the foreign body. Dr. Lack entirely agreed with Mr. Symonds's remarks about the real danger of foreign bodies entering the wind-pipe during chloroformisation. A patient with post-nasal adenoids under his care owed her life entirely to the fact that tracheotomy instruments were at hand during the operation. He also pointed out that in some cases of foreign bodies in the larynx breathing may not be restored, even after tracheotomy, until the foreign body is removed, apparently because of the spasm its presence excites.

Mr. CRESSWELL BABER showed three rhinoliths to illustrate the subject under discussion. The first came from the left nasal cavity of a medical man. He applied with a history of discharge from that nostril for two or three months, having had no inconvenience at all before that. On inquiry he remembered when three or four years old putting a boot-button into his nose. Examination showed the rhinolith to contain so much iron (over 30 per cent.) that it was evidently the boot-button, which must have been there for twenty-five years. The case was interesting as showing that a foreign body may lodge in the nose for over twenty years without attracting even an intelligent patient's attention. Mr. Baber remarked on the necessity of examining the naso-pharynx in cases in which a foreign body is felt by the patient in the larynx, as sensations in the naso-pharynx are often referred to that region.

Dr. CLIFFORD BEALE referred to the possibility of sudden obstruction of the larynx during meals, by means of scraps of meat, and related a case in which by instant inversion of the body and a deep inspiration, followed by a forcible expiration, the foreign body was ejected. The necessity for a very deep expansion of the lungs under such circumstances was insisted upon.

Dr. HERBERT TILLEY mentioned a case in which a child, æt. 4, swallowed an intubation tube, which was removed from the rectum two days later by means of a nasal polypus forceps. He also mentioned a case of almost fatal asphyxia during operation for adenoid overgrowths, the portion of growth which had slipped into the glottis, however, was loosened by forcible pushing upwards of the larynx. He pointed out the advantage of having the

patient's head well hanging over in this operation, and obviating the accident mentioned.

Dr. W. HILL remarked that one of the commonest forms of foreign body which he had been called upon to deal with had been pledgets of wool and lint which had been inserted into the nose after operative measures for the suppression of hæmorrhage; from the fact that several pledgets or pieces of lint are often inserted, one such body is liable to be overlooked, and great discomfort and stench results from its retention for more than two or three days. Such an accident had unfortunately happened in a case under his care in conjunction with a general practitioner, and undoubtedly one or other of them was responsible for leaving a piece of blue gauze in the nose.

Dr. GRANT recommended the use of the air-bag by the opposite nostril instead of fluid syringing. Cocain should first be applied, then an oily spray should be used, and Dr. Spicer's advice to dilate the orifice should be carried out. During the use of the bag, both ears should be plugged by means of pushing in the tragus, and the patient directed to blow out the cheeks forcibly. Dr. Grant had found an instrument like a sharp recurved crochet-hook of considerable value. He, on one occasion, used the pan-endoscope for the œsophagus, and found no difficulty in introducing the instrument, but the amount of light was small, although sufficient to make it certain that no foreign body was present.

Dr. ADOLPH BRONNER had seen numerous cases of foreign bodies in the nose. These had in nearly every case been easily removed by the use of Politzer's bag or by a stream of water applied to the opposite nostril (not the douche). In cases of foreign bodies in the trachea it was always best to perform tracheotomy, as the body might at any time become loose and get impacted in the glottis, with fatal results. Kirstein's antroscope was often of great use in nervous patients or in children, who would not allow the laryngoscopic mirror to be introduced. Dr. Bronner asked Mr. Symonds why cases of œsophagotomy for removal of foreign bodies were so fatal. Dr. Bronner was of opinion that the use of the continuous nasal douche was very dangerous, but that the use of Higginson's syringe was not attended by any bad after-effects.

Mr. W. R. H. STEWART wished to draw attention to the difference between forcible syringing up the healthy side of the nose to remove a foreign body, and the ordinary use of the Higginson douche. Speaking as an otologist he strongly objected to the forcing of a stream of water up one nostril if the other was blocked, owing to the damage that might be done to the ears. The ordinary use of the Higginson's douche was one of the best ways of employing nasal irrigation, but he doubted its efficacy in removing a foreign body unless force was applied. He disagreed with Mr. Symonds with regard to the absence of fœtor when foreign bodies were in the nose. He had frequently met with cases in which a very fetid smell was present. With regard to rare foreign bodies, he had that day on removing a pair of tonsils lost one, and after a long hunt had found it squeezed into the posterior nares.

Dr. SHERMAN asked if stiffness of the neck had been noticed as a symptom of a foreign body in the œsophagus. He had seen a child at the Throat Hospital, that had swallowed a halfpenny three weeks before admission. The only symptom was stiffness of the neck, the child would not put its head either towards one shoulder or the other, almost as if disease of the cervical spine were present. Nothing could be seen with the laryngoscope. Use of the coin-catcher immediately brought up the halfpenny.

Mr. JESSOR inquired from Mr. Symonds as to any practical method of getting rid of very viscid mucus occurring after repeated examination of the throat for foreign bodies. The umbrella probang was useful in satisfying the feeling of patients after assuring them that there is really no foreign body present. Patients frequently confess to feeling much relieved after this operation.

Mr. WAGGETT said that he had been working with Mr. Sydney Rowland to prove the use which could be made of the Röntgen rays in the diagnosis and treatment of foreign bodies in and about the larynx. Employing a "focus" Crooke's tube transmitting X rays transversely through the neck, they had been able to obtain, with an exposure of five minutes, clear shadow pictures of coins and fish-bones attached to the surface. As the cartilages of the larynx were transparent, and gave no land-marks on the

picture, projection charts representing the distorted image of the structures of the neck had been made, reference to which permitted of localisation of any given point. Further help in this direction was to be obtained by taking more than one position, and no difficulty was to be expected in obtaining a stereoscopic effect. In order to make exclusion possible, the relative opacities of a variety of bodies likely to obtain accidental entrance had been determined. The cryptoscope, essentially a screen of cardboard coated with potassium-barium cyanide, proved somewhat less sensitive than the photographic plate, but has the advantage of permitting of contemporaneous observation. In a darkened room the front portion of the neck appeared in half shadow, bounded above and behind by the black shadow of the jaw and spinal column. A defined shadow was cast by the hyoid bone, and on introduction of a probe into the larynx or œsophagus, the movements of the instrument could be followed without difficulty on the luminous screen. The cryptoscope should afford a valuable aid in the guidance of the forceps in the removal of foreign bodies.

[Owing to the kindness of Mr. Rowland, who had brought his apparatus, photographs were shown, and the cryptoscope demonstrated to the members.]

The PRESIDENT, before calling upon Mr. Charters Symonds to reply, thanked Mr. Waggett and Mr. Rowland for their most interesting demonstration, which in connection with the subject under discussion opened new and most important possibilities for the diagnosis and removal of foreign bodies from the upper air passages. He then briefly summarised the more important points touched upon in the discussion, and instanced as such (1) the question of danger to the ear by forcible injection of water into the nose for the removal of foreign bodies from the nasal cavity. This danger he thought was greater when a continuous than when an interrupted current, such as produced by Higginson's syringe, was used; (2) the danger of pieces of adenoid vegetations penetrating into the lower air-passages when the operation was performed with the patient sitting up; he warmly advocated the position with pending head; (3) the deficient power of localisation in the upper air-passages; sensations, even when originating in the naso-pharyngeal cavity, frequently being referred to the laryngo-tracheal region; (4) the desirability of any digital exploration being preceded by careful inspection of the parts; (5) the persistence of sensations long after the removal of the foreign body. In conclusion, he thanked Mr. Symonds in the name of the Society for having by his careful introduction given rise to so interesting and important a discussion.

Mr. SYMONDS, in reply to Dr. Spicer, said he recognised the unilateral discharge from the nose in young children with adenoids, where the other side was obstructed, but he had referred to a purulent discharge without any such cause. The different opinions expressed by the speakers as to the danger of syringing the nose, showed that the method might be employed with little risk of injury to the ear. The fatalities after œsophagotomy were due to septic cellulitis. He suggested that this might be avoided with certainty by operating in two stages, or again by plugging the wound with gauze after suturing the gullet.

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY.

MEETING HELD WEDNESDAY, APRIL 15TH.

The President, Dr. HENRY LEWIS (Folkestone), in the Chair.

Dr. R. FORTESCUE FOX read a paper on "Articular Gout and its Treatment by Natural Sulphur Waters." By aid of cases he first described the *acquired* variety of gout, now less common than formerly, and generally seen in men of a stout and plethoric habit. There is not infrequently a history of antecedent rheumatism or rheumatic fever; urate deposits are not a marked feature excepting in the "occupation gout" of coachmen and others, and the disease either tends to visceral degeneration, or, under favourable circumstances, to gradual extinction of symptoms and a healthy old age. On the other hand, the *hereditary* gout is oftenest seen in spare, active, energetic

men, and, not being a "diet disease" is not to be cured by dieting. The author found in his experience at Strathpeffer Spa that both forms of gout were favourably influenced by courses of sulphuretted waters, but he strongly deprecated the endeavour to apply anything like a routine treatment or fixed "cure," which generally ends in disaster. Baths are often altogether contraindicated; and in determining the diet and general treatment it is important to ascertain in each case whether the disease is acquired and dietetic, or due to a hereditary perversion of tissue change. In the latter class of cases, as much as in the first, sulphur in the form of sulphur waters is an effectual alternative, and produces excellent results when taken annually for some years. At the same time, in the debility of hereditary gout nervous repose, varied and nourishing diet, and sometimes wine are indicated. Gout in women is nearly always hereditary, and exemplifies the influence of *æsa* on disease. The articular symptoms are less acute, and present a wide range, from recurrent attacks resembling those met with in men, to the gradual chronic enlargement of the terminal phalanges, known as Heberden's nodes. The climacteric period in women unmasks the hereditary tendency to gout unless it has already been manifested. Gout in younger women is sometimes met with in the articulations, as recurrent attacks of synovitis in knee or shoulder, and may simulate "rheumatoid" arthritis. *Arthritis*, in the author's view, is a term that should be reserved for *degenerative disease* of the joints. In this sense there is a form of gouty arthritis, met with in later life, in which one or more joints (shoulder, knee, or thumb) become affected with degeneration as a result of slight injury. This form of "local arthritis" must be carefully distinguished from the generalised disease.

Dr. EDW. AND GILBERT (Tunbridge Wells) said his experience in a considerable middle-class practice in London for twenty years was strongly confirmatory of Dr. Fox's as to a very large proportion of those who had suffered acute gout having also had at some time acute rheumatism; he had not found that those who inherited gout were usually spare, more than those who acquired it, but that in nearly all cases there was some history of gouty ancestry. In some cases, especially in women, gout was associated, apparently intimately, with serious disorders of the nervous system, especially asthma and neuralgia, both in the individual and in the family.

Dr. WALTER BLAKER (Bognor) said he personally was the subject of acquired and hereditary gout. He led a steady, healthy, active, outdoor life, was a moderate beer drinker and meat eater. *Rheumatic pains* commenced at 21, never acute rheumatism. *Bronchitis* at 31, constantly recurring until 1893, three years ago. Benefit attributed to dry air of Bognor, where he had taken up his residence. *Gout*, chiefly affecting feet and knees, appeared at 42 after first attack of influenza, succeeded shortly by almost weekly attacks of *asthma*, of which he had had none whilst living in Bognor. He considered *diet* an important factor in keeping symptoms in check, three days of butcher's meat producing gravel. He had suffered much from headaches since residing at Bognor, and found these and other gouty troubles were worse when there was an excess of ozone in the air. He deduced these facts from many experiments on himself and patients. He had derived much benefit for the gouty joints from waters of Llangammarch in Wales.

Dr. OLIVER (Harrogate) said the paper contained so many points of interest that it was somewhat difficult to single out those most deserving of discussion. He thought he had observed some signs of change of type in recent years towards the asthenic and neurotic manifestations of gout, particularly in women and especially since influenza began to prevail seven years ago. He referred to the possible centric origin of gout with which the hereditariness of the disease was closely associated. He had noticed that the attacks of gout occurring during the course of spa-treatment, had become in his experience much less frequent since the warm immersion bath had been largely replaced by douche and spray baths combined with vibratory massage, and that he believed a course of hot baths was a powerful means of bringing on acute attacks. In diet he regarded first the patient and then the disease, and he believed that no uniformly restricted system of diet should be strictly adhered to if it impoverished the

blood or the nerve centre. He was, however, strongly in favour of largely increasing the fluids and the vegetable-derived elements, and of reducing the proportion of the animal food to a minimum, so long as the testing of the blood, by a new method of his own, showed beneficial results.

Dr. MORGAN DOCKRELL said it was rare to see cases of eczema or psoriasis in which some previous diagnosis of gout had not been made on account of the skin disease present. Dr. Fox only mentioned two cases in which eczema had appeared. He hoped it was now the settled opinion that gout had no more to do with the production of either eczema or psoriasis or other skin diseases than any other condition which caused a general deterioration of the health, and in that way predisposed to the production of certain skin diseases. He pleaded for the abandonment of the habit of qualifying these different skin affections by the term "gouty," which was quite an unnecessary addition and often too loosely used.

Dr. ALEXANDER HAIG was interested in the patient who drank much whisky, but Dr. Fox also mentioned that he was fond of good living, and his gout was probably due rather to his meat than his drink. As to gout in abstemious persons, he had seen it in some who thought themselves very abstemious, but on writing out their diet it was often found to be nearly all meat. He could not agree as to the great influence of inheritance in gout, believing that this was often merely the inheritance of the money necessary to buy meat and wine.

G. H. WARD-HUMPHREYS (Cheltenham), from a clinical point of view, could not accept Dr. Haig's theory that hereditary gout was so often due to hereditary dollars and excess of diet. He had often seen it in hard-living hunting men, and in those who were careful in their diet. Patients with a gouty tendency who lived inland often suffered, on going to the sea, from constipation, inactivity of the liver, headache, and gouty symptoms. He connected as cause and effect the sluggish liver and the gout. That certain mineral waters precipitated a gouty attack had been pointed out sixty years ago by Jameson, but this could be prevented by proper doses of the waters after suitable preliminary treatment.

Dr. FERGOUSON (Great Malvern) thought the disease primarily due to errors in diet. Dr. Fox's cases proved this, and showed that where the high living is associated with the free use of alcohol, the disease comes on earlier. Dr. Fox thought gout in women is always hereditary, but even this was on account of errors in diet in their progenitors. He was in favour of reduced diet, increased consumption of fluids, and hot baths.

The PRESIDENT also considered it a "diet disease," and advocated brown meat once only, in the middle of the day, a liberal administration of fluids, total abstinence from alcohol, and plenty of walking or riding exercise daily. Himself the victim of hereditary gout, he managed by this regimen to keep the enemy at bay.

Dr. CUFFE (Woodhall Spa) had often noticed that gout followed rheumatism, and rheumatism had followed affections of the throat, which might point to some microbic influence affecting the system. He had seen very hot baths produce gout at Woodhall Spa though there was no sulphate in the water. He mostly met with the asthenic form of gout, and observed that many of his gouty patients ate enormously of meat. He quite agreed with a diet containing little meat and very little alcohol. He strongly advocated the use of the cold spray and douche.

Dr. HYDE (Buxton) agreed with Dr. Oliver's remarks as to the apparent alteration of type which had taken place in gout. He had been much impressed in late years by the gradual but marked diminution in the proportion of cases showing those uratic deposits commonly spoken of as "chalky." He had also observed a great falling off in cases of the more acute forms of gout. In his opinion, these changes of type necessarily involved departures from the older forms of treatment.

Dr. FORTESCUE FOX having replied to the views and criticisms of the various speakers,

The discussion on the necessity of producing increased railway facilities to the British health resorts was postponed to the next meeting, on May 20th.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY.

MEETING HELD FRIDAY, APRIL 17TH.

The President, G. STOKES, M.R.C.P., in the Chair.

Dr. MACNAUGHTON-JONES showed a case of "Gouty Tumour of the Auricle" and an improved throat lamp and Eustachian electrode.

Dr. E. LAW a case of "Hyperostosis of the External Auditory Meatus."

Dr. PEGLER, sections:—Vegetation from Frontal Sinus, Epithelioma of Pharynx (dog), Tuberculous Disease of Middle Turbinate.

Dr. HILL, "Tuberculoma of Vestibule."

Dr. A. BRONNER opened a discussion on "Disease of the Attic." His main points being—(1) That localised disease of the attic is very common, and that perforation is not necessary. (2) That the attic is affected in long-standing middle-ear disease and in mastoid disease in adults. (3) Pain in this affection radiates upwards and forwards. (4) Ordinary surgical means should have failed before the ossicles are removed. (5) In external operation the wound should be above the ear.

Drs. Dundas Grant, Hill, Law, Mr. Waggett, and Dr. Sattliff took part in the discussion.

Dr. MACINTYRE, F.R.S.E. (Glasgow), read a Note on the subject of

RONTGEN RAYS IN LARYNGEAL SURGERY,

which will be found under the heading of "Original Communications."

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, May 2nd, 1896.

APPENDICITIS

PROFESSOR POZZI related, at the Medical Society, the cases of two patients on whom he had operated successfully for appendicitis. The first, a man, *æt.* 40, had suffered since his childhood from gastro-intestinal trouble, and at the beginning of the present month he was seized with a sharp pain in the right iliac fossa. Appendicitis was diagnosed and the operation practised the following day. When the appendix was brought to view, it was found to be enlarged, indurated, and adherent; it contained neither pus nor liquid, but on one side was a small perforation.

The second patient was a young man, *æt.* 18, subject for several months to colics in the iliac fossa. When the cavity was opened an abscess was found in the neighbourhood of the appendix, while this organ was bent so as to oppose the free circulation of the contents. In both cases the appendix was removed. The speaker considered that the flexion of the appendix played an important rôle in the cause of the accidents, and whenever a correct diagnosis could be arrived at, it was necessary to operate as early as possible, for although medical treatment might succeed apparently in calming the most prominent symptoms, the trouble was sure to return, and perforation would be the ultimate result.

M. Dieulafoy described another case of appendicitis which confirmed in every point the conclusions of the first speaker. A young man entered the hospital with symptoms of the affection in question. Medical treatment, consisting in applications of ice, laxatives, &c., was tried, and apparently with success, but a fortnight afterwards a relapse took place, and this time it was decided to operate. The appendix, which was removed, was found

to be inflamed and filled with pus, and on one side was a small perforation. The man recovered.

ANÆMIA.

At the meeting of the Obstetrical Society M. Maygrier spoke on the treatment of cases of anæmia by injections of salt water. He said that among the means at our disposal to struggle against hæmorrhage of a grave character we have added, within the last two or three years, injections of artificial serum into the cellular tissue, or even into the veins directly. Lately, he had witnessed in his own practice most astonishing results from this method, and he would add, with other clinicians, (Thomson, H. Spencer, Smith, Horrocks, &c.) that there should be no fear of injecting strong doses or of renewing them frequently. The patient who furnished him with the opportunity of trying the method was a woman, who was brought to the hospital in a dying state from placenta prævia. The first attempts at provoking a delivery were accompanied by such grave attacks of syncope that death seemed to be imminent. He injected immediately two quarts of salt water directly into the vein of the arm at an interval of twenty minutes. The effect was magic, the woman who was apparently dead seemed to come back by a kind of resurrection. Shortly afterwards, parturient pains came on, and the child was expelled. The consequent loss of blood brought on the fainting, and two more quarts were injected with similar good effect. But towards evening the patient showed again signs of sinking, and the injections were repeated, and this time with permanent effect, so that in the one day six quarts of artificial serum had been injected. If women, the speaker added, are brought to us in a lamentable state of anæmia, their condition ought to be improved by injections of serum before proceeding to deliver them. Certain accoucheurs have a great dread of intravenous injections, but their fears were, in his mind, exaggerated.

The mode of operating is of the simplest. The vein is laid bare and an opening made in it for the point of the canula. This canula is connected with the reservoir containing the serum by means of a tube. Care should be taken to exclude all air and to properly sterilise the instruments. If at any moment blood flowed back into the canula, because the reservoir was not held sufficiently high (three feet), it might coagulate, and the danger of injecting a clot would be very great. In such a case the instrument should be withdrawn and all the blood emptied and then replaced.

A LEMON AS A PESSARY!

At the Medical Society of Lyons a member produced a lemon which a woman had employed as a pessary for prolapse of the womb. This enterprising lady had been in the habit of utilising this fruit for this purpose for many years, alleging that she preferred it to every kind of pessary.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, May 1st.

THE SERUM POISONING CASE.

THE details of the unfortunate issue from injecting diphtheria curative serum for prophylactic purposes by Prof. Langerhans have now been made the subject of legal inquiry. It will be remembered that Prof. Langerhans

injected the serum into his own child, a boy a year and nine months old, and the child died immediately. The announcement of the death was made by the professor himself, and was to the effect that the child who was in the "most blooming health 'died' in consequence of the injection of Behring's curative serum for immunisation." Prof. Langerhans is a pathological anatomist of note. He was assistant to Prof. Virchow for years, and is now Professor at the Moabit City Hospital. He comes from a family of medical men, and is married to a daughter of Prof. Gerhardt. A year ago he had the misfortune to lose two children from diphtheria. This Easter a servant maid suffered from a dubious kind of sore throat, which he thought was diphtheria, and the girl was sent to hospital. There his colleagues, Prof. Renvers and Prof. Goldscheider advised him to inject his remaining child with immunising serum for the sake of protecting him. He procured a flask of the serum from the dispensary of the hospital and gave the injection, notwithstanding the objections of his wife. Within five minutes the child was a corpse. The father sealed up the flask and forwarded it along with an announcement of the disaster to the authorities. The obduction took place in due course in the presence of the father and of a ministerialrath from the medical department of Cultusministerium. Nothing was discovered to indicate the cause of death, but the chemical examination is not yet completed. A special examination of the blood and of the individual parts as well as of the serum employed has yet to be made. The obduction showed, however, that the child was perfectly healthy. It also showed that the injection was properly performed, and that the perforation of the needle did not pass into the abdominal cavity and that neither veins nor lymph vessels were injured. Neither was there any embolism nor air in the chambers of the heart. The only possible cause of death then was the serum itself. In regard to this certain possibilities present themselves. The serum may have been impure originally, or decomposition may have set in, and a further examination may throw some light on these points. The facts show that the serum is not the harmless material it has been said to be, but, at the same time, the overwhelming clinical evidence in its favour shows that its usefulness far outweighs the dangers that may lie in it. When used for preventive [purposes, at least, it appears highly desirable that we should have some means of testing the harmlessness of any particular sample before employing it on the human subject.

At the Congress of Innere Medizin a discussion took place on

THE VALUE OF THE MEDICINAL ANTIPYRETICS.

The discussion was introduced by Prof. Kast, of Breslau, and Prof. Binz, of Bonn. The conclusions reached by Prof. Kast were that in infective fevers the essential dangers did not lie in the pyrexia. In rare cases life might be threatened by high temperature. A certain degree of febrile consumption was induced by increased tissue change, combined with the dyspepsia associated with it.

In functional disturbances, especially those of the nervous system, which were heightened by high temperatures, cool bathing was by far the best means of relief. In certain cases the effect of the bath might be increased by a dose of quinine. Except this drug, which occupied a place by itself, the medicinal antipyretics simply possessed the value of symptomatic nervines, which from time to

time, given in moderate doses, removed symptoms. The older remedies, antipyrin and phenacetin, in this respect, had not undergone any improvement through modern combinations.

Prof. Binz then discussed the individual antipyretics, quinia, salicylic acid, antipyrin, antifebrin, phenacetin, thalline, and alcohol. In his opinion, quinine still continued to be the most important antipyretic. Experiment and observation had shown that antipyrin produced its effect by its action on the heat-regulating centre, on the brain, that it was, therefore, a symptomatic antipyretic, thus acting differently from quinine, and, to some extent, from salicylic acid.

Antifebrin and phenacetin acted in the same way. In them also the soothing influence on the nerves was marked. With thallin it was different. It had a paralyzing effect on the various micro organisms. It was but little used however.

As regards alcohol, up to 1869, it was generally believed to raise temperature. It was therefore discountenanced in fevers, and on the Rhine a physician was denounced to the authorities because he had given champagne to a typhoid patient. He had succeeded in showing that any temperature change produced in warm-blooded animals by alcohol was in the reduction of temperature. Now-a-days, there was no longer any doubt as to the correctness of this view. He showed the temperature chart of two dogs of the same litter that had been inoculated with typhoid fever. Absolute alcohol diluted with water had several times been injected into the stomach of the one, but not of the other. The one that received the injection recovered, the other died. He had received further confirmation of this temperature-reducing property in puerperal fever, when large doses of alcohol reduced the fever. Runge, of Göttingen, said the resisting power of the organism was immensely increased by alcohol associated with baths, and Ahlfeld, of Marburg, also recommended wine in puerperal fever. The quantity given, however, must be large. The quantity required for a woman when reckoned in proportion to the body weight, as when given to the dog, would be 50 grms. per dose or a little over 12 drachms. Alcohol could act as an antipyretic without, under certain circumstances, the heart or brain taking part in the action. Cardiac stimulation might, however, contribute to the fall of the temperature. In putrid fevers the heart's action was scarcely perceptible; the pulse was thin and thready, the blood remained in the deeper seated organs and did not get to the periphery to be cooled. As soon, however, as the cardiac activity was increased, the peripheral circulation improved and the blood was unburdened of some of its heat. This, however, was not sufficient to explain such a sudden fall as was sometimes seen. Then the antiseptic property of alcohol *per se* was to be considered as seen in the preservation of anatomical preparations. It did not act by withdrawal of water as some thought, but simply through its germicidal properties. In putrid fevers such a direct germicidal action might be assumed, and so much the more as when dogs had been brought into a febrile state artificially the post-mortem rise of temperature that came on after the heart and nerves had long ceased to act, could be completely prevented by alcohol and quinine. It might finally be accepted as clear that fever-exciting toxins could be more quickly got rid of by exciting diuresis. By experiment on an individual

it was found that after taking a litre of water 385 ccm. of urine were passed in five hours, but after drinking a litre of Hungarian wine, 1,600 ccm. were passed. It was shown further that the diuresis was excited to the highest degree when large quantities of water were taken along with the alcohol.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, April 30th, 1896.

PERISINUS ABSOESS WITH PYÆMIA.

DR. KAUFMANN exhibited a girl, *æt.* 12, who had suffered from pain in the ears for a year. On January 22nd she had a rigor which lasted half an hour, and was repeated several times during the next two days, when she began to vomit, and rapidly became insensible.

On the 25th she was brought to Prof. Politzer's clinic complaining of great pain in head, vertigo, and vomiting, with intervals of somnolence and a temperature of 38.5° (= 101.3° Fahr.). All the internal organs were healthy; right ear sound. The left ear was filled with a thick offensive-smelling, purulent discharge. The state of the middle ear could not be determined. The soft parts around the mastoid process were normal, although there was tenderness on pressure.

The radical operation was at once decided upon, and the mastoid process opened. Not far from the surface dark coloured gangrenous masses of cholesteatoma were met with, but no ossiculæ were to be seen. The lateral sinus was next laid open, from which thick bloody purulent matter escaped. The whole was cleansed and dressed with iodoform gauze. The next day the temperature was 37.9°c, and no rigors, after which the patient speedily recovered.

ABNORMAL POSITION OF EUSTACHIAN ORIFICES.

Gonprez showed a patient, *æt.* 23, with a congenita abnormality in the position of the orifices of the Eustachian tubes which were placed in the upper part of the pharynx, and rising in a round swelling from the surface of the mucous membrane about 3 or 4 millimetres. There was no history of syphilis.

DEFECTS IN THE OUTER WALL OF THE MIDDLE EAR.

Politzer read a paper on the total destruction of the membranæ shrapnelli which led to inflammation of the middle ear, and consequently denudation of the bony structure by the deprivation of nutrition in the periosteum. This mischievous result produced a thinning of the margo-tympanum, although the upper parts of the attic wall were often found thickened, with the vessels enlarged and the hearing preserved. Walb is inclined to believe that the primary cause is a purulent otitis of the margo-tympanum, which causes inflammation of the attic, and subsequent caries of the bony structure. Politzer is in favour of the view of the denudation commencing in the incisura rivini with a purulent discharge, from which the saprophytic cocci pass into the bony structure, and ultimately destroy the tissue. The longer this discharge continues the more bone is destroyed and the osseous defect made the greater in the wall of the attic. At this point he showed a large number of preparations to demonstrate his own views. In the discussion that followed Prof. Grüber expressed a similar opinion of the ectasia produced in the temporal bone.

PROSTATIC HYPERTROPHY.

At the Gesellschaft der Aerzte, Prof. Frisch showed a man, *æt.* 68, who had formerly complained of prostatic hypertrophy and extensive dilatation of the bladder. On reflecting over the success of Profs. Englisch and Leittel on the removal of the testes or the tying of the *vas deferens* in the treatment of hypertrophy of the prostate Frisch resolved on the tying of *vas deferens*, and has so succeeded in improving his patient, that instead of urinating forty times in the day, and as often during the night, he is now able to retain that secretion for two hours or even more at a time. The total amount of urine passed during the twenty-four hours before the operation was 2,400 grms., which has now sunk since the operation to the normal amount. Frisch considers the result of the operation a perfect success in the treatment of prostatic enlargement.

Russia.

[FROM AN OCCASIONAL CORRESPONDENT.]

ST. PETERSBURG, April 30th, 1896.

MALARIA IN MAN AND ANIMALS.

DANILEWSKI, who has recently been engaged in the microscopic examination of the cytozoa, endeavours to establish an identity between the malaria of man and a similar affection met with in animals. These cytozoa belong to a group of *hemosporidia*, and are analogous to *hæmatozoa sporozoa* of the fish, amphibia and reptile. The cytozoa is pathogenic of malaria in birds and corresponds in every detail to that met with in man. The acute febrile stage is associated with sporulating intercellular microbes or "cytosporon" as he prefers to designate the morbid organism. In the chronic stage of the disease the bird seems perfectly healthy, but if the blood be examined the vermiculate parasite will be found analogous to Laveran's crescentic or half-moon bodies met with in man during the interval of malarial fever. Again, if a small quantity of the blood be examined after it has been drawn a few minutes, a long whipcord-like body will be observed withdrawing itself from the *hæmocytes* in what he terms the "polimitus." After its extrusion from the *hæmatic* cell the cord-like body bursts the *polimitus* and darts about in the plasma for 20 or 30 minutes more as *pseudo-ospirilla* while the *polimitus* degenerates. He finds all these cytozoa associated with a retrogressive and melanic condition of the *hæmoglobin*. Although these metamorphoses are constantly accompanied with Laveran's crescentic or half-moon bodies, the *polimitus* and *pseudosporon* are not so constantly met with. In the blood of birds suffering from the chronic form of infection "*leucocytozoa*" are frequently present in which to the naked eye, the moving *polimitus* may be noticed.

In the spleen, liver, and bones, a great number of microbes and melanophagia may be observed. Rapid sporulation of the *cystospora* proportionately affect the health and periodicity in the course of the disease, although the biological property of the parasite must be an active factor to calculate.

AMYLOID DEGENERATION OF LIVER.

Maximow, in his experimental histogenesis, finds that dogs and hens fed on cultures of *staphylococcus pyogenes aureus* will produce amyloid liver. This morbid condition

is produced by a deposition of pathological albumen in the interstices of the fibrous tissue. Neither the liver cells nor fibrous cells in the amyloid mass are in any way changed or altered in structure. The whole transformation is confined to the intestinal tissue, not even affecting the *membrana propria*.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

NEURECTOMY OF THE THIRD DIVISION OF THE FIFTH NERVE.—Mr. W. ROSE operated on a man, *æt.* about 42 who had suffered for many years from severe paroxysmal tic, for which he had previously undergone seven operations, most of them on the peripheral portions of the nerve. At the last operation performed nearly two years ago Mr. Carless had divided the second division of the nerve at the foramen rotundum; from this operation the patient gained ten months immunity from pain, which, however, has since recurred with all its old severity, especially along the auriculo-temporal branch. The movements of the jaw have also remained considerably impaired. Mr. Rose therefore determined to divide the third division of the fifth at its exit from the foramen ovale. An incision was made according to his usual plan, elliptical in shape, starting from a little in front of the tragus, and passing downwards and backwards to the angle of the jaw, and then forwards along the maxillary border for about two inches. The flap thus marked out was dissected forwards and temporarily stitched to the cheek close to the nose, the raw surface being protected by a piece of wet cyanide gauze. The outer surface of the lower jaw was next exposed by a transverse incision through the masseter just below the *socii parotidis*. Instead of deepening the sigmoid notch, as usually done by Mr. Victor Horsley, Mr. Rose sawed completely through the bone on a level with the dental foramen and removed the upper portion including the condyle, the coronoid process having been removed at the last operation. By this means it was hoped that the ankylosed condition of the jaw would be remedied. A good deal of hæmorrhage followed, but was commanded to a large extent by the application of a ligature to the internal maxillary artery, which at this point was distinctly seen. Some of the fibres of the external pterygoid muscle were now taken away, and the lingual and dental nerves sought for between it and the internal pterygoid. Having found the nerves, he twisted them from their distal connections by what is known as Thiersch's method, removing, in the case of the lingual, a length of not less than two and a quarter inches. The proximal ends of the nerves were traced down to the base of the skull and divided. The wound was then closed by the flap being stitched down in position. Mr. Rose remarked that he thought it only right before proceeding to the major operation of removal of the Gasserian ganglion to see what effect would be produced by a thorough neurectomy of the third division. Should the pain recur, no other course would be open but removal of the ganglion.

It is satisfactory to state that the patient has made an excellent recovery, the wound healing by first intention; the pain has quite disappeared, and the movements of the jaw are much improved.

MIDDLESEX HOSPITAL.

NEPHRO-LITHOTOMY, IN A SUPPOSED HERMAPHRODITE.—

Mr. ANDREW CLARK operated on an individual, æt. 25, who had been admitted into his female ward having had suppression of urine for forty-eight hours. The history the patient gave was that two years before an operation had been performed on the right kidney and a stone removed by the late Mr. J. W. Hulke, and the patient stated that from that time she was informed that the right kidney would be subsequently useless; she then had a tedious convalescence, but went out of the hospital practically well, and remained so, working as a laundress until a short time before the present admission, when she began to feel ill, had a good deal of pain in her left side, and passed several fragments of calculus; the symptoms got worse and worse, and the urine suddenly ceased to flow; none having passed for forty-eight hours, she deemed it advisable to return to the hospital. On admission, Mr. Clark, finding the case urgent, there being tenderness and swelling in the left loin with the history of complete suppression, determined at once to explore the kidney. The patient being perfectly willing, an anæsthetic was given, she was placed on her right side and the usual incision made in the loin to expose the kidney; it was found to be enlarged but beyond this nothing abnormal could be detected. An incision was, therefore, made in the convex border, the left forefinger introduced, and several pieces of calculous material extracted; on further exploration, which was then deemed necessary as the amount removed was not sufficient to account for the blocking of the ureter, a calculus about the size of the top of the finger was found in the pelvis blocking up the ureter; this stone was removed and proved to be uric acid. The kidney was then thoroughly flushed, and several small fragments came away. The wound in the organ was closed by two catgut sutures, these effectually stopped the bleeding, which had been considerable. The external wound was then closed in the ordinary way, a drainage tube being employed.

It is reported that the next morning the patient was in a fairly comfortable condition, having passed a fair night, but was troubled with frequent attacks of sickness; she had passed since the operation a considerable amount of bloody urine by the urethra. The wound looked healthy, and there being no discharge from it, the drainage-tube was removed. The next day the urine was free from blood, and with the exception of the continued sickness the patient was in a satisfactory state. Subsequently, she, however, succumbed to exhaustion, the result of the continuous and intractable sickness, a result the more to be deplored as the operation had been evidently successful in relieving the condition which was the cause of her illness.

It is remarkable about this case that although brought up as a woman the individual was discovered after death to be without doubt a male with very marked hypospadias. The penis was very rudimentary, the right testicle was in what appeared to be the right labium, and had been believed by the patient to be a hernia, the left testicle was in the inguinal canal, there was a rudimentary prostate, and no sign of a uterus. There was no hair on the face, but the breasts were those of a male.

The Mortality of Foreign Cities.

THE annual death-rate per 1,000 in the principal foreign cities according to the weekly returns communicated to the Registrar-General, is as follows:—Bombay 39, Madras 32, Paris 21, Brussels 19, Amsterdam 20, Rotterdam 19, The Hague 16, Copenhagen 15, Stockholm 19, Christiania 19, St. Petersburg 37, Moscow 39, Berlin 16, Hamburg 18.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 6, 1896.

LADY DOCTORS AND PROFESSIONAL ETIQUETTE.

OF late years, a large number of legally qualified women have been added to the already crowded ranks of the army of medical practitioners. About their presence we make no complaint, for the invasion is part of a new departure that appears to be the inevitable outcome of a progressive social evolution. Among the determining forces that are so busily at work in sweeping away the sexual disabilities under which women have laboured in the past are the general spread of education, the normal excess of the female population; the rising proportionate value of brain over muscle, and the ever increasing hurry and stress demanded in the struggle for existence. To examine the problem fully, however, would require the analytical methods and training of a Herbert Spencer, and would, after all, in no wise affect the result which is before our eyes. The problem of the moment is, now that the lady doctors have entered the lists of professional competition, how are they going to behave themselves. A correspondent suggested this question in a letter published some weeks since in THE MEDICAL PRESS AND CIRCULAR. In that communication he drew attention to some flagrant instances of personal touting on the part of medical women. One definite statement

was that a stranger called on one of his own patients and tendered her services as medical attendant. Our correspondent has since assured us that he is prepared to furnish definite proofs of the occurrence as reported, and, that being so, it is at once evident that such a state of affairs cannot be for a moment tolerated. Other instances of gross neglect of the ordinary rules that guide professional life are not wanting on the part of female practitioners, and in at least one case the name of the offender has been erased from the Register. Now, we have not the least wish or intention to be severe in our censures upon the "lady medicals." On the contrary, we have always consistently championed their cause from a time when their friends were few and far between. At the same time, we think it best to speak out plainly on the point, and to give this newly-fledged class of practitioners to understand once and for all that they will have to submit to the same rules, written and unwritten, that have hitherto guided the profession whose portals they have been permitted to enter. As everyone knows, there are, unfortunately, plenty of black sheep among the men, but the danger they incur in transgressing professional rules is writ large in the annals of the General Medical Council. Such lapses, however, it is hardly necessary to point out, do not in the least justify the offences of others. It would be a thousand pities if women who have gained the right to a place in the medical world after a long and arduous struggle were to sully their laurels by stooping to such dishonourable methods as, say, the door-to-door touting for practice mentioned by our correspondent. If such a step has been adopted under the pressure of absolute penury, then it may be concluded that a mistake has been made in such instances in entering the medical profession. It seems a fairly self-evident fact, and one that cannot be too strongly impressed on parents and guardians, that it is inadvisable for anyone to hope to gain a living by medicine who cannot command the necessary means either to purchase a practice or to tide over the first years of waiting. In offering these remarks we hope that they will not be misunderstood by those to whom they are addressed. In their own interests it will be wise for medical women to formulate and insist upon a code of rules for their own guidance. It may be well to remind them that although they have stormed many medical strongholds, yet other important conquests still await their energies, and the day of success will not be hastened by affording the enemy a vantage ground of attack.

IS BICYCLING HARMFUL FOR GIRLS?

WHENEVER any pastime reaches the stage of an infatuation, as it were, among the community, there are always some persons to be found who make it their business to issue solemn warnings respecting the harm which will certainly arise therefrom. This fact has been abundantly proved in the present craze of bicycling, especially so far as women are concerned. At first the most direful evils were prognosticated,

relating to the unnatural sexual gratification, with which, it was pointed out, cycling among women could only result. The more timid advisers to whom the question was referred were doubtless disposed to admit the possibility of such a contingency, and thus joined in the opposition against sanctioning the pastime for girls and women. But fortunately this myth was soon dispelled, not the slightest evidence could be produced favouring any such suggestion. The physical impossibility of it became at once apparent to anyone who took the trouble to reflect upon the matter, and thus nothing is ever said now in respect to it. But a new objection has been raised. At first it was the clitoris which was in danger, but now the warning has been issued in regard to the pelvis. According to an American obstetrician, the plastic pelvis of the growing girl runs a considerable risk of becoming flattened by bicycle riding. This pelvic deformity, he asserts, is more common than any other in Europe and America, and young girls by poisoning themselves upon the narrow saddles of their machines so press upon the ischial tuberosities upwards and inwards, that the deformity is increased. The main features, however, of the attack upon bicycling are included in the following quotation:—"As in our climate the bicycle is used nine months in the year, and as the modern girl walks less and less, while more abundant nutrition, both intellectual and animal, is supplied, increasing the size of the foetal skull, her prospects for instrumental delivery, symphysiotomy and celiotomy increase. It is yet too early to verify this prediction, but for years the very large increase in the number of cases in which the forceps has been used by the masters in obstetrics demonstrates the evil effects of the lack of walking. When Nature increases the size of the foetal head it increases the capacity of the mother's pelvis, but such increase may be frustrated by art. Through laziness man is said to have worn his tail off by much sitting, and through the fashion of not walking woman will add to the inconveniences, if not the impossibilities, of natural labour. For centuries the horse has been utilised, but both the teaching of anatomy and of propriety has prohibited the woman from bestriding his soft back. The fact is that the straddling attitude is unnatural in man and only became popular through the chase and through war, and surgical injuries are sufficiently common on account of such attitude. The parts traversing the male perinæum are sensitive and important and lie superficially. But they are slightly protected from pressure by broad and comparatively long ischial tuberosities which are *near together*. In addition the perinæum of the male is moderately protected by hair. In the female perinæum the tuberosities are smaller, sharper, and *wider apart*, and it is comparatively without hair. As shown by its tissue, physiology and function, the perinæum of woman is a kind of *supplemental uterus*. It is padded with connective tissue, prolonged pressure upon which must cause condensation and atrophy, thus adding 'atrocious' pains to the second stage of labour and much liability to rupture." We are disposed to regard the author as somewhat transcendental in his ideas; moreover,

much doubt may be felt whether he is in a position to prove from his own experience or that of others the truth of the allegations which he makes. But even if it can be substantiated that women add to the penalty of labour by indulging in cycling, this, after all, is a small matter in comparison with the health, enjoyment and exercise which they derive from the attractive pastime. It is certain that thousands and thousands of girls and women are now in the enjoyment of better health, in consequence of bicycle riding, than they have ever known before in their lives, and, so far, there is practically no direct or indirect evidence to show that this benefit has been obtained at any sacrifice to their well being.

THE MIDWIVES REGISTRATION BILL.

THE movement in opposition to this ill-considered measure is steadily gaining in scope and intensity, and if, as promises to be the case, the stalwart example of the Sheffield practitioners is followed in other large towns, its fate will be sealed. It is indispensable that no opportunity be lost of impressing upon members of Parliament and upon the Government the dislike and apprehension which this Bill excites among the large majority of practitioners. The present state of parliamentary business is such as to render it extremely improbable that the measure will arrive at the stage of discussion, but it would be highly impolitic on that account to allow silence to be construed as acquiescence. Those members of the profession who are allied with outsiders in the attempt to force this precious legislation upon us, if numerically inconsiderable, are influentially powerful. They have, moreover, the advantage of unanimity and parliamentary experience, so that only the most strenuous and persistent opposition can be relied upon to thwart their aims. At the same time the campaign is one which ought to be carried on with courtesy and forbearance. However strongly we feel on the subject, and however clearly we realise the lasting and irremediable injury to professional interests which must accrue from the legitimisation of a new order of unskilled practitioners in midwifery, we cannot but recognise that the partizans of the measure are actuated by conscientious motives and have at heart the best interests of the parturient women of this country. We must admit our inability to understand how trained minds can ignore the flagrant inconsistency of authorising unskilled persons attending women at such a critical time, while the practice of dentistry, for example, is hedged in by numerous restrictions, nor how they get over the fundamental difficulty of defining a natural labour, seeing that no labour can be said to be natural until it has reached a natural termination. It is for the opposition to bring forward an alternative measure which shall attain the objects which the others have in view without jeopardising professional interests, and this is now about to be done.

Notes on Current Topics.

The Liverpool Lying-in Hospital Deadlock.

THE affairs of this institution appear to be coming to a crisis. It will be remembered that the medical staff agreed to continue in office under certain conditions, the most important being that in all things medical the staff were to be the supreme authority. The Committee replied to this saying they were wishful to retain the services of the staff and that they were willing to make certain concessions, that the medical officer in charge "may pay occasional visits to one or more normal patients and make such examinations as he may consider necessary in order to ascertain that his general rules are thoroughly understood and are being efficiently carried out; but no such visit is to be regarded as relieving the matron-midwife from her responsibility or charge of the case." "That under no circumstances are the normal cases in the hospital to be treated as subjects for general observation, for the purpose of compiling statistics or literary articles or for instruction to students." To this extraordinary letter the medical staff made the following reply, which by-the-by, is neither wanting in dignity nor firmness:—

To the President of the Board of Management Ladies' Charity and Lying-in Hospital,
12 Rodney Street, Liverpool,
April 30th, 1896.

DEAR SIR,—A meeting of the late medical staff was held here to-day, and I am instructed to send you the following unanimous opinion.

The medical staff regret that they cannot accept any other conditions than those definitely stated in their letter of April 24th, to which they must again refer the Board of Management.

The opinions stated in the letter of April 24th are final.
Yours faithfully,

J. E. GEMMELL,
Hon. Sec. Med. Staff.

Wm. Bartlett, Esq.

After this ultimatum the Committee have one of several courses open to them. 1. They may give in to the staff and reinstate them as medical officers acting without conditions. 2. They may work the institution without a medical staff, paying for such services as they may require. 3. They may engage a qualified lady doctor who cannot any more than the others work under the midwife. 4. They may resign in a body, and hand over the management of the Charity to a new Committee, pledged to run the institution on common sense and practicable lines. We strongly urge them to accept the fourth alternative, and if they will not do this voluntarily, we as strongly urge the medical staff to compel them to do it. A special general meeting of the Liverpool Medical Institution is to be held on Monday week in support of the medical staff.

Medicine in Mexico

SEÑOR DR. MIGUEL MENDOZA LOPEZ, Professor of Gynæcology in the Medical School of Jalisco, Guadalajara, Mexico, has published (*Boletín de Medicina y Cirugía*) a very interesting account of the late epidemic of influenza in his district. He kept notes of 96 cases,

of which 21 patients were men, 39 were women, and 35 were children under seven years of age. Of the whole number treated 27 patients had complications more or less grave, and of these 6 died. (a) The complications were broncho pneumonia; 3 of these cases occurred in men, with 2 deaths; 4 cases in women, with 1 death. (b) Pleuro-pneumonia; 1 case occurring in a male patient, who recovered; 5 in women patients, with 2 deaths; and 10 cases in children, with 1 death. Œdema of the glottis attacked 3 patients, 2 men and 1 woman, all recovered. The greatest difference of temperature, pain, and headache was found in cases during the epidemic. In many of the cases the disease took on an intermittent character, a marked access of fever occurring in the evening, the temperature sometimes rising to 40.5° C. In the morning the fever disappeared and the patient felt free of all pain and suffering until evening. The usual symptoms were an intense frontal headache and the dreadful "break-bone" pain; most cases commenced with a well-marked rigor. When the fever had established itself it was marked by profuse sweating, but in none of the cases did any sudamina appear. Four cases were ushered in by severe vomiting. The treatment consisted in giving two grammes of the salicylate of soda every hour or two hours until the temperature fell and the skin began to act, when quinine in doses of 60 centigrammes was given. Some cases, especially those who suffered from complications, continued fifteen days; the milder attacks passed off in eight to ten hours.

Mr. Mundella and the Midwives' Registration Bill.

THE members of the profession of the city and district of Sheffield appointed last week a deputation to wait upon Mr. Mundella upon the subject of the Midwives' Registration Bill, and the conference took place in the Sheffield School of Medicine. The deputation asked Mr. Mundella to use his efforts against allowing any hasty or ill-considered legislation to take place in connection with such an important subject. The objections against the Bill were stated to be (1) that there was no need for such a measure on public grounds; (2) that it would lead to the registration of a new and inferior class of medical practitioners, and consequently be dangerous to the welfare of the public; (3) that the medical profession being now open to women on the same footing as to men, they had the same opportunity of practising midwifery as the latter. In the course of the proceedings it transpired that the deputation were prepared to support a measure for the registration of midwives who should attend cases only under the control of qualified medical men or medical women. Mr. Mundella, in reply, observed that he would ascertain the position of the Bill, consult the General Medical Council, and report the result of his inquiries. He however, expressed his conviction that the Bill had practically no chance of being proceeded with this session. Nevertheless, although there may be reasons for believing that this is the case, we must urge upon those who have undertaken to represent the majority

of the profession against the Bill not to relax their efforts in carrying on the crusade.

Dublin Sanitation.

FOLLOWING the remarks which we made last week as to the demands of the Dublin Sanitary Association for the expenditure of a quarter of a million on subsoil drainage (which, it appears, is not wanted) and the imposition of a sort of sanitary inquisition into the condition of the citizen's house (which used to be his castle, but would be so no longer), we note that, so far as can be judged from the most recent return of the Executive Medical Officer of Health, that for the month of March, Dublin is in a condition of phenomenally robust health. The zymotic death-rate was, in that month, only 1.1 per 1,000, which is pretty good for a large city, considering that Kingstown, the salubrious suburb, is publicly boasting of 1.0. The total mortality for Dublin was the lowest on record for this quarter. No general conclusion can be derived from the report for one month, but, so far as it goes, it suggests that there is no sufficient reason for spending a quarter of a million of money on main-drainage, subsoil-drainage, and private sewer drainage.

The Motor Car.

MEMBERS of the medical profession are perforce obliged to spend much of their time in active locomotion. It follows, therefore, that they are interested in any movement which is likely to forward the resources of civilisation as to the particular means by which free locomotion is effected. Among the greatest of modern movements in this direction there can be no doubt that the motor car will play a prominent part. Indeed, judging from the signs of the times, it seems probable that in a near future the horse will be ousted to a great extent by mechanical agencies for the propulsion of vehicles. At the present moment the regulations existing in this country practically forbid the introduction of motor vehicles. However, there is every prospect that Parliament will shortly revise these absurd and out-of-date laws. Meanwhile, the medical profession will watch with interest the scientific development of this important industry, which at some future period seems likely to affect so important a portion of their lives as the speedy performance of the daily round.

The Value of Oxygen Inhalation.

A NOTEWORTHY instance of the value of the inhalation of oxygen has just been afforded in connection with the sad catastrophe last week at the Peckfield Colliery, near Leeds. An explosion took place, as the result of which many of the miners were exposed to the fatal effects of the after-damp, or carbonic acid gas. However, on the relief parties having descended the pit shaft, and sent to the surface several of the victims, who were just alive, means were at once taken to restore them. Among the measures in this direction, the well-known firm of Messrs. Reynolds and Branson, of Leeds, were applied to, by whom cylinders of compressed oxygen were furnished. The use of this gas

proved invaluable in restoring those men who were suffering from the asphyxiation caused by the inhalation of the carbonic acid gas. This point is really one of considerable moment, and it would be well that colliery owners and managers should bear it in mind. In "fiery" pits especially, the plan would be a good one to store cylinders of compressed oxygen in some convenient spot in the pit itself. By this means lives might be saved in the event of catastrophes of the nature to which attention is here drawn. At all events it would seem advisable that in the manager's office or somewhere upon the premises of the colliery, cylinders of oxygen should be kept in case of eventualities. We strongly commend this suggestion to colliery managers.

The Decline in the Use of Leeches.

As showing, in one sense, the change which time has effected in the treatment of disease, mention may be made of the fact that the trade in leeches is becoming extinct. Before long, therefore, these creatures will no more be known in medical practice. It does not follow, however, because this is the case that the "occupation" of leeches in the practice of medicine and surgery is entirely gone. On the contrary, there are still some diseases left the treatment of which is greatly assisted by the application of the familiar "hirundo." We more especially allude to cases of acute iritis, in certain of which the rapid local abstraction of blood by leeches is followed by most beneficial effects. Nevertheless, it should be borne in mind that even in these instances an "artificial leech" is able to perform the same service, with practically as good results. Thus it will come to pass that leeches will be very difficult to obtain, simply on the grounds that the few occasions on which they may be required will not afford sufficient remuneration for maintaining them.

The New Fellows of the Royal College of Physicians, London.

THE ordinary comitia of the Royal College of Physicians was held on the 30th ult., the President, Dr. Samuel Wilks, F.R.S., in the chair. Among the business transacted was the election to the coveted honour of the Fellowship the following Members of the College:—Dr. Charles Montague Chadwick, Dr. Harry Campbell, Dr. Arthur Gamgee, Dr. John Anderson, Dr. John Michell Clarke, Sir Hugh Beevor, Dr. Ernest Septimus Reynolds, Dr. William Hunter, Dr. William Aldren Turner, and Dr. Arthur Pearson Luff.

The Petroleum Lamp Again.

THE news of a fatal lamp accident has just come to hand from Munich. The victim was the well-known Privy Councillor, Professor Friedrich Geffeken, who was suffocated by a fire kindled in his room by the explosion of a petroleum lamp. Such are the bare facts, as communicated by telegram, but there is no difficulty in filling in the details of the picture from experiences that are only too common in our own country. It is to be hoped that this unfortunate occurrence will direct the attention of Europe afresh to the appalling nature of the scourge that nineteenth

century civilisation has lately manufactured for her own back. Inquiry has shown pretty conclusively that by proper apparatus and the use of oil of low combustion point the danger of petroleum as an artificial illuminant would be reduced to a minimum. The late Professor was a violent Anglo-phobe, and was notorious as the editor of the late Emperor Frederick's Diary of the Franco-Prussian War, for which work he was imprisoned by Bismarck.

The End of the Kitson v. Playfair Case.

It has been well doubtless for all concerned in this *cause célèbre*, that the end has come by a mutual arrangement. To have reopened the case and discussed anew all its many points of professional difficulties and differences, would have been in the highest degree a matter to be avoided if possible. The appeal case was set down for hearing on the 30th ult., but it was announced by the counsel for the defendant that the case had been settled on terms which had been agreed upon between the parties, and that, therefore, the Court would not be troubled in the matter. The Court assented to this course being taken, and, thus, the Kitson v. Playfair case reached its termination. No details were divulged respecting the terms of the settlement, and, consequently, upon this subject the natural curiosity of the public will have to remain unsatisfied. We are, however, in a position to state that the amount of the settlement agreed to was £9,200, to include costs, incurred by Mrs. Kitson, and that of this sum £8,000 were to be invested for the benefit of Mrs. Kitson and her children.

The Release of Dr. Herz.

FOR two years the case of Dr. Herz has figured in the public press, by reason of the demand of the French Government for his extradition. Repeatedly, however, consultations have been held regarding his health by English and French physicians, and upon every occasion the combined opinion was that Dr. Herz was too ill to be handed over to the French Authorities. It will be remembered that the charge against him was that of being associated in fraudulently obtaining from the French Government, with the late Baron Reinach, a sanction for the issue of a lottery loan to raise 720 million francs for the Panama scheme. The Baron's share for successfully negotiating this matter is stated to have been six million francs, and that of Dr. Herz, ten millions. But delay arose in the payment, and Dr. Herz accordingly claimed his millions and enforced his claims in somewhat threatening language. In accordance with the new extradition law, a prisoner in England charged by a foreign government may be tried elsewhere than at Bow Street, and the inquiry which was undertaken by Sir John Bridge, at Bournemouth, where Dr. Herz has been living since his arrival in this country, was concluded at Bow Street on the 2nd inst. Sir John Bridge expressed the opinion that a man was justified in enforcing his claim with a certain amount of threats, and that Dr. Herz had not exceeded the limit. Thus Dr. Herz is now free, and will be relieved of the police

guard which has been on duty in his residence from the time of the extradition proceedings, two years ago.

The Royal College of Physicians, London, and the Question of Privilege.

It will be remembered that at the *Kitson v. Playfair* trial Sir John Williams stated that the Royal College of Physicians, London, had published their opinion on the question of privilege in regard to the divulging of professional confidences. But it is only right to add that nothing appears to be known of the circumstances under which the publication of this opinion took place. Indeed, considerable doubt seems to prevail as to the correctness of Sir John Williams' statement. In view, however, of the importance of the subject it is only fair, supposing that the College has made a special pronouncement thereupon, that the profession and the public should be informed of the views entertained and the resolutions agreed to by the College on this question. Expediency, moreover, indicates that there should be no concealment or secrecy regarding the ruling of the College in connection therewith, so that the great body of the Licentiates of the College should have something to guide them when confronted with problems of the kind. If, however, the College refuse to divulge their ruling, it might be worth while to raise the question of appealing to the Privy Council with a view of compelling them to make an authoritative statement. Perhaps, however, it may ultimately transpire that Sir John Williams was not correct in the statement that he made, and that his opinion, as expressed, was not that of the College on the subject.

The Elections at the Royal College of Surgeons of Ireland.

THE election of a Councillor, in room of Mr. William Stoker, resigned, took place on Monday last. The meeting of the Fellows for the Councillorship election was held at one o'clock, and, for Mr. Stoker's vacant seat, four candidates offered, viz., Mr. Cranny, of Jervis Street Hospital, Mr. Harrison Scott, of the Adelaide Hospital, and Messrs. Sherlock and G. O. Murray, both Fellows practising dentistry, and no doubt, aspiring to represent that speciality. Upon the counting of the ballot papers the result of the election was declared as follows:—

Mr. Cranny	79 votes.
Mr. G. P. Murray .. .	37 votes.
Mr. H. G. Sherlock .. .	27 votes.
Mr. Harrison Scott .. .	16 votes.

Total Votes 159

The election of examiners to serve for the ensuing year took place yesterday (Tuesday), but terminated at so late an hour that it is impossible for us to publish the result.

Petroleum as a Hair-Wash.

Of late there has been an increasing fashion—both among dermatologists and on the part of the public—to use petroleum as an application to the scalp. It

goes without saying that the use of so inflammatory a material must be attended with some amount of danger, and, as a matter of fact, several instances have been reported of fatal injury from the ignition of the oil. A few days since an English lady of title had a narrow escape of the kind at Monte Carlo. After using a petroleum wash she accidentally set fire to her hair, but fortunately did not sustain any serious personal disfigurement. It is certainly the duty of any medical man who orders a remedy of this sort to warn his patient not to approach a naked light after making the application. This is all the more necessary, because, for obvious reasons, the stuff, in nine cases out of ten, will be applied at night, and often by the light of a candle or lamp.

Poor-law Officers' Superannuation Bill.

THIS Bill which was designed to apply to the English Poor-law Service only, was most unexpectedly called on last Friday, in consequence of the sudden collapse of the Benefices Bill, which had occupied the Grand Committee on Law for the last three weeks. The Bill got through the Committee stage satisfactorily, and only occupied a few hours, but an amendment was carried by the Radical party which is likely to give trouble at a future stage. As to the extension of the Bill to Ireland, Sir Walter Foster elicited the statement from Mr. T. W. Russell, who was watching the Bill for the Government, that an opportunity would be afforded for moving the extension clause at the next stage, and that he thought the extension might be approved if it did not involve opposition from Irish members. The outcome of the whole transaction is that, if the Bill passes at all it will probably carry with it the extension of its provisions to Ireland, but as the Government have taken all the private members time, it can make no progress unless the Government assents, which we earnestly hope they will do.

THE annual *conversazione* of the Medical Society of London will be held in the Society's rooms on Monday evening, the 18th inst., at 8.30 p.m. Dr. Allchin will deliver an oration on "The Breaking Strain," after which there will be a reception by the President, smoking, and music by the "Bijou" Orchestra.

DR. W. H. SYMONS, D.P.H. Oxon, whose papers on Public Health Examinations have been appearing in this journal lately, has been appointed Medical Officer of Health for Bath. We understand there were nearly forty candidates for the post.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE MONETARY DIFFICULTY WITH CONVALESCENT HOMES.—It has come to our knowledge that the Directors of the Glasgow Royal Infirmary are greatly and very seriously exercised respecting the cost of maintenance of the Schaw Convalescent Home at Bearsden, near Glasgow.

It may be remembered that Miss Schaw gave the sum of £40,000, in memory of her brother, for charitable purposes, and the convalescent home was built from the funds. The present endowment, however, has been found to be insufficient to maintain the full complement of convalescents the institution is capable of accommodating, and, as a consequence, the Directors will, therefore, through force of circumstances, have to decide either to admit only a limited number in order to make ends meet and not overstep the endowment, or to fill the home to its normal capacity and throw the additional expenditure required on the ordinary income of the infirmary. The latter alternative would appear to be verging on the ridiculous, inasmuch as the ordinary income of the infirmary falls a long way short of meeting the ordinary expenditure. It may be stated that convalescent homes, in connection at least with Scottish institutions, are looked upon by the artisan class in the same light as hydropathic establishments are in the eyes of the well-to-do, simply places where a certain time can be spent in ease and comfort—of course, with this great difference, that in the hydro. the inmates have to pay, but in the convalescent homes there is nothing to pay, but a great deal to do in finding fault with the food and everything else, although those seeking its advantages have been strangers to such luxuries previous to their admission to these homes.

DUNDEE AND THE PUBLIC HEALTH BILLS.—The Sanitary Committee of Dundee Town Council met last night to consider the Public Health Amendment Bill and the Public Health Consolidation Bill, in reference to their bearing upon Dundee. Notes upon the Bills by the Medical Officer and the Chief Constable, as well as suggestions by the Glasgow Police Commissioners, were produced and considered. The Committee made suggestions for additional amendments on the Bills, but in view of the fact that the Committee of the House of Lords had amended the proposed measures in a variety of respects, it was decided to delay further procedure until copies of the amended Bills had been received. On receipt of these, instructions were given to the Convener, the Clerk, the Medical Officer, and the Sanitary Inspector to formulate and circulate among the members of the Council any amendments and suggestions which they considered were still required for the final revision of the Bills. The Committee will then meet for further consideration.

Correspondence.

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

THE ETHICS OF PROFESSIONAL ADVERTISING.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The complacent arrogance with which your correspondent, "Anti-Quack," sits in the seat of judgment upon the difficult and debatable question of the special hospitals invites a candid criticism. His letter is not distinguished for its logical method. He speaks of "sham" special hospitals, but does not define the term. By using the epithet he is begging the question, for no decent man would want to support a "sham" special hospital.

It is, no doubt, true that a certain number of special hospitals would not be able to come clean out of the ordeal of a searching inquiry into their accounts and management. Precisely the same thing may be asserted of the large hospitals. At the present moment they are, for the most part, resisting with might and main the proposal to put all hospitals under the control of a central board. Why Some folks do not hesitate to answer, because

reform of management would be against their interests. But it would be unfair to condemn all general hospitals because some are badly managed. A precisely similar argument applies to the special institutions. Some are bad, while others are good. At any rate, they were the pioneers who set the example of special work which has since been followed by the general hospitals. Where would your correspondent draw the line? Who is to settle what is or what is not a hospital deserving confidence? Certainly not any man who displays the narrow prejudices that are written large between the lines of your correspondent's letter. Certainly not the hospital funds, for the present writer knows of a special hospital, managed economically, doing an immense amount of good work, both scientific and charitable, controlled by a committee whose names are a guarantee of absolute integrity, but which is practically boy-cotted by both funds. Your correspondent can have chapter and verse for these statements. Let him digest them at leisure.

Again, the general hospitals in London are in the hands of a close corporation. Is a man who does not happen to be within that ring, but who at the same time is conscious of his own integrity and abilities, to throw away his chances of success in this short life for want of making an opportunity? If he "throw up the sponge" in this way and take a back seat—to use somewhat sporting language—he certainly deserves no sympathy. No—it certainly seems to me that medicine is the only profession that seeks absolutely to bar the rise of a man from the ranks to the higher places.

Let "Anti-Quack" ponder well before he presents his one-sided and narrow views to the medical public.

I am, Sir, yours, &c,

ANTI-QUACK THE IIND

Cambridge.

PRESCRIBING PHARMACEUTICAL CHEMISTS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with interest the letters about pharmaceutical chemists prescribing in your journal of the 8th and 15th ult.

I am one of those who have no sympathy with chemists prescribing, but I must candidly confess that I think "X" goes too far when his accusations are equivalent to charging pharmaceutical chemists with wholesale murder.

Any unqualified person, chemist or otherwise, visiting and prescribing as stated, are highly culpable, or, to quote from the report of a speech of so high an authority as Sir Richard Quain, who said, referring to this subject in 1894, he did not call the man who gave a simple remedy or application a prescribing chemist, but the man who visited and prescribed for the sick, and became guilty of crimes next to murder by doing that which he knew nothing about.

Evidently, the correct moral to be drawn from "X's" letter is that had he (Dr. "X") been called in, all the cases mentioned would have at once recovered.

As to giving a mixture for a cough, in reply to Mr. Downes, the Editor "unhesitatingly" answers that it should not be given, "especially if the advice is to be given in *absentia* of the patient."

In my opinion, it makes no matter whether the patient is present or absent, no chemist ought to pose as a doctor, but all apothecaries and pharmaceutical chemists who keep "open shop" always keep cough bottles, lozenges, &c., for sale, and anyone asking for such receives them, nor could they do otherwise. If, on the contrary, as suggested by the Editor, the chemist were to say he could not supply them without the purchaser first calling on a medical man, paying his guinea, and bringing a prescription, can any sane man think the advice would be followed? The poor chemist would be regarded as an idiot, and, in place of thanks, would receive advice in return, often in language more forcible than polite.

In order to hinder a cough bottle being sold, or a bunion or corn-plaster prescribed, nothing less than an Act of Parliament making it penal to do so, without the verbal or written instructions of a medical man, will have any effect.

Dr. Foy, in his communication of the 15th ult., says:—

"The pharmaceutical chemist considered he had completely exonerated himself when he confessed total ignorance of the drug ordered." This is a very sweeping charge against chemists in general.

I would respectfully suggest to this chemist that he ought to follow the custom adopted by a large number of medical men of always keeping the latest edition of Mr. Martindale's Extra-pharmacopœia at hand for reference.

No one doubts that there are some very ignorant chemists, but having taken an interest in examinations for many years, I think any man with a fair and candid mind will admit if they take the trouble to read the examination papers of the Pharmaceutical Society that the candidates who pass successfully cannot be men who are grossly ignorant of chemistry and pharmacy.

Sir Dominic Corrigan was the first President of the Pharmaceutical Society, and I understand that the majority of the examiners have been medical men, and the Government Inspector is a Fellow of the Royal College of Physicians.

Why does Dr. Foy allow his patients to go to such ignorant men? No chemist is justified in substituting one drug or chemical for another unless by permission of the prescriber.

Would it be fair towards the large body of highly-educated medical men we have in Ireland to accuse them all of gross ignorance, because I have seen practitioners order tablespoonful doses of Easton's syrup, tablespoonful doses of cherry-laurel water, every three hours; grain doses of iodide of arsenic, 2 grain doses of morphia, $\frac{1}{2}$ grain doses of gelsemina (when the dose of the latter is from 1.60 to 1.20 of a grain), and probably no one ever saw 1.20 of a grain given, not to speak of a prescription I saw lately, where strong pills were ordered, with the astonishing directions "semi unciam ter in die." In such cases, the patients' lives are saved by the dispenser, and from my experience, it would be, in my humble judgment, an advantage to medicine and pharmacy generally, if the medical men of Ireland would take pattern by their English confrères in the relation they hold to pharmacy.

Mr. Downes asks a question as to the difference between "prescribing" and "advising." This is naturally the great difficulty, and in my estimation, the chief error made in establishing a Pharmaceutical Society in Ireland, where the people had become accustomed to the apothecary who always had the right of prescribing as well as the supplying of medicine.

I write thus to elicit a further expression of opinion, as it is a question of difficulty to decide where the line ought to be drawn, having regard to the welfare and safety of the public.

In concluding, I must apologise for trespassing so much on your valuable space.

I am, Sir, yours, &c.,

FAIR PLAY.

THE CHALYBEATE WATERS OF GOREY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Can any of your readers inform me if the Chalybeate Clogh waters of Gorey, in the co. Wexford, are still being used. Dr. Rully thought very highly of them, and as an evidence of their efficacy gives the following case:—

"Thomas Gowan, æt. 22, was weak and emaciated to the last degree, with a severe cough and withal an hæmiplegia; in this state he went to these waters, even in the autumnal season, viz., in October 1731, and bleeding, and some other evacuations, having been premised in regard to his paralytic disorder, he drank them for six weeks, and recovered the use of his limbs so far as to have had only now and then some slight returns of that disorder unto this present year 1751, and his flesh and strength so far as to contract matrimony the March following; and which was remarkable, he married a widow who was drinking the waters at the same time, and had borne no children to her former husband, though a promising person, but soon proved fruitful with her new husband and consort in drinking the waters, which, among other things, gave rise to a certain song, of which the following lines were a part:—

"Consumptive lad, with asthma bad, grew rampant and piqueering;

And widow pale, from head to tail, was cured at
Tobberneering."

The well is called in Irish, Tobberneering, i.e., the Iron Well.

I am, Sir, yours, &c.,

GEORGE FOY.

Literature.

PAYV ON THE CARBOHYDRATES. (a)

THESE volumes are intended to promulgate the author's hypothesis concerning the rôle of carbohydrates in the metamorphoses of the albuminous substances in the body, and his adoption (we cannot admit it to be his discovery) of the construction of the albuminous molecules on a carbohydrate frame or pattern, and to defend that hypothesis against the objections raised by the supporters of the doctrine of Bernard. We are of his opinion as regards the fact that many of these objections are mere subtleties which do not touch the main issues; also that many are the result of mere blundering of inexperienced persons, whose "juniority is associated with a belief in personal supremacy entitling them to authoritatively set other people right" (p. 128). This is only too true, particularly as concerns work done by students of different nationalities in most German physiological, and chemical-physiological laboratories, and those operations which the Russians, who formerly travelled to Germany, now perform at home. Pavy's *Epicriticism* is directed mainly against an essay of Dr. Noel Paton, bearing the title *On Hepatic Glycogenesis*, published in the *Philosophical Transactions*, 1893, and against a paper by the same author, entitled *The Physiology of the Carbohydrates; our Present Knowledge of their Relations to the Animal Economy*, printed in the *Edinburgh Medical Journal*, for December, 1894. To the paper in the *Philosophical Transactions* Paton had attached a foot-note, printed on the first or opening page, which offended Pavy. He addressed the Council of the Royal Society in a letter, of which he gives an abstract, showing that the paper was inserted irregularly as not having been previously communicated to the Society, and in consequence had no right of being in the *Transactions* at all. In reply, the President and Council expressed their regret that the paper should have been published, but did nothing to expunge its existence or effect.

Having disposed of these important ethical matters, Pavy commences his reply. He first refutes the assertion of Paton that the teaching of Bernard concerning hepatic glycogenesis had directed the practice of physicians in the treatment of diabetes during the last thirty years. This is indeed completely unfounded, for the treatment of diabetes during the last thirty years has been and is now the same as that which was practised and taught before Bernard's interesting discoveries—it is merely empirical and merely palliative, but has no curative element to boast of. To the objection that he gave hardly any consideration to the work of others, Pavy replies with a general indictment of these others, repeated on several pages, e.g., pp. 3 and 15, to the effect that the literature of the subject was loaded with contradictory statements, that in no other physiological subject perhaps was there so much conflicting material. Pavy here falls into the very error of omission, with which he properly loads Paton, namely, that of condemning without argument or proof work which has the same good claim to consideration as his own. The reliance upon his own work is therefore rather too exclusive, and as such only could it have enabled him to set up a claim to discovery in matters which have been discovered and broadly stated in publications long before he ever imagined "the new departure," which he himself describes as the result of an accidental find of his assistant. Up to that he had mistaken his cleavage product from albumin for glycogen of hepatic notoriety or origin. Coming to the carbohydrates obtained by cleavage from albuminous matters, Pavy proves by elementary analysis of phenyl-hydrazin compounds of his carbo-

(a) "The Physiology of the Carbohydrates: their Application as Food and in Relation to Diabetes." By F. W. Pavy, M.D., LL.D., F.R.S., &c. 8vo., pp. 280. London, 1894.

"The Physiology of the Carbohydrates: An Epicriticism." By the same Author. 8vo., xix, ad. 141 pp. London, 1895. London: J. and A. Churchill.

hydrate from white of egg, that he had really produced an osazone, or compound of a sugar, the name of which ends in *ose*, with this phenyl-hydrazine, of the composition expressed by the formula $C_6H_{10}O_4(N_2H_2C_6H_5)_2$; thus the reaction consists in a substitution of two molecules of hydroxyl by two molecules of phenyl-hydrazin. The relative analyses were made by Mr. A. B. Ling. Contrary to previous resolutions, Pavy seeks to derive support from statements made by others. But this support, if any, is really of the weakest kind, and we believe that the author could have found much more telling research work and argument, much better "nuclein," round which to synthesise his new ideal, had he made more extensive studies nearer home. The cleavage of carbohydrates from albuminous matters, and from matters not being albuminous by chemical agency, has been effected and proved incontrovertibly during the last twenty years, and the claim to the discovery, which the author here again asserts for himself of the glucoside constitution of proteid matter cannot for a moment be admitted. Moreover, from the finding of glucose as a product of cleavage to the proof of the constitution of the bodies from which it is obtained is a great distance which Pavy does nothing to help us across. Again, glucose is not the only product of the process, but other carbohydrates occur along with it, some forming copper compounds, and benzoyl chloride esters. Therefore, while there are true glucosides of relatively simple constitution in the animal body, to which Pavy does not refer, the proteid compounds have a much more complicated constitution than he imagines, and should, therefore, not be vainly dubbed with a name derived from a single product equivocally selected out of a great number of equally characteristic ones formed by the side of them. On the more physiological side of the question the author presents a more ample case for judgment than on the more chemical one. If all the authors whom he criticises out of court are experimentally wrong there is an end of glycogenesis from hepatic glycogen.

On page 66 the author of the epicriticism passes from defence to attack, and gives a focussed view of his contentions, but even this is too long to be quoted in this place. Carbohydrates and albuminous matters are supposed to undergo repeated chemical alliances, and as frequent processes of divorce. Peptones are presented as albumens which have lost the constituent carbohydrate, and here is at once a great difficulty left undiscovered, namely, the question of what holds them together, when the constituent frame, the alleged typical constituting glucose is removed. This is apart from the fact that many analyses of peptones show no such differences of their composition from the elementary ingredients of the original albuminous substances, as would necessarily be effected by the removal of each one group of a carbohydrate the name of which ends in *ose*. But we will allow the occurrence of the cleavage in order to let the hypothesis progress. Peptone and carbohydrate arrive at the villi, and there they are at once to be recombined to form albumen. There is difficulty the second, namely, the question, after the use of the peptonisation, which is an expenditure of energy, if the produced peptone has to be recombined with the carbohydrate to become albumin in the villi, a process which also cannot be effected without the expenditure of energy. The consideration of equivalent leaves no peptone for the carbohydrate which is consumed, and this latter arrives at the villi without peptone available for union. We are here in fact again before an old problem, namely, the question in what shape carbohydrates pass into blood and lymph, and in what manner they reach the places where they are used up, *i.e.*, burnt for the production of heat, power, or other animal energy. The author discovered in 1860 that when animals were fed upon much carbohydrate, glycogen, or hepatic amylose accumulated in the liver. He now seems to impair his latest argument a little by proposing that the glycogen found in the liver of animal feeders was derived from carbohydrate already contained in flesh, and consequently all glycogen in the liver might be derived from carbohydrate, and none need be the produce of cleavage of albuminous matter. The author thinks that the glycogen once in the liver is disposed of in that organ by the agency of the hepatic cells. But the manner in which this is effected we cannot find to be elucidated. He teaches us that the liver contains no more sugar than other parts, and

frequently not so much; moreover, the sugar is not glucose, and the sugar in the other structures of the body is also not glucose. The liver manufactures sugar immediately after death by means of a ferment, which death lets loose while life inhibits it. Here the discussion becomes mixed up with the play of words entitled zymogens and enzymes, and arrived at this point the author breaks off with a cautious reservation and prudent pause. On page 129 the hypothesis of the transformation of starch into fat in the cells of the villi is defended against Paton's observations. The microscopic aspect of a few villi can furnish no measure for the amount of fat contained in them, and the presence of fat alone is no proof of a transformation effected upon a material which contains five per cent. of fat already. The hypothesis of this metamorphosis in this place has no actual proof in its favour, but this want of proof is of not much importance for the main question, for the transformation takes place somewhere, and there is no reason why the protoplasm of the villi should be less potent in this respect than other protoplasm. Pavy's volume, of 1894, is well illustrated by many reproductions of the microscopic aspects of crystallised and crystalline osazones. If all the cleavage products of albuminous matter were thus depicted, ten thousand folios would hardly suffice for their representation. Dr. Pavy's work on this subject is somewhat bewildering, particularly, because like Father Chronos, he has repeatedly either consumed his own children, or transformed them by spiritual protoplasmic power into new combinations adapted to new conditions, just as he now transposes his former glycogen finds into the variation of glucosides. In any case these works will stimulate research, advance the chemical side of physiology, and moderate that professional presumption which has done so much harm during the last thirty years. We cordially recommend Dr. Pavy's works to the study and attention of all our readers.

INDEX CATALOGUE OF THE UNITED STATES SURGEON-GENERAL'S OFFICE. (a)

THIS volume includes 12,759 author-titles, representing 4,857 volumes and 11,613 pamphlets. It also contains 8,312 subject-titles of separate books and pamphlets, and 13,280 titles of articles in periodicals.

The great value of this series may be estimated from the following tables, showing the number of titles in the Index-Catalogue:

Author-titles 176,364, volumes 85,663, pamphlets 151,504.
Under subject-titles, we find book-titles 168,557, and journal articles 511,112.

This volume completes the alphabet, and is, therefore, the final volume of the first series of the Index-Catalogue. The manuscript of the second series, including all the titles of books and articles received too late for insertion in the first series, has been prepared, and will probably make five printed volumes of the same size and style as those constituting the first series.

With the completion of Volume XVI, Dr. John S. Billings retires from the personal supervision of the great work with which his name will be indissolubly connected—a work which has laid the medical profession under a deep debt of gratitude to him.

With the last volume of the first series of the Index-Catalogue Dr. Billings has published an Appendix, which gives an alphabetical list of the abbreviations of titles of medical periodicals employed in the Index-Catalogue.

The abbreviations (a) follow the exact order of the words of the title; (b) are as brief as is consistent with clearness; (c) follow the orthographical usage of each language; (d) and, as a rule, are uniform; (e) the article with which a title commences is omitted.

The book is a very welcome addition to the series, and we are sorry that with it was not printed the "Corrigenda"; as it is, the reader must, in consulting the Index-Catalogue, keep this and the 16th volume beside him; withal we make no complaint. Dr. Billings has completed a herculean task, which could not have been accomplished

(a) "Index-Catalogue of the Library of the Surgeon General's Office United States Army." Authors and Subjects. Vol. XVI. W. Lythius, Washington: Government Printing Office, 1895.

by other than an enthusiastic bibliophile, and he has done it in a manner which has elicited the spontaneous admiration of his professional brethren.

Literary Notes and Gossip.

THE Editor of *Nature* announces that to-morrow's issue (May 7th) will contain, as an addition to the "Science Worthies Series," a Life and Appreciation of Sir Joseph Lister, F.R.S. The latter will be by Prof. Tillmanns, of Leipzig. A photogravure portrait of Sir Joseph Lister will accompany the articles as a supplement.

A SUGGESTIVE set of "Diet Charts" and tables for the use of physicians for handing to patients after consultation, has just been issued by Mr. H. K. Lewis. These we think will be appreciated as they will save the consultant considerable time and trouble in writing out instructions for diet to suit individual requirements. They are published at the moderate charge of 5s. per 100 charts.

OUR monthly contemporary, *The Practitioner*, for May, is a "vaccination number" pure and simple. It contains a portrait of Jenner; its editorial references are to Jenner and his connection with vaccination, the vaccination commission, the Gloucester small pox epidemic, &c., whilst the five "original contributions" are entirely devoted to small-pox, vaccination, and vaccine. This should prove amply sufficient for the most ardent of Jenner's disciples.

ONE of the best and most popular of American works on Therapeutics is that of Professor Wood, of the University of Pennsylvania (London: Smith, Elder & Co.). The work, which has reached its ninth edition, is characterised by breadth and thoroughness, while it shows an immense amount of research and practical grasp of details. It seems to us that the book is well nigh indispensable to all engaged in the study and teaching of the important subject of materia medica. Further, it contains a mine of accurate information that could not fail to be of the utmost value to writers upon medical subjects.

HELBING'S "Modern Materia Medica" (London: H. K. Lewis) contains information that is certain to be of the utmost value to all who are interested in the scientific aspects of modern materia medica. Its aim, the author tells us, is to supply the want of full and comprehensive details as to the constitution, methods of preparation, tests, and medicinal applications, of new remedies. It includes, in fact, a series of monographs, and represents a great deal of careful and conscientious work. The necessity of some such book of reference is every day made evident by the advances of scientific investigators in transcendental pharmacy.

WE have received amongst other medical journals copies of *Boletín de Medicina y Cirugía*, a journal started by Dr. Teodoro Nuñez, of Guadalajara, Mexico. The name Nuñez is well known in Spanish medical literature. Jóannes Zwelfer, writing in Vienna in 1672, quotes Nuñez *uti Clarissimi and Acutissimi Hispanorum Scriptoris* who had recommended a wine of *acarus laticis* and ginger, for night sweats in phthisis, and in some cases he advised that the wine be evaporated and the inspissated mixed extracts, agaracine and gingerine, be made into lozenges, with or without opium, for he remarks that agaric sometimes gripes and is best corrected with opium. The book acquired great celebrity. It was dedicated to the Emperor of the Holy Roman Empire, Ferdinand the III, in 1651, but did not appear for 21 years afterwards.

We have received the quarterly number of the "Oxford English Dictionary." The section contains 766 main words, 533 combinations explained under these, and 97 subordinate entries, 1,416 in all. The obvious combinations, recorded and illustrated by quotations, without individual definition, number 569 more. Of the main words 586 are current and native, or fully naturalised, 161 are obsolete, and 19 alien or not fully naturalised. The

present section is concerned with words that are amongst the oldest and most frequently used in the language. As might be expected, very many of these words, on account of the multiplicity of their senses and applications, have required to be illustrated at much more than average length. The illustrative quotations in this section "Field-Fish" in the following Dictionaries—(Johnson, 556; Casell's Encyclopaedia, 584; Century, 1,138; French's Standard, 278; The Oxford English Dictionary, 8526.)—show the value of this work in throwing new and unexpected light on the origin of the senses of the words now current, and of the interpretation of many passages in our older literature.

WE have received a very interesting reprint from the *New Orleans Medical Journal* of Dr. Edmond Souchon's article:—"Places rendered famous by the late Dr. J. Marion Sims in Montgomery, Alabama." It contains five beautiful photogravures illustrating the scenes of Marion Sims' early triumphs in gynaecology. It is a pity that the scenes of Sims' labours in Richmond, Virginia, were not also included; they would have been appropriate, for it was in the Richmond School of Anatomy that he, whilst lecturing on topographical anatomy, acquired the dexterity in dissection which long afterwards gave him such a world-wide reputation as a surgeon. Very few recognise how much gynaecology owes to Virginian surgeons. Its very existence is due to McDowell's ovariectomy, then followed Sims, whose works made two hemispheres his debtors, and, lastly, Batty, whose operation was described in 1876, and whose death has only recently been recorded. The house Sims occupied before leaving Montgomery, Alabama, was afterwards occupied by Confederate officials prior to the removal of the capital to Richmond, and Sims lived to see the fall of the Confederacy whose welfare he had so deeply at heart.

VERY few new books of importance have reached us so far for the spring publishing season, but several new editions of well-known books have come to hand, among which may be mentioned:—the sixth edition of Allingham's "Diseases of the Rectum" (Baillière, Tindall, & Cox); the ninth edition of Tyson's "Practical Examination of Urine" (same publishers); the fourth edition of Blyth's "Foods and their Analysis" (Griffin); the second edition of Kennard's "Public Health Laboratory Work" (Lewis); and the second edition of Halliburton's "Essentials of Chemical Physiology" (Longmans). The latter publishers have also issued the Appendix to Quain's "Elements of Anatomy" tenth edition, and a volume of "Occasional Papers" by Dr. Howship Dickinson. A new work on "Surgical Diseases of the Ovaries" has been published by Messrs. Cassell & Co. and Messrs. Smith Elder & Co. one on "The Treatment of Phthisis," by Dr. Arthur Ransome. The Rebman Company have in the press a serial work exemplifying the Uses of the New Photography in Medical and Surgical Diagnosis, by Sydney Rowland, B.A.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last monthly list:—The Diagnosis and Treatment of Diseases of the Rectum (6th Edition), by W. Allingham, F.R.C.S., and Herbert W. Allingham, F.R.C.S. Manual of Practical Anatomy, by D. J. Cunningham, M.D., F.R.S., Vol. I. St. Thomas's Hospital Reports, Vol. XXIII, edited by Dr. Acland and Mr. Bernard Pitts. St. Bartholomew's Hospital Reports, Vol. XXXI, edited by Dr. Samuel West and Mr. Walsbam. Biological Experimentation: Its Functions and Limits, by Sir B. W. Richardson, M.D., F.R.S. Quain's Elements of Anatomy. Appendix on Superficial and Surgical Anatomy, by Professors Thane and Godlee. Foods, Their Composition and Analysis (4th Edition), by A. Wynter Blyth, M.R.C.S. Surgical Diseases of the Fallopian Tubes, by J. Bland Sutton, F.R.C.S. The Essentials of Chemical Physiology (2nd Edition), by W. D. Halliburton, M.D., F.R.S. Handbook for Hospitals, by A. H. Wooley. A Few Medical and Surgical Reminiscences, by Augustin Pritchard. On Extraction of the Teeth, by W. D. Woodburn, L.D.S. Sterility, by Robert Bell, M.D. The Practical Examination of Urine (9th Edition), by James Tyson, M.D.,

Public Health Laboratory Work, by H. R. Kenwood, M.B. (2nd Edition). The Treatment of Phthisis, by Arthur Ransome, M.D., F.R.S. Diseases of the Rectum and Anus, by S. G. Gant, M.D. Occasional Papers on Medical Subjects, by W. Howship Dickinson, M.D., F.R.C.P. Memorials of the Faculty of Physicians and Surgeons, Glasgow, by Alex. Duncan, B.A. Lond., Medical and Surgical Report of the Presbyterian Hospital, New York, 1896 Examination Papers, 1895, Royal University of Ireland.

Medical News.

Liverpool Post-Graduate Course.

LIVERPOOL, like most of the large centres of medical enterprise is now to have its Post-Graduate Course, and an announcement which appears in our advertisement columns states that a series of thirty Lectures and Demonstrations will be given at University College, Royal Infirmary, Royal Southern, Northern, Children's Eye and Ear, Lock, and Shaw Street Women's Hospital, on Tuesdays and Fridays, commencing May 12th, and ending June 30th. Lectures 2 to 3 p.m.; Hospital Demonstrations 3.30 to 5 p.m. Fee for the whole course, £3 3s.; for Clinical Lectures and Demonstrations, £2 2s.; for Anatomy, Physiology, and Bacteriology Lectures, £1 1s. The Hon. Sec. of the Post Graduate Committee, Professor Boyce, University College, Liverpool, will be glad to furnish further particulars where required.

The London and Counties Medical Protection Society.

THE annual dinner of the London and Counties Medical Protection Society was held in London at Frascati's Restaurant on the 1st May. The chair was taken by the President, Mr. Jonathan Hutchinson, who reviewed the progress and present position of the Society in an excellent speech. The toast of the guests was proposed by Mr. Bruce Clarke, and responded to by Dr. Glover. Several songs were admirably rendered by Dr. Foulerton and some of the ladies present, and contributed to the success of a most enjoyable evening. At an early period we hope to give some details of the work of the society.

Vital Statistics.

THE deaths registered last week in thirty-three great towns of England and Wales corresponded to an annual rate of 19.5 per 1,000 of their aggregate population, which is estimated at 10,860,971 persons in the middle of this year. The deaths registered in each of the last four weeks in the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000:—

Birkenhead 21, Birmingham 19, Blackburn 19, Bolton 21, Bradford 16, Brighton 13, Bristol 17, Burnley 22, Cardiff 13, Croydon 15, Derby 19, Dublin 23, Edinburgh 20, Glasgow 20, Gateshead 19, Halifax 17, Huddersfield 13, Hull 16, Leeds 17, Leicester 13, Liverpool 22, London 19, Manchester 27, Newcastle-upon-Tyne 17, Norwich 15, Nottingham 17, Oldham 24, Plymouth 15, Portsmouth 16, Preston 25, Salford 26, Sheffield 21, Sunderland 23, Swansea 11, West Ham 16, Wolverhampton 21. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 3.1 in Manchester, 4.3 in Birkenhead, and 4.8 in Sunderland; from whooping-cough, 1.2 in Newcastle-upon-Tyne, 1.3 in Croydon and in Liverpool, 1.6 in London, 1.8 in Manchester, and 2.2 in Bolton; from fever, 1.6 in Swansea; and from diarrhoea, 1.2 in Blackburn. In no case did the death-rate from scarlet fever reach 1.0 per 1000 in any of the large towns. The 64 deaths from diphtheria included 41 in London, 5 in Birmingham, 3 in Liverpool, 3 in Manchester, and 3 in Leeds. One death from small-pox was registered in Bristol, but not one in any other of the large towns.

Nurses' Exhibition.

AN entirely novel Exhibition is to be held at St. Martin's Town Hall, London, from June 1st to June 13th, at which it is proposed to show the many useful and ingenious instruments and dressings by means of which the modern trained nurse is enabled to carry out medical directions for the alleviation and cure of illness or injury.

There will be nursing appliances as employed in the chief general and special hospitals of the United Kingdom; model beds and other furniture for the sick room and the hospital ward; nursing uniforms and dress; hospital certificates, medals, and badges for nurses. The methods in use at the hundreds of hospitals in the United Kingdom differ so greatly that such an Exhibition should not only be of much interest, but also of much educational value to the large numbers of women now engaged in nursing.

PASS LISTS.

University of Durham.

At the Convocation holden on April 25th, the Degree of Doctor in Medicine for practitioners of fifteen years' standing was granted to the following candidates:—

Blacker, Ernest, M.B.C.S., L.R.C.P.
Brown, Francis Wheeler, M.B.C.S., L.S.A.
Davies, John, M.B.C.S., L.S.A.
Lowne, Benjamin Thompson, M.B.C.S., L.S.A.
Mackinlay, Robert, L.R.C.P. Ed. L.F.P.S. Glas.
Matthews, Charles Edwin, M.B.C.S., L.R.C.P.
Mavor, William Samuel, M.B.C.S., L.R.C.P.

And the following received the ordinary Degree of Doctor in Medicine:—

Cox, Burton, M.B., B.S. Durh.
Dawson Henry King, M.B., B.S. Durh.
Diver, Ebenezer William, M.B. urh.
Hawthorn, Frank, M.B., B.S. Durh.
Leech, Joseph Willia. M.B., B.S. Durh.
Lovely, Charles Newton, M.B., B.S. Durh.
Matthews, Henry John, M.B. Durh.
Morgan, Robert William, M.B., B.S. Durh.
Ogden, Ogden Watson, M.B., B.S. Durh.
Whillis, Samuel Short, M.B., B.S. Durh.

The following obtained the degree of Bachelor in Medicine (M.B.):—

Honours—Second Class.

Barrow, Vincent, M.B.C.S., L.R.C.P., St. Mary's Hospital.
Butcliff, Edward Harvey, St. Thomas's Hospital.
Streetfield, Thomas, M.B.C.S., L.R.C.P., University College Hospital.
Tomlinson, Geo. H., M.B.C.S., L.R.C.P., Mason College, Birmingham.
Laughton-Smith, F., M.B.C.S., L.R.C.P., Mason College, Birmingham.
Poole, Thomas Brice, M.B.C.S., L.R.C.P., Guy's Hospital.
Rowland, Frederick W., M.B.C.S., L.R.C.P., Guy's Hospital.

Pass List.

Armstrong Percy Luke, College of Medicine, Newcastle-upon-Tyne.
Davidson, Leslie, College of Medicine, Newcastle-upon-Tyne.
Dickens, Charles Henry St Thomas's Hospital.
Harkness, William T., College of Medicine, Newcastle-upon-Tyne.
Jocelyne, Edward Walter, L.S.A., St. Mary's Hospital.
Joy, Charles Holmes, Mason College, Birmingham.
Meyrick-Jones, H. M., M.B.C.S., L.R.C.P., Col. of Med., Newcastle.
Newson, Herbert, College of Medicine, Newcastle-upon-Tyne.
Richards, Lewis William, M.B.C.S., L.R.C.P., St. Thomas's Hospital.
Richards, William H., College of Medicine, Newcastle-upon-Tyne.
Shapland, John Dee, B.A. Cantab., University College Hospital.
Whitehouse, William Henry, Mason College, Birmingham.

The following obtained the Degree of Bachelor in Surgery (B.S.):—

Armstrong, Percy Luke, College of Medicine, Newcastle.
Barrow, Vincent, M.B.C.S., L.R.C.P., St. Mary's Hospital.
Davidson, Leslie, College of Medicine, Newcastle.
Harkness, William Thomas, College of Medicine, Newcastle.
Joy, Charles Holmes, Mason College, Birmingham.
Laughton-Smith, F., M.B.C.S., L.R.C.P., Mason College, Birmingham.
Meyrick-Jones, H. M., M.B.C.S., L.R.C.P., College of Medicine, Newcastle.

Newsome, Herbert, College of Medicine, Newcastle.
Poole, Thomas Brice, M.B.C.S., L.R.C.P., Guy's Hospital.
Richards, Lewis William, M.B.C.S., L.R.C.P., St. Thomas's Hospital.
Rowland, Frederick William, M.B.C.S., L.R.C.P., Guy's Hospital.
Richards, William Hunter, College of Medicine, Newcastle.
Streetfield, T., M.B.C.S., L.R.C.P., University College Hospital.
Shapland, John Dee, B.A., Cantab., University College Hospital.
Tomlinson, G. H., M.B.C.S., L.R.C.P., Mason College, Birmingham.
Whitehouse, William Henry, Mason College, Birmingham.
A. E. Thompson, M.B., B.S., Durh., received the Degree of Bachelor in Hygiene; and W. R. Brunton, M.B., M.R.C.S., L.R.C.P., the Diploma in Public Health.

In the Third Examination (New Regulations) for the Degree of Bachelor in Medicine, the following passed:—

Second Class Honours.

Pearson, Albert, G. W., College of Medicine, Newcastle-upon-Tyne.

Pass List.

Holgate, Percy, College of Medicine, Newcastle-upon-Tyne.
Lister, Walter Herbert, College of Medicine, Newcastle-upon-Tyne.
Lowry, John, College of Medicine, Newcastle-upon-Tyne.
Simpson, William, College of Medicine, Newcastle-upon-Tyne.

Notices to Correspondents, Short Letters, &c.

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

DR. COUTTS is thanked for his note, and the promise contained therein.

H. T. will find, on reference to another column, that his request has been complied with.

BOOK-WORM.—We understand the book referred to has gone through six or seven editions in America, but it is little known in this country, and is unsuitable for students here, being arranged on the basis of the U.S. Pharmacopœia.

MR. RANSOME.—Your first question must be answered in the negative. Your second supposition is correct. Dr. Sharp, whose death was announced a few days since, was ninety years of age, and was a homœopathic practitioner, although not an entire believer in Hahnemann's theories. He was a man of considerable power, and hesitated not to criticise Hahnemann's character, and the principle of *similia similibus curantur*, on which the rule of drug selection rested. For the last fifty years he has resided at Rugby, where he was engaged in a most extensive practice, though, in later years, almost purely as a consultant.

ADULTERATION IN EXCOELSIS.

THE latest high art sophistication introduced to medicine is the mixing of crystals of sugar candy with codeine. The fraud cannot be detected except by Fehling's solution and the spectroscope.

Meetings of the Societies

WEDNESDAY, MAY 6TH.

OBSTETRICAL SOCIETY OF LONDON.—8 p.m. Specimens will be shown by Dr. Lewers, Mr. Doran, Dr. Handfield-Jones, and others. Adjourned Discussion on Mr. Morrison's, Dr. Spencer's, and Dr. Eden's papers on Decidua Maligna. Papers:—Mr. A. Doran: Cases of Fibroma of the Ovary and Ovarian Ligament Removed by Operation; with a series of After-Histories of Cases reported in the Transactions since 1879. Dr. J. Phillips: Anterior Colpotomy.

THURSDAY, MAY 7TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11 Chandos Street, Cavendish Square, W.).—8 p.m. Clinical Evening. Mr. A. Critchett: (1) Restoration to Normal Vision after Sympathetic Ophthalmitis; (2) Extraction of a Dislocated Lens with Good Result. Dr. R. D. Beken: Optic Nerve Disease in a Mother and Three Children. Mr. H. Spicer: Case of Spurious Optic Neuritis. Mr. H. Power: Case of Lightning Stroke of Face without Permanent Lesion of the Eye. Dr. D. Mowat: Lymphangioectasis of Eyelids. Mr. Maclehoze: One-sided Sixth Nerve Paralysis, Retraction of Globe and Contraction of Orbicularis on Rotation Inwards. Mr. B. Taylor: Transplantation of Skin to the Surface of the Eyeball for the Cure of Symblopharon. Mr. Cartwright: Posterior Leulal Opacity, Remains of Hyaloid Artery and Colombo Lens. Mr. F. Eve: Case of Detachment of Retina treated by Drainage.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road).—8.30 p.m. Dr. A. T. Schofield: Mental Therapeutics.

FRIDAY, MAY 8TH.

CLINICAL SOCIETY OF LONDON.—8.30 p.m. Mr. L. Hudson: A Case of Malingering in a Boy aged Eleven. Mr. E. Ward: Three Cases of Laryngotomy. Mr. W. A. Lane: A Case Illustrating a Condition of Partial Congenital Dislocation of both Hip Joints Forward and Upwards. Mr. Raymond Johnson: Fracture of the Neck of the Femur in a Young Subject resulting from Dry Caries of the Bone. Mr. Makins: A Case of Division and Immediate Suture of the Left Vagus.

ROYAL INSTITUTION.—9 p.m. Prof. S. P. Thompson: Electric Shadows and Luminescence.

SATURDAY, MAY 9TH.

ROYAL INSTITUTION.—3 p.m. Mr. F. Corder: Three Emotional Composers—Berlioz.

Vacancies.

Barbadoes General Hospital.—Junior Resident Surgeon. Salary £200 per annum, with unfurnished apartments. Applications and testimonials to the Secretary not later than July 8th.

Bulawayo Hospital.—Resident House Surgeon (unmarried). Salary £400 per annum, with board and lodging. Applications and testimonials to the Chairman, Hospital Board, Bulawayo, Rhodesia. Burgh of Leith.—Public Health Hospital.—Resident Physician. Salary 50 guineas. Further particulars may be had from the Subscriber with whom applications and testimonials (17 copies) to be lodged not later than May 9th.

Glamorgan County Asylum, Bridgend.—Junior Assistant Medical Officer. Salary £120, rising £10 a year to £150, with board, lodging, and washing. Applications and testimonials to the Medical Superintendent not later than May 18th.

Kent County Ophthalmic Hospital.—House Surgeon. Salary, with furnished apartments and attendance in the Hospital, but without board, for the first year £125, and £15 after. Applications and testimonials to Matthew A. Adams, Surgeon to the Hospital, Trinity House, Maidstone.

Metropolitan Asylums Board.—Medical Superintendent of the South Eastern Hospital, Old Kent Road, London, S.E. Salary £400, rising to £500, per annum, with house, attendance, washing, &c. Applications before May 7th (see advert.)

Rangoon Municipality.—Health Officer. Salary Rs.600 per mensem, rising to Rs.1 000 per mensem by annual increments of Rs.50 per mensem. Applications to Messrs. Ogilvy, Gillanders, and Co., Sun Court, 67 Cornhill, E.C., not later than May 26th.

Stamford, Rutland, and General Infirmary.—House Surgeon (unmarried). Salary £100 per annum, with board, lodging, and washing. Applications and testimonials to the Secretary on or before May 15th.

Appointments.

BRAUMONT, J. C. H., L.R.C.P., L.R.C.S. Ed., Medical Officer for the Infirmary and Gordon Road Workhouse, Camberwell.

BURT, D. J. S., M.B., C.M. Edin., House Surgeon to the Brighton, Hove and Sussex Throat and Ear Hospital, Brighton.

CRAGO, W. H., L.R.C.P. Lond., M.R.C.S., Honorary Assistant Surgeon to the Sydney Hospital, New South Wales.

DALE, F., M.D. Cantab., F.R.C.S. Eng., Honorary Ophthalmic and Aural Surgeon to the Scarborough Hospital and Dispensary.

FLYNN, E. A., F.R.C.P. Irel., L.R.C.S. Irel., Gynaecologist to the Drumcondra Hospital.

FORTESCUE, W. A. J., M.B., C.M. Aberd., Medical Officer, Royal Infirmary, Aberdeen.

GILL, S. E., M.B. Lond., L.R.C.P., M.R.C.S., Resident Medical Officer to the Royal Hospital for Diseases of the Chest, London.

GORDON, J. L., M.B., C.M. Aberd., Medical Officer, Royal Infirmary, Aberdeen.

JOES, H. T., L.R.C.P. Lond., M.R.C.S., Medical Officer for the Second Sanitary District of the Pembroke Union.

LOVEBROVE, J. F., M.R.C.S., Government Medical Officer and Vaccinator for the district of Ploton, New South Wales.

O'MURHAN, J. A., L.R.C.S. Irel., Resident Medical Officer and Public Vaccinator for the districts of Kalgoorlie, Western Australia.

FRASER, R. S., L.R.C.P. Lond., M.R.C.S., Medical Officer of Health for the Wigan Rural Sanitary District.

FURBER, C., M.B., Ch. M. Syd., Honorary Assistant Physician to the Prince Alfred Hospital, Sydney, New South Wales.

STEWART, C. A., L.R.C.P., L.R.C.S. Edin., Acting Officer of Health for Richmond City, Victoria, Australia.

STEWART, G. J. T., M.B., C.M. Aberd., Medical Officer, Royal Infirmary, Aberdeen.

SYMONS, W. E., D.P.H. Oxon. and Durh., Medical Officer of Health by the Bath Urban Sanitary Authority.

THOMSON, A. G. A., M.B., C.M. Aberd., Medical Officer, Royal Infirmary, Aberdeen.

WAISHAM, H., M.A., M.B. Cantab., M.R.C.P. Lond., Assistant Physician to the City of London Hospital for Diseases of the Chest.

Births.

BERRY.—April 28th, at Wansford House, Watford, the wife of F. Haycraft Berry, M.D. Lond., of a son.

BLACKLOCK.—May 1st, at Daley Bank, Prestwich, the wife of John Blacklock, M.D., of twin sons.

GRANT.—April 30th, at 8 Upper Wimpole Street, London, W., the wife of Dundas Grant, M.D., F.R.C.S., of a son.

HURRY.—April 29th, at Abbotbrook, Reading, the wife of Jameson B. Hurry, M.A., M.D., of a daughter.

MARTIN.—April 27th, at 23 Bermondsey Square, London, S.E., the wife of F. G. Clifton Martin, L.R.C.P., M.R.C.S., of a daughter.

Marriages.

BODEKER—WARDLAW.—April 28th, at the Parish Church of St. Mary, Stratford-le-Bow, Henry Albert Bodeker, M.B. and C.M., of Melmain, British Turmah, to Helen, youngest daughter of Sir Henry Wardlaw, Bart., of Pitreavie, Scotland.

DAVID—WILLIAMS.—April 28th, at Llanwano Parish Church, W. Washington David, M.R.C.S. Tonypandy, to Anne Williams, daughter of the late Thomas Williams, Y Glog, Llanwano.

JAMESON—SKIPWORTH.—April 28th, at St. George's Gravesend, George Bernard Jameson, M.D., son of Brigade-Surgeon G. W. Jameson, to Ella Marion, elder daughter of the late Rev. G. W. Skipworth.

LAPHORN—LEE.—April 28th, at Union Chapel, Islington, Chas. Albert Laphorn, F.R.C.S. E., of Littlehampton, to Agnes Mary, daughter of Henry Lee, J.P., of Earham, Highbury.

LEIGHTON—BATHMAN.—April 29th, at St. Giles's Church, Norwich, Robert Leighton, of Streatham, to Florence Ethelind, daughter of Sir Frederic Bathman, M.D., LL.D., of Norwich.

MICHELL—ROBINSON.—April 29th, at Trinity Church, South Hampstead, John C. Michell, M.R.C.S., son of the Rev. W. F. Michell, Vicar of Carhampton, to Helena S., fourth daughter of the late John Robinson, Blackwell House, Somerset.

NAPIER-JONES—RUSSELL.—May 1st, at St. Mary and St. Helen's, Neston, Cheshire, Philip Napier-Jones, M.R.C.S. Eng., L.R.C.P. Lond., son of the late Major E. M. Jones, 30th Regiment, to Annie McLeod, youngest daughter of the late David Russell, M.D., of Neston.

SUTHERLAND—BARWELL.—April 30th, at St. John's, Hollington, St. Leonard's, Henry Sutherland, M.D., of Richmond Terrace, Whitehall, London, to Meta Prescott, second daughter of Captain W. B. Barwell, formerly 16th Bengal Lancers.

Deaths.

ANDERSON.—April 30th, at Pilschoy, N.B., Arthur Anderson, M.D., O.B., retired Inspector-General of H.M. Hospitals, aged 81.

FLANAGAN.—April 30th, at Portsmouth, James Flanagan, L.R.C.S.L., R.N., Deputy Inspector-General of Hospitals and Fleets (retired), aged 61.

HEALD.—April 26th, at Hingham, Norfolk, Robert Heald, M.R.C.S., L.S.A., aged 45.

LOCKHART.—April 29th, at Granville Park, Blackheath, William Lockhart, F.R.C.S., aged 84.

MAHONY.—April 25th, at East Grinstead, Arthur John Mahony, L.S.A., aged 76.

Original Communications.

IRITIS:

ITS

PATHOLOGY AND TREATMENT. (a)

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(Concluded from page 469.)

3. ITS CLINICAL VARIETIES.—Among the different forms may be mentioned the following:—

1. Intra-uterine iritis.
2. Tubercular "
3. Syphilitic "
4. { Rheumatic "
- { Gonorrhoeal "
- { Gouty "
5. { Idiopathic "

By idiopathic iritis I mean those cases in which no cause is discoverable. They seem to occur in those subjects which might be classed in the uric acid diathesis, in spite of no evidence of gout, either hereditary or acquired.

Intra-uterine iritis is rather an assumption than a proved fact, but the appearance of the eyes of certain infants is highly suggestive that such an inflammation does take place *in utero*. Babies are occasionally seen with posterior synechia without any evidence of recent inflammation, and no history of redness of the eye. In these cases it is not unusual to find a small white opacity of the lens-capsule at the site of the adhesion, and sometimes four or five such opacities, simulating anterior polar cataract, but differing in not being central, but corresponding in their position to the natural ring of the pupil. To some the iris may be adherent, to others no such adhesion. Presuming that they are evidences of inflammation, no treatment is called for, as the inflammatory storm is past. The condition is merely an interesting pathological curiosity. Certainly the cause must be, in such a case, a constitutional one, and through the mother.

Tubercular iritis is a chronic inflammation of the iris characterised by the formation of grey nodules in its stroma. One or two nodules are seen at first, then they coalesce and form a thick mass of chronic inflammatory tissue. There is some fibrinous exudation, and the pupil is small and inactive. Mydriatics may at first dilate it, but it soon contracts again as the stroma becomes invaded by the new growth. The vessels of the iris become visible and are seen between the nodules if carefully examined; they give the iris a brick-red appearance. It develops slowly with at times temporary improvement, and according to some authorities may clear up altogether. There is not much pain in the early stage. Sometimes an acute attack of plastic iritis may subside into a chronic form, and after a time prove to be tuberculous.

The pathology of this disease differs in no way from

tuberculous deposits elsewhere. The tubercle bacillus has been sufficiently often demonstrated to leave no doubt as to its true nature. Why these organisms should choose this membrane for their *habitat* is somewhat strange. There can hardly be any doubt that they find their way there by the bloodstream, and that they are, in some instances, carried there from some focal disease elsewhere, such as tuberculous glands in the neck. There are many cases, however, in which it is quite impossible to find any evidence of tuberculous disease other than that in the iris which tends to the belief that the iris may be the sole seat of the morbid deposit, and why should it not be so? We find that certain tissues are prone, either from hereditary or acquired weakness, to suffer from certain ills, and we are aware that the tubercle bacillus may enter the blood either by the lungs or alimentary canal without infecting them, and that it may be carried by the bloodstream to a remote part of the body and may find a suitable nidus and grow, or not do so and die. It is the bacillus of all others to take its choice in the matter, what other organism is more prone to start a local inflammation, and a chronic one? It is very true that a local outbreak of tubercle in the body may at any moment give rise to a general tuberculosis, especially, if the primary focal lesion undergoes caseation. It would merely demonstrate the constitutional susceptibility of the individual. The lesion in the iris usually starts near the iritic angle and early invades the ciliary body and later the cornea in front and the choroid behind. Eyes have been excised not infrequently for suspected sarcoma of the iris which tumour has been found to be tubercle of that membrane upon examination.

This pathological question is a matter of considerable importance from a clinical standpoint. Here we have a disease of the iris which we know from its appearance and clinical course to be tuberculous, and we are unable to find any tubercle elsewhere in the body; ought we to excise the eye at once to remove the danger of generalisation, or not? We are aware that certain cases have been cured leaving an organ practically undamaged. Iridectomy has not proved successful. Many cases progress slowly till secondary glaucoma and the accompanying pain demand excision. In my own mind, I feel convinced that an attempt should be made to save the organ, because I consider, if this is the sole focus of the tubercle the danger of dissemination is very slight, indeed, on the ground that, in the first place, there is no tendency for caseation to take place here; and, secondly, that the growth of the organism in this remote region must be accidental rather than due to a constitutional predisposition. If the disease progresses, and secondary glaucoma threatens, then enucleation should be advised, but not otherwise.

Syphilitic iritis presents itself in three chief varieties: (a) that which appears as a sub-acute plastic iritis in the early stage of secondary syphilis; (b) a gummatous iritis in which gummata are formed on the surface and in the stroma of the iris at a later stage in secondary syphilis; and (c) plastic iritis which is due to the taint of inherited syphilis. [Syphilis is undoubtedly the most common cause of

(a) Delivered before the Harveian Society of London.

iritis, at least half the cases that occur being referable to that disease alone.]

The first is the most common form; it generally appears in the early period of secondary syphilis during the stage of eruptions, mucous patches, &c. It is characterised by a copious exudation of lymph into the substance of the iris, especially around its pupillary border, sometimes orange-coloured nodules appear at this site. The pupil is contracted, and its outline is no longer well-defined, but blurred, the whole membrane is discoloured, and its spongy network of fibres masked by lymph deposit. The circumcorneal zone is somewhat injected but not intensely so. There is sometimes but little pain; indeed, patients will often come for advice on account of failure of vision only, and make no reference to pain, photophobia or lachrymation; in severer cases the pain may be agonising. The diagnosis is readily made by collateral evidence of acquired syphilis, the raw ham rash, mucous patches in mouth and on the fauces, laryngitis, enlarged lymphatic glands, loss of hair, and sometimes synovitis in several joints.

In the second form—gummatous iritis—fawn, or dirty orange-coloured elevations appear in the tissues and on the surface of the inflamed iris, much larger than the smaller nodules of lymph already referred to in the former variety. They are generally multiple, and are seen in the iritis which occurs towards the end of the second year. Their size appears to be from 2 to 5 mm. in diameter, but may become larger and reach the posterior surface of the cornea and contract adhesions to that membrane. The gummata are, perhaps, prone to start near the pupillary margin, though they may appear anywhere in the iris.

The diagnosis between *gummatous iritis* and *tuberculous iritis* is not difficult, even apart from collateral evidence and the history of the case. In the former the nodules are always more or less tinged with yellow, the circumcorneal redness is always present and usually well marked, anti-syphilitic treatment is readily responded to, and the fear of secondary glaucoma averted. The latter almost invariably progresses to secondary glaucoma in spite of treatment, no circumcorneal redness is seen in the early stage unless an acute iritis precedes the tuberculous infection, the nodules are grey in colour, never yellow, sometimes reddish-grey. If in doubt, mercury and iodide of potassium will give you friendly advice.

Iritis also occurs in subjects of *hereditary syphilis*. It presents itself in association with interstitial keratitis, possibly by extension of inflammation from the cornea, and so appears usually about the period of puberty. As a manifestation of the secondary stage of congenital syphilis, it is most rare, but cases have been recorded, and the intra-uterine attacks are probably all due to the same poison. It appears from the second to the fifteen month, while the child is suffering from rash, even pemphigus, mucous patches, and condylomata at angles of mouth, and around the anus, &c. The history of miscarriages is another guide to the diagnosis.

Rheumatic iritis does not occur as a complication of rheumatic fever; it is essentially a disease occurring in association with subacute or chronic rheumatism. It is always an acute iritis attended with great pain and tenderness, with photophobia and lachrymation, intense circumcorneal redness, but less exudation, there is consequently less change in colour, the pupillary margin more clearly defined than in syphilitic, and the tendency to adhesions less. It has a remarkable feature of distinction—that of relapsing, and the attacks of iritis alternate with the joint lesions, muscular and fascial pains, and rheumatic nerve-disturbances. If adhesions form, recurrences increase the synechia until a total posterior synechia, or exclusion of the pupil, is the result. The inflammatory attacks seem then to subside, as if satisfied with its ruinous work. Secondary glaucoma is then inevitable.

Gouty iritis resembles rheumatic more than secondary syphilitic, differing only in severity and persistency. It is, as a rule, more difficult to treat than any form, and the pain is most difficult to assuage. The whole ocular conjunctiva is intense, congested, the vessels are large and tortuous. The symptoms are severe. It is prone to recur.

Idiopathic is a term applied to those cases of plastic iritis in which no collateral evidence of any constitutional disease can be found. All the symptoms of local inflammation exist, but no sign of syphilis, rheumatism, gout, or other systemic disease, can be discovered or elicited from the patient. I feel convinced, however, that all cases of iritis, apart from local injury and local sepsis, are caused by some constitutional dyscrasia. These indefinite forms of iritis are most common in middle life; they are in my experience more frequent in persons who lead unhealthy lives, who are exposed to the vicissitudes of weather, and to the temptation of eating and drinking more than they require for daily use.

The urine of such persons is frequently of high specific gravity, and is found to contain an increased amount of uric acid. Very often a faint trace of albumen may be present.

Such persons if not gouty, come within the category of the lithæmic diathesis. They frequently present an unhealthy, heavy, and wretched countenance. They complain of headache, feel bad-tempered, and possess the nervous depression of persons whose income in nitrogenous food stuffs exceeds the expenditure of physical and mental force.

4. THE TREATMENT.—*The treatment of iritis* is, to my mind, of the greatest importance, and so I wish to dwell somewhat in detail upon what I have found, and what no doubt others have found out long ago, to be the most successful way of overcoming this embarrassing, painful, and sometimes tedious, disease.

It is chiefly from the point of view of treatment that I have endeavoured to classify cases as far as possible into clinical groups so that we may not only see the local trouble but may recognise the general dyscrasia by which it is caused.

The first canon in the treatment of iritis from whatever cause arising is a negative one—to do no harm—by the use of astringents. If there be any doubt about the diagnosis, the proper course is to let the astringent wait and to prescribe a mydriatic for a few days until the truth declares itself. As I have said, many eyes are irreparably injured by the neglect of this simple precaution.

The second step in treatment of any case of plastic iritis is to aim at the complete dilatation of the pupil. This is of paramount importance and should be done immediately the condition is recognised. The object of this has already been indicated in my remarks upon the pathology, viz., either to prevent the formation of plastic adhesions to the lens capsule, or endeavour to break them down if recently formed, to keep the inflamed iritis at rest by paralysing the sphincter, and to diminish the amount of the plastic exudation by contracting the blood-vessels of the iris.

The best mydriatic is undoubtedly *atropine sulphate*. It should be used in the form of drops (1 per cent. solution) instilled into the palpebral sac every three or four hours, or as an ointment of the same strength. If adhesions have already formed and are recent it is well to use the mydriatic every hour for six consecutive hours; this treatment is likely to break them down, leaving a few dots or a ring of pigmented lymph upon the capsule which, however, may partially or entirely disappear. If the adhesions are of sufficient age to have become firmly organised the atropine will not break them down, but it will still cause dilatation of the unattached portions of the pupil and so prevent further complications. This free use of atropine may give rise to local irritation in the form of irritable con-

conjunctivitis, swelling, and erythema of the eyelids and surrounding region. In some cases this is very severe. When this complication arises the atropine may be changed for sulphate of duboisine, 0.5 per cent., or a solution of scopolamine, of similar strength. These drugs sometimes exert a less irritating effect.

Systemic poisoning may also occur from the use of atropine, and is recognised by heat and dryness in the mouth and throat, difficulty in swallowing, thirst, loss of appetite, faintness, and even diarrhoea and delirium.

An efficient way of preventing this is to let the patient press the puncta lachrymalia at the inner canthus with his finger for a few minutes after each instillation, so as to prevent the drug from passing down the nasal duct.

The next indication in treatment is to relieve local pain and congestion. One of the best drugs for this purpose is cocaine hydrochlorate. It may be used in conjunction with the atropine just mentioned in the strength of 2 per cent. solution. It not only assists the atropine in dilating the pupil, but is a powerful local sedative. Those who suffer from the agonising pain of rheumatic and gouty iritis know too well the value of this precious addition to our pharmacopœia. It is of all things most important in iritis that the patient should be enabled to get sound sleep.

Hot fomentations come next as valuable adjuncts to these drugs. Large pads of cotton wool saturated with water as hot as it can be borne are to be placed over the closed eyelids, covered with oiled silk, and then with several layers of warm dry Gamgee tissue lightly bandaged on so as to keep up the warmth of the fomentation.

If pain still persists and redness shows no sign of abatement, we now resort to local blood-letting. Three or four leeches should be applied to the temple of the affected eye as near to the outer canthus as they will allow, or an equal withdrawal of blood by means of the artificial Heurteloup leech, is one of the most marvellous aids we possess in the relief of pain and the control of inflammation.

In persistent cases where the pain continues, and particularly when the tension of the globe seems to be rather increased, the operation of paracentesis of the anterior chamber often causes immediate relief. The operation is very easily performed, and that without danger of wounding the iris or lens by using the paracentesis needle. By thus relieving the tension of the eye the globe seems to be enabled to better absorb the atropine and cocaine, and so dilatation of the pupil and cessation of pain and redness is often a marked result.

The relief of pain, in all cases, is so very important, inasmuch, as without it the patient is unable to sleep, at least, for any length of time, and prolonged healthy sleep is most essential because it gives rest to the eye. If, therefore, the pain is not subdued by the aforesaid remedies, we must at once resort to sedatives, in the form of a hypodermic injection of morphia, bromide of potassium, and chloral hydrate by mouth, or some other and equally efficient remedy.

The third important point is the treatment of any constitutional dyscrasia that may be found associated with the iritis.

In the iritis just described as occurring in the early stages of secondary syphilis there is no remedy so efficient as the internal administration of mercury. This is the most common form of syphilitic iritis and one in which the beneficial effects of this drug are most marked. I usually begin the treatment by giving two grains and a half of blue pill night and morning. Any other form of administration such as the hypodermic injection, the mercurial vapour bath, or the inunction by the skin, may be equally efficient, or even better than this, but I have, from old Lock Hospital experience, become partial to the old blue pill. The drug must be continued day by day and week by week, until

the iritis and all the collateral signs of syphilis have disappeared. The only sign for its temporary cessation is that of commencing ptialism. If the gums become spongy or sore the mercury must be stopped for a time and a mouth wash of chlorate of potash used until the soreness has disappeared. Certain important points in the administration of mercury are to keep the gums as healthy as possible, to avoid taking a chill, and not to take fruit or alcohol in any form. If the iritis is of an acute character, indeed in any form, it is well to keep the patient in bed, and to give him warm baths so as to promote the action of the skin.

In the second or gummatous form of iritis which has been described as occurring in the later secondary stages of syphilis the administration of mercury is still indicated. These cases are more rare and generally confined to one eye. I always give iodide of potassium and decoction of sarsaparilla in addition to the mercury, and the symptoms rapidly subside.

In the inherited form of syphilitic iritis as I have said we seldom find the iris suffering alone, it is usually sharing the burden with the cornea, the ciliary body, or the choroid. The iritis is more of a chronic variety. Mercury is well received by the patient and very efficient in its action. The patient need not generally be kept in bed but should be well nourished, encouraged to take exercise in the open air, and to avoid alcoholic drinks of all kinds.

In the rheumatic and in the gouty forms of iritis the constitutional conditions are still of paramount importance. The pain in these cases is usually very intense, and requires all the local aid which has just been referred to, but the general condition of the system must not be neglected. The patient should, if possible, be kept in bed. A brisk purge of calomel and rhubarb followed by a saline aperient administered.

Then the salicylate of soda in doses of ten grains administered every three or four hours will be found to have a marvellous effect in reducing the severity of the attack. This may be continued for two or three days according to the degree of abatement.

The free action of the skin should be promoted by hot air baths once at least in twenty-four hours. A capital hot air bath can be obtained at the bedside by means of a lamp placed beneath a chair and a thick flannel cloak fastened round the patient's neck. He can sit and simmer for half an hour with the greatest ease and perspire copiously. Great care should be taken to prevent a chill, and it is better to sleep between the blankets so as to encourage perspiration after the bath. I feel that the importance of keeping patients warm and in bed and the promotion of skin action by hot air baths is considerably overlooked in this country; indeed, patients are often allowed to get up and go about as if they were only suffering from a toothache. When only one eye happens to be affected the other eye is allowed to go unshaded so that the affected eye is irritated by the influx of light to the sound eye. Both eyes should be shaded, both atropised, and the disease should be treated as one of the greatest importance, and requiring the greatest promptness and activity on the part of the medical attendant.

In the chronic rheumatism cases I find the iodide of potassium and bark a good successor to the salicylate.

In gouty cases I attach more importance to the patient's dietary and mode of life than to any medicines he may take into his alimentary canal. As I have said, I believe many of the cases of iritis which we now describe as idiopathic are in reality due to a gouty condition of the blood, and should be placed on a diet which reduces as far as possible the uric acid directly introduced, and at the same time reduces as far as is compatible with healthy nutrition the formation of uric acid within their bodies. The iritis of these cases is always liable to recur unless the habits of the patient are so altered as to improve his blood condition.

Healthy exercise in the open air, a very moderate use of meat, white meats in preference to red, abstinence from all food stuffs which give rise to dyspepsia, the avoidance of all alcoholic drinks while the eye is inflamed, and extreme moderation afterwards. Regular habits, *i.e.*, meals at regular hours, not to have late suppers, daily evacuation of the bowels, not to take anything to eat or drink between meal times, and always to secure a good night's rest.

In conclusion, let me advise you to know your patient, his habits, and his idiosyncrasies, for though hard and fast rules are often laid down in the treatment of iritis I warn you that if any one disease is more prone to peculiarities than all others in responding to the influences of drugs iritis might well be said to be that disease. You must be guided by all you see and know of your patient and his environments.

TUBERCULOUS DISEASES OF THE HIP - JOINT.

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WITH the exception of those rare cases already alluded to, where there is a tuberculous deposit at or outside the epiphysal line, and where, after a careful selection, tunnelling the bone may be employed, the treatment of hip-joint disease in the early stage must be non-operative. There are two distinct non-operative methods: the ambulatory, and the recumbent; each of which have their advocates.

The ambulatory, in which an attempt is made at an early period to obtain the advantages of fresh air and freedom, and to avoid the enervating effects of continuous confinement to bed, by permitting the patient to go about, without a fixation or traction apparatus. The instruments which appear to be the best adapted for this purpose are, for fixation, Thomas's splint; and for traction, those devised by Davis, Taylor, and Sayer. American surgeons have written forcibly in favour of this method, particularly Sayer, Scaffer, and Taylor. The instruments devised by each of these gentlemen are depicted in the "American Armamentarium Chirurgicum," (Geo. Tiemann & Co., 187 Park Row, New York), but that of Sayer had been largely used in this country, and may be had at most instrument makers. Sayer's splint consists of a pelvic band, passing under the crest of the ilium, to which two perineal straps are fastened for counter extension. Its outer surface holds a ball and socket-joint, from which a steel bar runs down the outer side of the thigh to within two inches of the lower end of the femur. This outer bar is divided into two sections, one running within the other, and controlled by a ratchet and key which can make it longer or shorter. At the lower end is a projecting branch which receives the attachment of plaster which causes traction by adhering to the integuments of the thigh.

From the results gained by observation, and the records of a great number of tuberculous diseases of the hip and other joints, which I have collected for the past twenty years, I have arrived at the conclusion that the ambulatory treatment in an early stage is extremely unsatisfactory, and I am satisfied that in discarding it and adopting the system of recumbency and complete rest, I have obtained better results than I should have done had I acted otherwise. There is no one who would more willingly advocate judicious exercise and fresh air if the case were suitable for such concession, but the following reasons have decided my course of action. I do not now confine myself to the hip-joint, but apply the same deductions to all joint affections of a tuberculous character, and select for illustration those of the spine, hip, and knee. I have, in common with all surgeons who have seen many of those

cases, observed a condition which is invariable, and to which the vague term dyscrasia has been applied. Take, for example, a child affected with a tuberculous focus in the bodies of two, three, or more dorsal vertebrae. There is no pain, as we know that in children the deposit is, as a rule, intraosseous. There is a feeling of fatigue. The child exhibits lassitude, and dislikes play. He looks badly; gets thin, not a healthy leanness, but a fragility. He has dyscrasia. Take a diseased hip with a deposit at or external to the epiphysal line; there is slight flexion and abduction, but no acute pain; no night cries. He has dyscrasia. Take a knee; there are deposits in the bone, slight flexion, which relieves the intra-articular pressure, no pain to speak of, but there is a dyscrasia. This condition, manifestly the outcome of some enervating influence, is seen in children who are not at rest, coming, perhaps, as out-patients to the hospital, or if in-door patients, who are still permitted to go about with a fixation apparatus, such as a Sayer's jacket, an immobilising splint for the knee, or a Thomas's splint for the hip. Now I wish to observe that this constitutional state in patients who are undergoing the so-called ambulatory treatment is invariably accompanied by an elevated afternoon or evening temperature during the continuance of movement; and unless from some special reason, such as the commencement of abscess, the severity of the case as indicated by its rapid progress, and otherwise this temperature subsides on the enforcement of rest. From the records of a large number of cases, all in the above category, (that is, in the pre-cessating stage, and without acute symptoms,) I select six, in whom the temperatures were recorded while going about, and who were subsequently treated by enforced recumbency:—

		M. Tem.	Ev. Tem.
Shin	boy, 10, involving four dorsal vertebrae	92° 2'	101°
	boy, 6, two dorsal, two lumbar	100°	102°
Hip	girl, 8	100°	102°
	boy, 7	99°	101°
Knee	boy, 12	99° 2'	100°
	boy, 14	99°	101°

These are illustrations of temperatures which are usually, I believe, entirely unsuspected and unlooked for in consequence; and accompanying the malaise referred to. Such a temperature as any one of those cases exhibits, is not necessarily followed by suppuration. The cases quoted all terminated in recovery without such an event, and the temperature in each instance became normal when rest in bed was enforced. If such a case, at too early a period be again submitted to the ambulatory treatment, even with every precaution for the local fixation of the diseased joint or joints, an accession of elevated evening temperature is again perceived, and a return of the haggard and worn aspect indicative of the induced dyscrasia. What is the significance of this oft-repeated term? Does it mean that exercise creates a disposition to dissemination of the bacilli? Does it indicate an absorption of toxic material into the blood from the focus of disease? Does it signify that increased rapidity of circulation renders more potential or increases the number of the third blood corpuscle, the so-called *sine qua non* of the tubercle bacillus? We are aware that rapidity of the circulation increases absorption, and that the subject of erysipelas, typhoid, or septic infection will not go about, but remain quiet. We also know that in such cases, so far as clinical evidence can give us information, the increase in temperature, and malaise, do not appear to be due to any alteration at the site of the deposit.

If we contrast the appearance of those patients—their improved digestion, cheerfulness, and vigour—who have been subjected for a time to enforced rest, and the similar conditions of those who have been undergoing ambulatory treatment, we cannot fail to be

struck with the contrast, the state of the disease being tolerably similar.

These observations must not be held to imply a disregard of the advantages of fresh air and exercise if the case be in a suitable condition for such indulgence, but if there be an evening temperature of even 99° during the treatment by a traction splint—or a Thomas's—with patten and crutches combined with daily exercise, I should at once forbid movement and place the patient in bed.

An interesting paper appeared in the *Boston Medical and Surgical Journal*, April 17th, 1890, by Dr. R. W. Lovett, on the diagnostic value of high temperature in joint disease. It has been demonstrated that elevation of temperature is present in connection with the earliest symptoms of hip disease. It is valuable as a diagnostic sign in those cases of a slightly stiff and painful hip, where there may be no history of a fall, and where the signs are not sufficient to warrant a positive diagnosis of hip disease. The presence of an evening temperature of 100°, under those circumstances, greatly increases the probability of tuberculous disease. In the same way obscure affections of the vertebræ, such as slight immobility with a little lateral deviation of the column may be considered more or less suspicious according to the presence or absence of high evening temperature. The temperature in those early cases must be looked on as a symptom in quite a distinct way from that which accompanies more advanced conditions.

The temperature does not invariably rise during the formation of pus, or in cases of unopened abscess, and when it does so it appears to bear a proportion to the severity of the case rather than to the occurrence of suppuration. Temperature will always exist in the late stage where rapid disintegration is going on and the discharge is also profuse. Also where there are numerous discharging sinuses. It is obviously very difficult to keep such channels aseptic.

A persistent high temperature, with no obvious cause in the early stages of hip-joint disease, will indicate that the disease will run a rapid and destructive course, and is ominous of an unfavourable termination.

Under recumbency and fixation the temperature becomes, if not quite normal, at least constant. Any sudden elevation will indicate trouble, either joint implication, or some remote tuberculous deposit. I have seen tuberculous meningitis heralded by a temperature of 103° to 104°, in the progress of hip or spine disease.

From a consideration of the foregoing circumstance, I am forced to the belief that the ambulatory treatment in tuberculous diseases of joints is unsatisfactory, and especially in the case of hip-joint disease, as it is manifestly impossible to so fix the articulation that no possibility of movement can exist, but the general reasons that I have advanced bear even greater weight, as while even a very grave state of malaise may, for a long period, be permitted to exist, the local conditions if acute imperiously demand recumbency, fixation and traction.

CASE OF

CEREBELLAR TUMOUR

WITH SECONDARY HYDROCEPHALUS. (a)

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THE patient, F. H., boy, æt. 4, came under my observation in February, 1895, with the following history:—
In June, 1894, he had whooping cough. In August, 1894, he began to walk unsteadily, his head pushed

forward, eyes staring. This continued until December when two or three times a week he had severe occipital headache with bilious vomiting, this coming on suddenly. During this autumn his head was noticed to have enlarged. He was admitted into the Royal Hospital in February, 1895, and the following notes were made of his then condition: Unable to walk or stand by himself, complete loss of control over his legs, no loss of sensation, head measures 22½ ins. in fronto-occipital circumference, 14½ ins. in antero-posterior fronto-occipital line, 13 ins. from mastoid processes across. Pupils react normally. Both discs swollen and vessels indistinct. No discharge from ears or deafness. Reflexes normal. No ankleclonus. He is clumsy in feeding himself but can pick up pins quite easily. He remained in hospital until May 1st, 1895, during which time he had *no headache or vomiting* and his condition remained unchanged. The diagnosis made at that time was cerebellar tumour. I then lost sight of the boy until six months later when he was readmitted into hospital, October 1895. He was then distinctly worse, had been suffering from attacks of headache and vomiting frequently, and had several "fits." He was now much weaker, unable to feed himself, could hardly use his legs. Often very drowsy and irritable. Pupils widely dilated, equal, react to light. No ocular paralysis, or nystagmus. Distinct optic neuritis right eye. Head measurements, coronal circumference 23 inches, transverse intermastoid 13½ inches. No separation of cranial bones at sutures. Patellar reflexes exaggerated. Complete incontinence of urine and fæces. During November and December he got gradually worse, the circumference of the head increased by a quarter of an inch, and at one time on percussing the head a distinct crack-pot sound was evinced. He also gradually lost his vision almost completely. Violent attacks of occipital headache and vomiting, also "fits" occurred at intervals. The diagnosis at this time was hydrocephalus, possibly secondary to cerebellar tumour, and on January 24th, 1896, my colleague, Mr. Pye-Smith, made a puncture in the lumbar vertebral canal, to ascertain if there was any increased pressure of cerebro-spinal fluid, and if so, to relieve it. About two drachms of fluid were removed, but the pressure did not appear to be much increased; the boy complained of much headache during and after the slight operation and died the following day. At the autopsy the cranial bones were found to be very much thinned out and cardboard-like, the brain greatly enlarged, and the two cerebral hemispheres like bags of fluid. The enormous distension of the lateral ventricles with fluid had caused considerable thinning of the substance of the hemispheres. On opening the brain all the cavities of the central canal above the fourth ventricle were found to be very greatly distended with clear cerebro-spinal fluid. A tumour the size of a hen's egg was found occupying the middle lobe of the cerebellum arising apparently from the left side of the middle line. It was distinctly encapsuled and quite separate at its margin from the remainder of the cerebellum. The pressure of this had flattened out parts of the cerebellum, and pushed the medulla and pons out of shape. It seemed to completely obstruct the fourth ventricle, and this mechanical obstruction between the ventricles of the brain and the foramen of Majendie in the roof of the fourth ventricle would appear to have been an important factor in producing the gradual distension of the ventricles with fluid. Another impediment to the cerebral circulation due to the pressure of the tumour must have been some obstruction to the exit of blood from the deeper parts of the brain through the vein of Galen. The nature of the tumour was a round-celled sarcoma.

The case presents some features of interest, in the first place it was under observation for a long period prior to the head being very much enlarged, and during

(a) Read before the Sheffield Medical-Chirurgical Society, March 26th, 1896.

several weeks in hospital the headache and vomiting were entirely absent, although at home they had been marked symptoms. This absence of headache and vomiting during a long period in hospital and under observation, I have seen before in a case of cerebellar tumour, and it is worthy of remembrance for it tends to make one doubt whether the friend's history of the case was correct, and whether the headache and sickness had been more than slight before admission. Possibly the complete rest in bed and judicious feeding of hospital routine may have something to do with it. A distinct "crack-pot" sound was elicited on percussion of the head towards the end of the illness, this has been noticed before in cases of hydrocephalus by German observers. (a) During the last few weeks of life the child varied in temper greatly from day to day, sometimes happy and smiling at others very irritable and peevish. Convulsive attacks were frequent, and intense headaches with vomiting. As regards the adoption of lumbar puncture it was performed with the idea that we might get some information as to the hydrocephalus whether internal or external or both, and as being in itself a very simple procedure. As things turned out it could not have been the least benefit, and even the removal of the very small quantity of fluid caused severe headache and seemed to precipitate the child's death.

Clinical Records.

BRITISH HOSPITAL, BUENOS AYRES, ARGENTINA.

Case of Displacement of Scapula from Clavicle.

Under the care of J. O'CONNOR, M.A., M.D., T.C.D.,
Senior Medical Officer.

A. E. T——, *et. 41*, sailor, admitted into British Hospital on January 7th, 1896, suffering from an accident, which occurred fourteen days prior to admission, caused by his having been "thrown over the wheel."

On admission he complained of pain in left shoulder, and inability to raise his arm; the objective symptoms were, a distinct prominence of acromial end of clavicle, with depression of shoulder; the arm hung by the side. When moving about he supported the left forearm like one suffering from fractured clavicle.

A futile attempt was made to reduce the dislocation by forcibly pressing downwards and forwards the displaced end of clavicle, while an assistant dragged the shoulder outwards.

The nature of the injury and the probable diminution in utility of limb having been explained to him he consented to have an operation performed.

On Jan. 10th, the patient having been chloroformed, a curved incision, 4 inches in length was made, commencing about junction of middle and outer thirds of clavicle, passing directly outwards over displaced end of this bone, and ending about 1 inch external to articular surface of acromion; by this means the end of collar bone and clavicular acromial articulation were readily exposed.

The next step was, to free the outer end of clavicle from surrounding integuments, in order to obtain sufficient room for its articular surface to be removed with a chisel and mallet; care was taken to place a broad copper retractor beneath, in case the chisel should slip; the articular end was sliced away for 1-3rd of an inch. The acromial portion of joint was next attended to, with a Lister's bone scoop, the cartilage was removed and the bone freely scraped.

Two holes were then drilled through acromion, about half an inch apart, and through corresponding portion of clavicle. Some trouble was experienced in passing wire through acromion, on account of the inability of tilting the shoulder sufficiently outwards and downwards, so as to expose its under surface, but this was as nothing compared to the next difficulty, viz., the drawing down of clavicle

into its normal position. However, by the persistent efforts of one assistant drawing the shoulder outwards, and another pushing the displaced end of the clavicle downwards, the bones were eventually approximated sufficiently for me to twist tight the wire sutures, and when thus fixed, there did not seem any further tendency to displacement.

The wound was brought together by interrupted silk-worm gut sutures, a small opening was left in centre into which a small roll of iodoform gauze was inserted as a drain. Iodoform gauze dressing having been applied, the limb was bandaged up in same position as for fractured clavicle.

On the third day the dressings were removed and gauze drain taken out; it was thoroughly soaked with blood. As the oozing did not appear to have quite ceased in depth of wound, another roll was inserted.

On the seventh day the wound was dressed for the second time; the gauze was again found saturated with blood, but as the bleeding seemed to have stopped the gauze was dispensed with and iodoform dusted in.

On the eleventh day it was dressed again. Union by first intention having taken place, the sutures were removed, and he was allowed out of bed. The temperature did not once exceed 99° since operation. All dressings and bandages were left off on the twenty-first day, excepting patient was made to carry his arm in a sling. On the twenty-fourth day he was permitted to commence moving the shoulder, and was discharged on the thirty-first day, sound union without the least deformity having taken place.

He could raise his arm from his side to an angle of 75° and, to use his own words, "I am getting it up more each day."

The question now arises: Will the commercial value of the limb be more, *minus* a clavicular acromial joint, than with the dislocation unremoved? I regret that his occupation did not admit of his making a longer stay in Buenos Ayres, in order that I might see the ultimate result. Anyhow I feel satisfied that the operation is a rational surgical procedure, yet by no means so easy in execution as one might expect.

I wish to acknowledge the kind assistance of Drs. Shadbolt and Cruickshank.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, MAY 8TH, 1896.

The President, Dr. BUZZARD, in the Chair.

A CASE OF MALINGERING IN A BOY, AGED 11.

Mr. LEOPOLD HUDSON showed a specimen of urine, coloured to imitate hæmaturia, which was brought to the Hospital for Sick Children, Great Ormond Street, on February 17th, 1896, together with the boy who was said to have passed it. The patient was *et. 11*, and had been sent home from a boarding school on account of hæmaturia. He remained at home for seven weeks, passing normal urine, but for the week previous to examination he was said to have passed blood in his urine three times daily. Examination of the urine showed absence of blood and albumen, it was acid and of normal specific gravity. Dr. Archibald Garrod made a spectroscopic examination, which revealed absence of hæmoglobin band. Urine drawn off by catheter presented normal properties. Upon being pressed, the boy confessed that he had added red sweets (jargonelle pear drops) to his urine. He had done this in order to be sent home from school, where he said he had been made to clean steps in cold weather without shoes or stockings. Afterwards, his aunt brought to the Hospital a piece of rag dyed with Turkey red dye, which had evidently been used to produce the colouration.

THREE CASES OF LARYNGECTOMY.

Mr. E. WARD, of Leeds, read notes of three cases in which he had performed laryngectomy. The main feature of the operation, was the complete shutting off of the wound from the mucous canals

(a) Fagge, "Principles of Medicine," vol. 1, p. 654.

which open into it. This method, in favourable cases, resulted in union by first intention throughout the whole extent of the wound. No preliminary tracheotomy was required where it had not already been rendered necessary by urgent dyspnoea. The first part of the operation was carried out on the ordinary lines, the larynx being, in preference, separated by division of the crico-tracheal membrane and dissection from below upwards, enucleation of the upper part being thus facilitated. In cases of intrinsic disease the opening into the pharynx need not be more than a small vertical slit. After the larynx had been removed a large tube was passed from the mouth into the stomach, and the cut edges of the pharynx were carefully brought together over it by closely-set sutures of fine silk, the pharyngeal wound being entirely closed. Then two half-discs of skin were cut out of the edge of the flaps opposite to the tracheal aperture, which is closely stitched to the circular opening thus made, and the skin wound is closed by suture throughout. Drainage-tubes are inserted at each end of the cross incision at the upper part. By this method of closing the wound the trachea and pharynx are completely shut out from it, and the trachea is so held open that no tracheotomy tube is required. The oesophageal tube is removed, or left *in situ* for feeding, according to the requirements of the case and the difficulty with which it is passed.

Case 1.—A man, *et.* 64, came with extensive disease of the larynx causing great suffering, dyspnoea, &c., and he was operated on on June 26th, 1893. He has remained well up to the present time and has never worn a tracheotomy tube. The growth proved to be a squamous-celled epithelioma. He is able to speak in a whisper. *Case 2.*—A female child, *et.* 2, was admitted on June 2nd, 1894, with urgent dyspnoea for which tracheotomy was at once performed with great relief. The tube was removed on July 3rd, but had to be replaced on the 10th. In October thyrotomy was performed, and the larynx was found stuffed with a soft papillomatous growth destroying all its anatomical features. This was scraped and dissected out. She remained in a very critical state for some time, but the tube remained absolutely necessary, though in November she had much improved. On January 9th, 1895, she was readmitted, extremely ill, the growth fungating so luxuriantly that it was sprouting through the tube and blocking it. He performed laryngectomy on Jan. 25th. There was some difficulty in closing the upper part of the pharyngeal wound owing to the smallness of the parts and their deep recession under the chin. The child was quite intractable and refused food, and she rejected what food was introduced by means of the oesophageal tube. She died in a state of collapse sixty hours after the operation. Post-mortem, the operation wound was found in an entirely satisfactory condition and the larynx was again crammed with papilloma. *Case 3.* A man, *et.* 42, was admitted on August 8, 1895, with dyspnoea and dysphagia, of five months' standing. He was extremely ill, with orthopnoea and marked stridor and lividity. There was much swelling of the ventricular bands, with general tumefaction of the whole of the parts, including the epiglottis, the vocal cords being quite hidden. No growth or ulceration could be seen anywhere. On January 21st, tracheotomy had to be performed. On September 1st, he was unable to breathe, the tracheotomy opening being plugged. The diagnosis was confirmed by a preliminary thyrotomy, and he then performed laryngectomy. On the 17th, it became evident that one or two of the sutures at the lower part of the pharynx had given way, but by the 21st, the regurgitation of food had ceased. His recovery was subsequently uneventful. He claimed for this operation (1) that it will reduce the mortality of the operation itself; (2) that it will considerably shorten the period of healing and convalescence; (3) that it will add immeasurably to the comfort of patients, both during convalescence and after recovery; (4) that it will justify attempts at radical treatment in some cases in which this is at present considered inadmissible.

Mr. ARBUTHNOT LANE said he had adopted a similar course in a case of his own, dividing the trachea and drawing it forward out of communication with the pharynx, and the result had proved very satisfactory. He mentioned that in a similar case of papilloma of the larynx in which recurrence took place after removal of the growths he had tried arsenic, which was a recognised

remedy for warts elsewhere, and the patient got completely well very quickly. By the time the dose of Fowler's solution had been carried to seven minims three times a day the obstruction had altogether disappeared.

Dr. F. SIMON said he had hoped to hear of some new operative procedure or at any rate of some fresh reasons for undertaking this very formidable operation. In these respects he had been disappointed. There were two observations made by the author from which he must dissent. He would not go so far as to affirm that total laryngectomy was always unjustifiable. That was a question which, in spite of the risks it entailed, ought to be decided by the patient, but he could not agree that the question of the patient's subsequent comfort was a matter about which the surgeon need not concern himself. He protested strongly against performing an operation as grave as total laryngectomy in a child for papillomatous disease of the larynx, a condition which had been shown to be amenable to milder forms of treatment. Even if the author's little patient had survived, he asked what sort of life such a person could have led. A simple prophylactic tracheotomy, with the removal of exuberant masses, would certainly have sufficed to prolong life until the age when endolaryngeal methods might have been adopted. Indeed, by a combination of chloroform narcosis and local cocaine anaesthesia, by the method suggested by Mr. Scanes Spicer, it was possible even at this tender age to remove the growths. He urged that, under no circumstances could such a terrible operation be justified for mere papillomatous degeneration of the mucous membrane of the larynx, and he protested, if only to prevent the practice becoming general.

Mr. E. WARD, in reply, admitted that he would not be disposed to resort to laryngectomy again in a similar case as that of the child with papilloma of the larynx. At the same time, he knew of three cases in which the papillomatous growths recurred after removal, and ultimately completely obstructed the larynx, and the condition of these patients was no better than after this operation. He admitted that children were not fit subjects for laryngectomy. He had not been aware that his procedure had already been practised.

Mr. ARBUTHNOT LANE showed a child on whom he had operated successfully for a deformity with which he was familiar in a much slighter degree and often as a unilateral condition, but he had never before seen it in the same marked degree as presented by this patient. The deformity consists in a varying degree of outward rotation of the leg, due, apparently, to a slight forward and upward displacement of hip-joint from its normal position. In this case, when the child lay on its back the feet rested by their outer margins on the floor. On attempting to rotate the thighs inwards, it was only possible to do so till the inner margins of the feet became parallel to one another. The same was true of the child in the erect posture. During walking, the legs were flung outwards and only very slightly forwards, so that progress was very slow and ungainly. Mr. Lane divided each femur at the junction of the middle and lower third and after rotating the lower fragment inwards in the upper through an angle of 90° or more he secured them together with wire. The result, as exhibited by the patient, both as regarded locomotion and appearance, was very good. Mr. Lane pointed out that this partial displacement of the acetabulum, though produced during intra-uterine life, differs clinically from the cases of congenital displacement of the hip upwards and forwards where the head of the femur articulates with a new acetabulum cavity, the old one losing its form rapidly. He ascribed the cause in both conditions to pressure, in one case resulting in a displacement of the head, in the other to a displacement of the hip-joint to a slight degree.

Mr. MAKINS recorded a case of
REMOVAL OF A SECONDARY EPITHELIOMATOUS TUMOUR FROM
THE NECK, IN WHICH OPERATION THE LEFT VAGUS NERVE
WAS DIVIDED.

The nerve was divided just above the centre of its cervical portion and immediately sutured. No obvious results either immediate or remote, beyond the paralysis of the muscles supplied by the recurrent laryngeal branch were observed. With regard to the laryngeal paralysis, the quality of the voice rapidly im-

proved, and two months later the following report was made by Dr. Semon. The left vocal cord now stands quite fixed near the middle line and the right joins it in phonation and the voice is almost normal, occasionally slightly hoarse and a little high pitched. Apparently after suture of the nerve the adductor fibres have partially recovered but not the adductor. After the partial recovery the conducting fibres have on phonation moved the vocal cord into the phonatory position, and in this position a gradual paralytic contraction of the adductors has taken place, fixing the cord where it is now seen. It was allowed that the functional activity of the vagus in this case might have been lowered by continuous pressure by the tumour, but it was claimed that the case supported the opinion lately expressed by Boswell Park as to the comparative safety of dividing one vagus if necessary, and also offered some evidence as to the possible recovery of function if immediate suture be performed.

Dr. SEMON said it was now generally admitted that in progressive lesions which involved any of the laryngeal nerves the abductor fibres were always first attacked, and when the adductors were also involved they (the adductors) were the first to recover. He referred to the case of a well-known tenor who, having contracted syphilis, developed a tumour pressing on the pneumogastric nerve, causing loss of speaking, as well as ringing voice. He underwent an active course of treatment, and the adductors gradually recovered, the cords returning to the phonating position with complete recovery of singing voice, in spite of some weakness of the abductors.

Mr. RAYMOND JOHNSON brought forward a case of FRACTURE OF THE NECK OF THE FEMUR IN A YOUNG SUBJECT RESULTING FROM DRY CARIES OF THE BONE.

The patient, a boy, set. 17, fell whilst skating, and presented all the signs of a fracture of the neck of the left femur. It was noticeable that during several weeks before the accident the boy had limped slightly, and that his younger sister was the subject of early hip-joint disease. After a period of nearly four months' fixation, there was no evidence of repair. Operation was therefore undertaken with the object of either pegging the fracture or excising the separated head according to circumstances. After opening the upper and posterior part of the capsule a transverse fracture through the middle of the neck of the bone was displayed, and the bone showed evidence of somewhat extensive superficial caries the head was removed. Two and a half years after the operation the patient was walking fairly satisfactorily; the shortening of the limb amounted to two inches and a half. After describing the naked-eye and microscopic appearances of the bone it was concluded that these were antecedent to and not the result of the fracture, and that they were of the nature of dry tuberculous caries. The chief interest of the case lay in the fact that such a degree of bone destruction should occur with so little impairment of function, that the boy was able to skate without discomfort, although the neck of his left femur was extensively carious. It was insisted that, if in a young subject after an injury to the hip, and the symptoms suggest intracapsular fracture of the neck of the femur, the possibility of pre-existing pathological changes in the bone must carefully be borne in mind, even though the clinical evidence of such may be very imperfect.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.
MEETING HELD WEDNESDAY, MAY 6TH.

The President, Dr. ARGYLL ROBERTSON, in the Chair.

PATIENTS.

Mr. ALEXIS THOMSON showed two male patients with perforating ulcer of the foot. In the first case no cause for the ulcer could be found, unless that the patient had some slight degree of alcoholic neuritis. Of this, however there were no symptoms other than marked anaesthesia of the affected leg. He proposed to stretch the nerve in this case, as the same procedure had been productive of much benefit in the other. In this the ulcer was an accompaniment of spinal sclerosis. He also showed a man on whom he had operated for perforated gastric ulcer. There had

been no precedent history of disease. The patient was suddenly attacked when out walking, having had no symptoms before. He managed to get home, was taken up to the infirmary, but was not operated on until about twelve hours after the accident. With no history to act as a guide, the diagnosis presented some difficulty, and lay between a perforated gastric ulcer and a ruptured appendix. On cutting down on the stomach a small circular ulcer was found to have perforated the anterior wall of that organ close to the smaller curvature. The rent was treated *secundum artem*, the peritoneal cavity swabbed out, and, notwithstanding the delay in the operation, the patient had done excellently.

Dr. JAMES CARMICHAEL showed a girl, set. 7, who could not walk, but who presented none of the signs of any known systemic disease. All the muscles were weak, and the ligaments very lax. He thought that it was simply a case of abnormal debility of the muscles.

Mr. DAVID WALLACE exhibited a man to the Society, set. 23, who had had tuberculous disease of the tarsus, requiring amputation at the ankle, and again in the little finger. Some time after it was noticed that his face seemed to have become asymmetrical. He had had no pain. On examination a puffy swelling could be made out over one side of the head, fluctuation was present. On opening the abscess a sequestrum about the size of a shilling and comprising the whole thickness of the skull was found and removed. The dura was separated from the bone for about 2 in. by 2 in. round the aperture, the cavity being nearly one inch deep in the centre. That there were no symptoms arising from such a large abscess might be explained by the fact that it lay over the right frontal lobe. It was a case of osteitis perforans (Volkman).

Mr. WALLACE's second case was that of a man who, in falling, had struck his head against a stone. There was a lacerated wound in the left parietal region, and the patient became drowsy, but with no paralysis. Next day his temperature rose to 102°, twitchings were observed in his right hand, and over the right side of his face, and he was rather more drowsy. On the third day the skull was trephined, and a fissured fracture found in the left parietal bone. The coronal suture was loosened, especially towards the right, where another circle of bone was removed. On this side the parietal bone was distinctly separated from the frontal. A small, subdural hæmorrhage was found on the right side. The man did well, but it was a question whether the operation was necessary, or if it had caused his recovery.

Dr. NORMAN WALKER showed a man with a curious line of warts on his chin, which had been also communicated to his scalp.

SPECIMENS.

Dr. NORMAN WALKER also exhibited three microscopic slides, one illustrating his last case; another of ringworm of the scalp in an adult; and a third showing the germ of eczema.

Mr. CAIRD gave a lantern demonstration of a number of microscopic slides illustrating the pathology of the appendix vermiformis.

Dr. G. W. BALFOUR read a paper entitled

A FEW MORE WORDS ON STROPHANTHUS.

Dr. Balfour commenced by summarising the beneficial action of digitalis in heart disease. The chief thing necessary in such cases was to increase the power and elasticity of the heart muscle. Digitalis had the property of stimulating the muscular fibres, not only of the heart, but also of all the arteries in the body. The heart beat slower, but more powerfully, more blood was sent through the vessels, and as they were the first to benefit, along with the heart, from increased blood supply, their metabolism was increased, synchronously with the heightened blood pressure. Digitalis was therefore a stimulant to the circulation and a help to the weary heart. Strophanthus, on the other hand, acted as a direct poison on the heart, acting 3,000 times more powerfully than digitalis. The heart beat more powerfully, but as the diastole was much prolonged, the condition resembled bradycardia and was not wholesome. As it had no stimulating action on the muscular fibres of the heart, or the blood vessels, the increased force of the beat of the heart was supplied by the reserve energy of the organ. If a large dose was given the heart stopped in systole due

to the energetic contraction induced by the poison. Strophanthus acted one hundred times less powerfully on the vessels than digitalis, consequently the blood pressure did not rise under its use, and the vessels were insufficiently nourished as well as the other tissues. Logically digitalis was immeasurably better than strophanthus which he regarded as a virulent poison, and a drug which should be struck out of the pharmacopœia. Digitalis, on the other hand, was one of the most useful drugs, perhaps the most useful, in the pharmacopœia.

Dr. GRAHAM BROWN said that the society were much indebted to Dr. Balfour for his contribution on such an important question.

Dr. JAMES RITCHIE thought that Dr. Balfour had gone too far in his condemnation of strophanthus. He had found that drug of the greatest service in the treatment of angina, when digitalis was of no service or contra-indicated. It was also of much use in emergencies when rapid action was required, as the action of digitalis was too slow.

Dr. LOCKHART GILLESPIE said that Dr. Balfour had not mentioned anything about the comparative merits of strophanthus and digitalis as diuretics. According to Prof. Fraser, strophanthus was a powerful diuretic, without increasing the blood-pressure. Digitalis, on the other hand, probably acted in this way by increasing the pressure. In many cases it was important to increase the flow of urine without a high blood-pressure. Was not digitalis a cumulative drug? He had often seen sickness produced by strophanthus, especially in cases of senile weak heart, when, however, digitalis was tolerated.

Dr. LEITH spoke, and

Dr. BALFOUR replied. He did not believe in the diuretic action of strophanthus, and, as for the cumulative action of digitalis, it depended on the dose. He confessed that some patients showed an idiosyncrasy as regards the effects of digitalis. On the whole, it was about the most useful drug we had.

WEST-LONDON MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD FRIDAY, MAY 1ST, 1896.

A. SYMONS ECCLES, M.B., President, in the Chair.

THE TREATMENT OF WHOOPING-COUGH.

Dr. BONTOR read a paper on this subject. He drew attention to the great annual mortality from the disease, and pointed out that the death-rate is nearly as great now as it was thirty years ago, so that the question is one of importance. He reviewed the bacteriology, and concluded that no organism has yet been isolated which may be regarded as specific. He then drew a parallel between the clinical history of whooping-cough and that of a microbic disease, and showed their similarity. He criticised the usual line of treatment adopted, and pointed out that although the disease was looked upon as having a microbic origin, the treatment was not based upon this conclusion, and he suggested that a more consistent mode of treatment would be to use antiseptics freely, both internally and locally, during the first stage, which was the period of bacterial activity, but that during the second or paroxysmal they are no longer indicated, since the paroxysms are probably due to a neurosis produced by their products and not by their own action. He thought that when the second stage was reached the most that treatment could do was to reduce the number and severity of the spasms, and the usual method of treatment was hardly calculated to do this without at the same time impairing the general health. He had come to the conclusion that the actual excitant of the spasms of coughing was the mucus in the larynx and trachea, and he thought the treatment of the second stage should be directed to building up the general health, promoting the separation of the mucus, and deadening the reflex nervous apparatus, and to meet these indications he has eschewed nerve sedatives (except in cases of severe nervous disturbance) and antiseptics, and had given tonics, combined with stimulating expectorants internally, and accompanied with them as a local application a solution of menthol in liquid vaseline, which was calculated to both deaden the sensibility of the mucous

membrane, and at the same time to assist in the separation of the mucus. He has treated forty cases—mostly severe—by this method, and read notes of several of them. One died, and one with acute bronchitis was not benefited; the others made good recoveries, and none were followed by any of the usual sequelæ.

Mr. MAYO COLLIER congratulated the author on his able and instructive paper. The examination of the larynx during an attack of whooping-cough was difficult unless the irritability of the parts was soothed by a spray of menthol in parolleum, with 10 grains of cocaine to the ounce. This should be sprayed into the nose with an ointment atomiser, and the patient instructed to draw in the breath during the application. This was not only a really certain and efficient method of examining the larynx, but the application invariably stopped the troublesome and disturbing cough, and assisted materially in expediting a cure. The local appearances in the larynx were simply those of intense vascularity and congestion, with accompanying increase of glairy secretion.

Dr. CAMPBELL POPE agreed entirely with Dr. Bontor's recommendation of antiseptic treatment in the first stage, but would advocate a thorough application of menthol spray to the nasal fossæ by the physician himself. He considered the menthol not merely a sedative, but a powerful antiseptic. He agreed, too, that mucus was the existing cause of a spasm, but this was formed not in the larynx, but in the nasal cavities, and dripped down into the larynx.

Dr. C. W. CHAPMAN remarked on the use of the inhalation of a few drops of chloroform in checking the spasm of whooping-cough. The good effects lasted some time.

Dr. BURRELL had used small doses of morphia and antimony both for ordinary catarrh and for whooping-cough. He had found it very successful.

Dr. ACHARD had found great benefit by keeping the room in which the child lived, constantly fumigated with tar vapour; this was produced by introducing a red hot poker into liquid tar. He considered that the operation of the disease was shortened under this treatment.

Dr. DOBSON considered that the use of menthol and cocaine spray was very satisfactory in the second stage; but he had great difficulty in diagnosing the first stage from catarrhal conditions of the larynx.

Dr. BONTOR, in reply, admitted that he could not recognise the first stage of the disease. He used menthol spray not so much for its antiseptic as for its sedative properties. He had found no benefit from the tar treatment.

Mr. MAYO COLLIER read a paper on

SOME EFFECTS OF CHRONIC NASAL OBSTRUCTION,

and showed several casts illustrating the serious effects of chronic nasal obstruction on the growing skull, and more especially on the upper jaw. The inevitable effect of chronic obstruction was a partial vacuum in the nasal chambers whose walls in the young and growing were unable to support or resent the consequent increase of atmospheric pressure, and consequently collapsed. Hence the high, almost in some cases, vertical, palates, the crowded and irregular teeth, and approximated dental arch, the pinched and approximated upper maxillary bones and the secondary and almost complete obliteration of the nasal cavities.

Dr. CAMPBELL POPE considered that it was almost as important to exhale as to inhale through the nose. If the air be exhaled through the mouth the mucous membrane of the nose get chilled by losing the warm return current from the lungs and so a catarrh was started.

Mr. BATTEN had noticed that numerous cases of myopia arose as a result of nasal obstruction.

Mr. MCADAM ECCLES inquired why, if these bony changes were due to partial obstruction so few cases are the subject of change in the bones, when adenoid vegetations and other obstructions are so common in quite young subjects in which the jaws and palate are developing?

Mr. YFARLEY believed that the distortion of the upper jaw was more frequent in hospital than in private practice.

Dr. THUDICHUM did not think that the mechanical pressure of air within the nasal cavities was sufficient to explain such cases as these, of which casts had been shown. These he considered to be congenital in origin, and he should think that the patients had only just escaped the fate of being idiots. He considered that the bony part of

the septum was hard and stiff and would rather break than bend, and neither this nor the maxillary bones would be distorted by pressure of air from the outside. He also pointed out that the most common form of nasal obstruction was hypertrophy of the turbinated bones, and advised their removal as the only means of effecting a cure.

Mr. MAYO-COLLIER, in reply, stated that the casts exhibited were taken from persons in no way mentally deficient. The distortion had commenced just before puberty in each case and had steadily advanced. He did not agree with the operation of cutting away the lower turbinated bone, since, in his opinion, the use of the galvano-cautery was sufficient. He did not consider that post-nasal growths would or could produce any distortion of the upper jaw.

CLINICAL CASE.

Mr. KETLEY showed a girl on whom he had performed a TEMPORARY COLOTOMY for tuberculous ulceration of the Rectum, and described the method by which he had closed the artificial anus.

LIVERPOOL MEDICAL SOCIETY. MEETING HELD THURSDAY, APRIL 30TH.

Mr. C. H. SHEARS, Vice-President, in the Chair.

MR. THELWALL THOMAS read notes of

TWO CASES OF EXCISION OF SPINA BIFIDA—CURE.

(1) M. A.—, woman, *et.* 37, with a very large lumbosacral sac 20 inches in circumference which had burst. In it were two nerve-like structures which were excised and proved to be simple fibrous cords, no nerve elements therein. The neck of the sac was sutured with a Saddler's suture reef-knotted each time the needles crossed, and a catgut ligature tied around. She made an uninterrupted recovery. (2) Child, *et.* 6. Sacral spina bifida, globular, three inches in diameter, the whole of the posterior wall of the sacral canal was missing. Excision was performed and the redundant dura mater and the arachnoid removed. Continuous sutures united the arachnoid and then the dura, and over the new canal were folded two flaps of fascia from the gluteus maximus as additional protection. Leakage occurred, so the wound was reopened and a small orifice closed by buried silk sutures. The wound then healed slowly, notwithstanding an attack of measles. The author had found 46 recent cases on record of treatment by excision with a death-rate of 17·4 per cent. The Clinical Society's Committee Report in 1885, gave Morton's own statistics as 50 cases, nine unsuccessful (!) = 18 per cent. failures. Clinical Society's, 71 cases treated by Morton's fluid with 27 deaths = 38 per cent., and they condemn excision on a published table of 23 with seven deaths = 30·4 per cent., apparently paying no heed to the cases treated before and those after the antiseptic era; if such had been done, the result would have read 16 cases before 1870, six deaths, 37·5 per cent., seven cases after 1880, one death, 14·2 per cent., and their pronouncement might have been less decidedly adverse to excision.

Mr. R. N. MURRAY drew attention to the fact that hydrocephalus frequently followed upon the cure of spina bifida during infancy.

Dr. E. T. DAVIES related a case of "Strangulated Ovarian Tumour," in which grave symptoms of strangulation abruptly set in, diffuse peritonitis, stoppage of bowels, and at end of a fortnight, with patient in a collapsed condition—apparently moribund—laparotomy was performed. The patient made a rapid recovery, without a bad symptom. He also related a case of "Pyosalpinx and Blood-cyst of Ovary," in which, after operation, sepsis followed with peritonitis. Pus escaped from pelvis by lower angle of wound. How became infected? (1) Through wound; (2) by stump of tube, or by (3) bacterial invasion through gut in cæcal region? The patient made a tedious recovery.

Dr. STANLEY GILL read a paper on the

INSANITY OF CONDUCT AND THE TESTS OF INSANITY.

In the course of his remarks he pointed out that conduct was evolved from certain primitive movements, that is to say, from random automatic movements or movements not physically initiated, or rather those which seem to be

independent of sensory stimulation, also from sensori-motor or reflex movements which are conscious or unconscious according as to whether they involve the higher cerebral cortex or no, and lastly from instinctive movements. He pointed out that these unacquired movements suffice to bring into play the motor mechanism of volition, and thus supply experience of active movement. He said that it was from experience so gained that we are enabled to direct our thoughts, feelings, and actions into the proper channels, and thus to adapt ourselves to the particular environment in which we may happen to be placed, and he defined conduct to be the "adjustment of the organism to its environment." He then pointed out that, according to Herbert Spencer, we adjust ourselves to surrounding circumstances, which are classified as follows, viz.:—by acts which minister directly to self-preservation, by acts which are involved in the production, maintenance, and rearing of children, by acts which are displayed in the maintenance of proper social and political relations, and, lastly, by religious, æsthetic, and recreative activities. The next portion of the paper was devoted to the insanity of conduct, in which he showed the difficulties of exactly defining insanity. He said that it was in view of these difficulties that the law has laid down three "tests" for its detection, viz.: testamentary capacity, that is to say, had the testator a disposing mind? Criminal responsibility, or a knowledge of right and wrong. A commission of inquiry into the capability of a person to manage himself and his affairs. He did not believe in the tests for criminal responsibility, as it is well known that some persons commit crime with a perfect knowledge of what they are doing, being impelled to commit the act by a sudden impulse. Lastly, he showed, by quoting several cases, that insanity meant something more than disorder of mind, viz., "disorder of conduct."

Drs. Permewan, Stansfield, Imlach, and Ross took part in the discussion which followed. Dr. Stanley Gill replied, and this closed the meetings for the present session.

THE HUNTERIAN SOCIETY.

MEETING HELD WEDNESDAY, APRIL 22ND, 1896.

The President, Dr. HERMAN, in the Chair.

MR. TARGETT gave a lantern-slide demonstration of the changes which occur in the joints in Charcot's disease and syringo-myelia, and pointed out that the lower extremity was chiefly affected in the former disease, and the upper extremity in the latter.

Mr. EVE showed a specimen of distortion of the foot with trophic changes in the joint and hands from peripheral neuritis.

Dr. COTMAN brought forward a patient, who had an unusual condition of the ankle-joint following a sprain of a year ago, there was an increase in the swelling.

Mr. CHAMBERS J. SYMONDS mentioned the case of a patient who, with distinct symptoms of loco-motor ataxy, had four perforating ulcers on his feet, in one of which he had removed the carious head of the meta-tarsal bone, with successful healing of ulcer in a fortnight. Curetting of another ulcer had failed, the tomb not having been entered. In another patient, he removed the head of a carious meta-tarsal bone, with success. He does not consider it always necessary to amputate, the cases may be left alone for long periods.

Dr. FORTESCUE FOX attributed difference of joints affected in Charcot's disease and in syringo-myelia to the pressure of body-weight in the former, and to the liability to injury, and to degenerate changes of shoulder-joint, in the latter, suggesting thus a certain parallelism between syringo-myelia and traumatic or local arthritis.

Dr. HORROCKS referred to a case where the removal of a band pressing on the cauda equina in a case of spina bifida occulta had removed nervous symptoms in feet.

TYPHOID fever caused thirty-six per cent. of the deaths among the British troops in India during the year, 1894.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, May 9th, 1896.

DERMOID CYST.

At the Académie de Médecine M. Levy related a remarkable case of a well-developed foetus found in the abdomen of a young man. The man had suffered it seems for two years from an abdominal tumour, which gradually attained a considerable size. In the course of the laparotomy performed, this tumour was found to be situated between the mesenteric folds. It contained a yellowish gelatinous liquid and a well-developed foetus of about five months. The patient succumbed twenty-four hours after the operation. The speaker considered that the cyst should be classed among those called "dermoid," not infrequently met with in young girls.

TAPPING IN TUBERCULOUS MENINGITIS.

M. Colin, at the Medical Society, spoke on tapping the thoracic canal in the lumbar region as a diagnostic sign in tuberculous meningitis. He said a young man recently entered the hospital with moderate fever, diarrhoea, headache, and gastric disturbance. The symptoms simulated those of typhoid fever, but after the expulsion of a tapeworm the patient seemed to get better. However, he retained the fever and the headache. Although exploration of the ears and eyes gave negative results, M. Colin inclined to the idea of the case being one of meningitis. Consequently, in order to clear up the point, he tapped in the lumbar region and drew off two ounces of liquid in which he found numerous tubercle bacilli. The patient seemed to be relieved by the operation but died a few weeks afterwards. The autopsy confirmed in all points the diagnosis, and the origin of the tuberculous lesion seemed to have been in the thoracic canal.

M. Fraenkel said that to diagnose meningitis was very frequently difficult. He had seen patients who had presented no symptoms of the malady in their lifetime and yet the autopsy revealed vast purulent effusions at the base of the brain. Last year a man entered his service with fever and some brain disturbance, but without any of the usual symptoms of meningitis or typhoid fever. The canal was tapped, and in the liquid were found numerous bacilli indicating tuberculous meningitis.

TRAUMATIC PLEURISY.

Dr. Chauffard gave recently a clinical lecture on the frequency of pleurisy succeeding traumatism of the thorax, and gave the history of three cases brought successively into his ward.

A man of 52, in good health, but slightly alcoholic fell from the car he was driving, and one of the wheels passed over his right shoulder and the half of the thorax. He was brought to the hospital, where it was found that the seventh rib was fractured. A week subsequently, the patient had slight rigors, followed by dyspnoea. Examination of the chest wall revealed pleural effusion, which required four tapings. The man made a good recovery.

The second patient was an alcoholic, who got hurt under a barrel of wine; several ribs were broken. He took three months to recover from this accident. About six months afterwards this patient was again crushed between two wine vats, and ten days after, rigors and dyspnoea set in, indicating pleurisy, which was promptly relieved by thoracentesis.

The last patient was a woman of 68, who fell from a

certain height, and fractured two ribs. An abundant hæmoptysis followed. Ten days afterwards, the pleura contained a quart of serosity, which was drawn off. The woman was well in a few weeks.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, May 8th.

THE FATAL SERUM-INJECTION CASE.

VERY little further progress has been made in determining the cause of death in this case, and that little has been of a negative character. It was not the contained carbolic acid that caused the death, and a large portion of the special brew, of which the fatal flask formed a part, has been traced and found to have been used without any evil result. One child, of a year and a half, received an injection of 10 times the quantity given to Prof. Langerhan's child, and without any injurious consequences. The case has, however, given support to the opponents of the serum method of treatment, for a time at any rate, until the true cause of the death is known.

During the present week, the Friedrichshain Hospital has published its Annual Report, in which the results of serum treatment as carried out there are embodied. Sixty-three cases of diphtheria in the adult were treated, twenty-seven of them with serum. Only one died, and of the thirty-six treated without serum, all recovered. No ill-effects were observed from its use. In the Surgical Klinik of Prof. Hahn, 581 cases of diphtheria in children were treated, with 175 deaths, making a mortality of 30.7 per cent. In 1894, with a grave diphtheria epidemic, the mortality was 35.2 per cent.; 293 children were treated with serum, of which 69, or 23.5 per cent. died; 165 had tracheotomy performed for dyspnoea. Of these, 45.1 per cent. recovered, against 37.9 the preceding year. Of those that had tracheotomy performed, 78 were treated with serum, and 86 without. Of the former, 61.5 per cent. recovered; of the latter, only 29.1 per cent. The reporters are of opinion that no far-reaching conclusion should be drawn from the above figures. The total mortality is not much below that of the previous year.

At the Fourteenth Congress for Medicine, Hr. Gruber opened a discussion on

IMMUNITY AGAINST CHOLERA AND TYPHOID.

The speaker said he had previously shown that rabbits and guinea-pigs could be infected with cholera, and unimmunised by introducing living or dead cultures under certain precautionary measures. The blood serum of these animals protected others on being injected into the peritoneal cavity. On the basis of microscopical observation, the explanation of this was that vibrios or bacteria became sticky on their surface under the influence of their own immune sera, in consequence of which they clung together, so that their movement was interfered with. They became collected into flocks that, on account of their specific gravity, fell to the bottom.

The reaction of cholera bacteria to cholera serum was not sharply defined, as little so as any other reaction. But in spite of this absence of specificity a high diagnostic value could not be denied.

In guinea-pigs the protective power went parallel with the agglutination, and he did not doubt the same occurred in the human subject. Fresh immunising serum exercised

a bactericide action, but there was no special bactericide material; the process was a very complicated one. On heating to 60 C. the bactericide action was lost, and the serum became a good nutrient soil for the bacteria. If some of this heated serum was introduced into the animal along with a quantity of the particular species of bacterium the reaction took place, but in the reagent glass nothing was seen but the agglutination. It was probable that the agglutinine were the material that rendered the bacteria accessible to the alexines.

Dr. Durham, London, also spoke to the effect that the action was not a specific one.

Hr. Pfeiffer, Berlin, declared that most of what Hr. Gruber had stated had been made known by himself years before the agglutination for example. Only the theory that this was the protective mechanism was his property. This was very difficult of proof. The matter was a very complicated one. Proskaner and himself had shown, by experiments lasting over months that the chemical nature of the anti-bodies present in the immunised serum agreed with the behaviour of the ferments. Still they could not decide whether they really were ferments. He thought there was a strong specific action. He conceded a bye action on allied bacteria. All cholera cultures from whatever epidemics they may be taken provided the virulences are equal, behave exactly alike as regards cholera serum.

Hr. Stern, Breslau, said it had been shown repeatedly that after months and sometimes even after years material was present in serum that protected animals from the disease that the human subject had gone through from whom it had been taken. He had shown that serum from a man who had had typhoid fever, even in the smallest quantities, had the power of protecting guinea-pigs from fatal doses of typhoid, but that at the same time the serum had no increased bactericide action. He further calculated the protecting dose, mixed this with a fatal dose of typhoid culture in a reagent glass, and observed that the animal into which they were injected did not die. If he allowed the bacilli to grow in serum, they were as virulent as others. From this he concluded that the action was indirect, viz., that the serum produced changes in the system, and that they cause the destruction of the bacteria, and this assumption was confirmed by Pfeiffer.

Hr. Pöhl, St. Petersburg, said that one of the most important factors by which immunity was weakened was auto-intoxication, and especially reduced tissue respiration. Cholera showed itself in low temperature cyanosis, &c. That immunity was increased by alkalinity of the blood had been shown by the experiments in Senator's Klinik. He pointed out that Asiatic cholera in cultures, when the process of oxydation was limited gave the iodol reaction—the cholera red. In cultures in favourable media the cholera red reaction was not present, and he associated this circumstance with the appearance of swollen membranes and agglutination. He believed there was no specific action, but we had to deal with general symptoms of auto-intoxication that predisposed to certain infections.

THE JENNER CELEBRATION.

The celebration will take place in the Rathhaus, and the address, as already announced, will be delivered by Prof. Gerhardt. The Imperial, State, and City authorities are invited to be present, as well as the medical profession and deputations from foreign and other societies. In connection with the celebration there will be an exhibition of

objects having a relation to vaccination. A fairly complete collection of 83 medals struck in commemoration of Jenner and vaccination will be shown by Geh. Rat. Dr. Pfeiffer, and further objects for exhibition are asked for, and will no doubt be forthcoming.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 5th, 1896.

ACROMEGALY ?

At the Gesellschaft der Aerzte, Lamberg showed a case which he considered was one of true acromegaly. The patient was an American, from Missouri, *æt.* 22, was 8 feet 3 inches in height, and is known here as the giant. The clinical history is good; he never had any illness; his parents and five sisters are all alive and well. His size is proportionate in every part except the face which is asymmetrical, the left side being greatly hypertrophied in the bony structure and presumed to be due to acromegaly. When the case is carefully examined a tumour in the hard bony structure may be discovered in the canine fossa.

In the discussion Sternberg criticised the giant growth of the patient and disputed the conclusion of this being a case of acromegaly as all the other parts of the bony structure were so proportionate, although gigantic, that it seemed to him to be one of *hemi-hypertrophia facialis*, or an exostosis of the bones in the left side of the face.

BIOLOGY OF TRICHOPHYTON TONSUREANS.

Ullmann showed a preparation taken from a case of *sycois parasitaria barbae* where the protozoa could be seen lying in its follicle far removed from the point of suppuration. He concluded from these facts that the parasite made its way into the surrounding tissues where its virulence was first established in the form of a perifollicular inflammation, which ultimately led to exfoliation and complete disolution of the surrounding coverings. He considers the parasite closely resembles the streptococci of actinomycosis, &c., in their habitat and pathology.

PARALYSIS OF THE SPINAL ACCESSORY NERVE.

Sternberg invited the attention of the meeting to consider a few cases of paralysis that more exactly defined the function of this nerve than those descriptions met with in text-books. Classic information teaches us that the external portion of the accessorius passing through the foramen jugulare supplies the sterno-mastoid and trapezius without noting a branch to the levator scapulae which the preparations shown seemed to prove. In two groups of cases the nerve was paralyzed by the invasion of spinal disease in the one and injury in the other. He had other testimony in support of his argument in cases of extirpation of tuberculous glands in the neck where the nerve had been divided. In one of these cases the deformity was so obvious that surgical interference was afterwards solicited. In appearance, the upper part of the thorax is narrow, the superior angle of the scapula rides up above the level of the shoulder. Viewed from behind the characteristic symptoms of paralysis of the trapezius is invariably present where the internal margin of the scapula appears sinking or as if the entire shoulder were twisted round and the scapula supported by its upper angle. On

minute inspection one of the levator scapulae that opposes a part of the trapezius that is attached to the acromion will be found intact, whose nerve supply is derived from the brachial plexus.

OCCCLUSION OF VENA CAVA INFERIOR.

At the Medical Club, Schlesinger drew attention to a few peculiarities in the diagnosis of closure of the inferior vena cava. The typical symptoms are œdema of both extremities, with cyanosis and collateral venous dilatation in the cutaneous surface of the abdomen. The exceptions to this general rule are so common that the accurate diagnosis becomes a difficult task to the clinician. In some cases none of the typical symptoms are present, but a more common exception is the œdema of one leg only. It is now several years ago since this symptom was clearly demonstrated in a case where one leg only was œdematous, while the abdomen was greatly distended with water. The post-mortem in this case revealed an occlusion of the vena cava. In the bibliography of the subject 18 cases are now recorded. This unilateral phenomenon seems to depend on a greater development of one side over the other in its collateral circulation which would expose it to earlier congestion than the other.

The origin of the thrombus in one of the iliac veins from any phlegmonous change may also have some share in determining the resulting symptoms.

ONYCHOGRAPHY.

Herz introduced the subject of the Nail-pulse which has recently been advocated in many quarters as a more delicate method of diagnosing morbid conditions of the circulation. For a long time the sphygmograph was the only instrument on which we trusted for hæmatic information. This was succeeded by the plethysmograph; later, Rüedl of Bern, introduced the flammantachygraph, and now we are confronted with the onychograph as the most delicate instrument for hæmatic curves, as it faithfully exhibits the movements in the capillary vessels. When the capillary arteries and veins contract, the instrument shows a low curve; when dilated, the pulse curve is high. From this curve, with the assistance of the respirations, the condition of the brain can be presumed. In the case of icterus the capillaries are dilated. This state is also present during the rigors of malaria, as well as in aortic insufficiency. In mitral defects he could not obtain a nail-pulse. The instrument can unhappily only determine the condition of the capillaries in the digits.

The Operating Theatres.

LONDON HOSPITAL.

SUPPURATIVE SALPINGITIS.—ACUTE GENERAL PERITONITIS.—REMOVAL OF THE UTERINE APPENDAGES.—Mr. DEAN operated on a woman, æt. 40, who had always enjoyed good health until four days before admission to the hospital, when on going upstairs she was suddenly seized with acute pain in the abdomen which was so severe that she lay on the floor for some minutes before she could move; she went to bed feeling very ill, "cold and shivering," and slept very little during the night. The next morning she tried to get up but could scarcely raise herself in bed; during the day she vomited several times and the bowels were opened once. The next day she vomited and suffered from slight diarrhoea; on the following day she was brought to the hospital and admitted. The abdomen

was found to be much distended, and the abdominal muscles were quite inactive during respiration: she complained of pain chiefly in the right and left lumbar and hypochondriac regions. On gently palpating the abdomen there was considerable tenderness over the whole of it but no localized spot where the tenderness was greater. The patient's condition was evidently serious; the pulse was rather weak (120 per minute), she felt very ill and could scarcely move in bed; there was evidence of slight discharge from the vagina but the nature of this could not be determined. A diagnosis was made of acute septic peritonitis, the exciting cause being considered to be either in the vermiform appendix or in the Fallopian tubes. The abdomen was opened in the middle line below the umbilicus and a quantity of thin *café au lait* coloured pus escaped. The right iliac fossa was carefully explored, and the vermiform appendix was found to be free from any disease excepting that the peritoneum over it shared in the general peritonitis. The pelvis was then explored, and both Fallopian tubes were discovered to be considerably distended and of a dark purple colour. Both ovaries were slightly enlarged and contained numerous cysts. The uterus was enlarged to about the size of a ten weeks pregnancy, and felt firm; there was no evidence of fluctuation in it. Between the tubes and the neighbouring coils of intestine a good deal of greenish lymph had been thrown out. A ligature was placed round the broad ligament of each side, and the Fallopian tubes, together with the ovaries, removed. The whole of the peritoneal cavity was carefully sponged dry, some iodoform dusted on to the ligatured ends of the tubes, and the abdominal wound sewn up completely without drainage. Mr. DEAN remarked that on admission the patient was evidently suffering from acute inflammation of the peritoneum, and the sudden onset pointed to the invasion of the serous membrane from some septic focus; indeed, he added, so sudden was the onset that some perforation of the alimentary canal naturally suggested itself, but the fact of the bowels having been well opened rather negatived this diagnosis; there was no history of any previous abdominal trouble which might throw light on the nature of the existing lesion, so that it was thought probable that the septic focus would be found either in the vermiform appendix or in the Fallopian tubes. The enlarged condition of the uterus was, he thought, rather difficult to explain, but later on the matter could be more thoroughly investigated. He mentioned that the woman had always menstruated regularly, in fact, her period had just commenced on her admission to the hospital.

A week after the operation the patient was, comparatively speaking, well; no bad symptoms had supervened; the bowels had been opened spontaneously, and she was quite cheerful and happy.

KING'S COLLEGE HOSPITAL.

CYSTIC GOITRE.—Mr. CARLESS operated on a woman, æt. 26, who had been the subject of a goitre for some years. Recently it had increased in size rather rapidly and had given rise to symptoms of obstructed respiration, especially at night. The voice also was somewhat hoarse, and the heart's action a little irregular. The tumour was situated in the middle line, and was about the size of a small orange. An indistinct sense of fluctuation could be detected here and there. The patient was anaesthetised, with chloroform, and an incision made in the middle line extending down to the growth, which was readily freed from its connections, except posteriorly. During this

manipulation the respiration became more and more impaired, and finally, when the tumour, which was now definitely made out to be a tense cyst, was protruded through the skin the traction upon the trachea became so great that respiration ceased entirely, the face becoming of a ghastly livid colour. The head was at once lowered and the cyst punctured. The traction on the trachea being thus relieved, respiration at once recommenced and the operation was satisfactorily completed by the enucleation of the cyst. The fluid in the cyst was of a serous nature and the sudden relief of tension after puncturing was not followed by any hæmorrhage, in fact, there was but little bleeding during the whole operation. The wound was stitched up, care being exercised to approximate the different muscular and fascial planes by deep sutures; no drainage was employed. Mr. Carless remarked that the position of this tense cyst beneath the deep cervical fascia and in front of the trachea sufficed to explain the respiratory embarrassment from which the patient had suffered before the operation, and also the serious condition through which she passed when sufficient traction was put upon the mass to cause it to project from the wound. In all probability the trachea was more or less flattened by the growth. It was, he thought fortunate for the patient that the tumour was cystic in nature as otherwise the relief could not so readily have been afforded had a solid mass required to have been dissected out.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 13, 1896.

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON AND PHARMACOLOGY.

It is satisfactory to find that the curious, and, indeed inexplicable action of the Royal College of

Physicians of London, in expunging pharmacology from the list of subjects for examination, has not been allowed to pass without protests on the part of various eminent therapeutists. We learn on the one hand that Dr. Lauder Brunton has decided to resign his post as Examiner in *Materia Medica* at the College, and it must be admitted on all hands that the loss of the services of so distinguished an authority is of itself no light matter, especially as it is rumoured that other resignations are not unlikely to follow. Dr. Murrell and Dr. MacAlister, of Cambridge, have each entered their individual protests against this retrograde step, and matters have assumed such a serious aspect that Dr. Clifford Allbutt and Dr. Bradbury have also publicly formulated their views on the subject. The process of "climbing down" is never an agreeable or graceful proceeding, and it must be peculiarly repugnant to the haughty directors of this venerable, but not always venerated, institution. That some such process will have to be gone through is probable, even if to bring it about the supreme powers of the General Medical Council have to be invoked. The matter is eminently one as to which the opinion of the Council ought to be solicited, and as the Spring meeting will shortly be summoned, advantage will doubtless be taken of the opportunity to ventilate the general question. The issues at stake are considerable, for the example, if unchallenged, is certain to be followed by other bodies, with results that cannot fail to be disastrous to the cause of medical education generally. The Royal College of Physicians is not a private body which is at liberty to fashion the curriculum at its will, but a body which is entrusted with public functions for the due fulfilment of which it is answerable to the profession, and, *via* the General Medical Council, to the Government. It is not as if there were any special reason just now for lightening the curriculum. On the contrary, the ever increasing number of candidates for admission to the profession renders it more than ever desirable to reinforce the standard of requirements all along the line in order to secure that only those whose intelligence and special attainments are above the average shall be admitted to the privileges of medical practice. It is, however, not so much on this general principle that we take our stand in urging the abrogation of this ill-timed resolution, but upon the intrinsic importance of the branch of study so summarily eliminated from the schedule of requirements. Pharmacology, as we have already had occasion to remark, is even more indispensable to the education of the medical practitioner than is anatomy to the surgeon, yet none has so far had the courage to suggest that anatomy should be discarded from the curriculum. One's surprise is enhanced by the flagrant inconsistency of the move. While on the one hand those who are supposed to watch over the interests of medical education and practice make the welkin echo with their lamentations over the empire in medicine which the use of ready-made combinations of drugs have obtained, these very persons have done all that lies in their power to place the neo-practitioner at the mercy of the prescribing chemist, taking this term

for our purpose to mean the prescribing chemist in high quarters, the wholesale manufacturer who prepares in pills, tablets, or mixtures, such combinations of drugs as they judge to be likely to commend themselves to the uninformed and submissive practitioner. It can be no matter for surprise to learn that considerable difficulty has already been experienced at the various medical schools, both in London and in the provinces, where the Deans, to their credit be it recorded, have almost unanimously declined to assume the responsibility of advising students that attendance on lectures in pharmacology and therapeutics is no longer necessary. The matter is not finally settled, and we are pleased to hear that there is every probability that collective action will be taken ere long with the view of having the question reconsidered.

IRISH WORKHOUSE REFORM.

SOME of the local newspapers in Ireland, which naturally take the side of the local guardians, are indignant that the unattractive nakedness of the Irish workhouse system should have been exposed to public view at the Conference recently held in St. Martin's Hall, London. These journals, as a rule, deny that there is any occasion for general reform, and insist that their own local workhouse is as nearly perfect as may be. They do not, however, seem to be aware that the speakers at the meeting in question, who condemned the existing system, spoke from book, and with the most convincing evidence before them. They held in their hands, first, the reports of the Medical Officers of seventy Irish workhouse infirmaries, who, almost all, agreed that a root-and-branch reform was needed, and who supported their opinions by the facts relative to their own workhouses. Second, they argued from the reports of the Commissioner deputed by the *British Medical Journal* to visit and inspect Irish workhouses, who revealed a state of things which could scarcely be believed, or apologetised for even by the editors of papers which reflect guardians' opinions. It is complained by them that one of the speakers said that it was useless to order better class food because "often there was no one to cook it, nothing to cook it with, no plates to serve it on, and no knives or forks to eat it with." The statement is strong, but it is true. From the returns of the 70 medical officers it appears that in 32 of the unions there were no cooking stoves, in 43 no plates, knives, forks, cups, or saucers, and in 50 no hot water available save what could be boiled in a kettle. Another speaker is abused because he said that "the sanitation of many of the workhouses was filthy and disgusting beyond measure." So it is. In 59, out of the 70 workhouse infirmaries, the only available receptacles for nastinesses of all sorts were pails—kept usually in the wards—and left to diffuse all night their nauseous effluvia amongst the patients. In only twelve of the seventy were there any sort of water-closets. If these arrangements are not "filthy and disgusting," we do not know how to describe them. The same speaker said that "the whole system of work-

house administration is corrupt from beginning to end." So it is. Every one knows, and none better than the editors of these papers, that many Irish Boards of Guardians are little better than manufactories of personal, political, and religious jobs; that appointments are uniformly made—often of persons totally unfit—for reasons entirely apart from the capacity of the candidate; that the contracts for every article supplied to the Union are jobbed amongst personal friends; that outdoor relief is similarly dispensed to the great loss of the ratepayer; and that the interests of the sick poor are often totally neglected in order that the Board-room may be turned into a political debating club. Are such proceedings corrupt, or are they not? It is of course true, and no one has ever denied it, that there are many Unions to which these statements do not apply, and which are worked honestly and carefully for the good of the poor; but the fact that some Unions are so worked makes the indictment stronger against those which are not so worked.

MEDICAL AGENTS AND COMMISSIONS.

A CASE of great importance to the medical profession has just been decided at the Westminster County Court. Dr. Blyth, of Victoria Park, N.E., some time ago desired to sell his practice, and entered into negotiations with Mr. Perceval Turner, a medical agent, for its sale. Several clients were introduced, and finally a medical man was brought forward as a prospective partner. Several interviews took place, and the usual examination of the books of the practice was made. A draft agreement was prepared, but for reasons into which it is not necessary to enter Dr. Blyth broke off the negotiations and withdrew the practice from Mr. Turner's hands. Mr. Turner thereupon demanded the full commission of £27 10s. This amount Dr. Blyth declined to pay, as the contract was not completed, although he was quite willing to pay a reasonable fee for work done. Proceedings in the High Court were subsequently taken against him for the full sum, and summary judgment was applied for on the ground that there was no defence to the action, such application being supported by an affidavit of the plaintiff. The defendant being a member of the Medical Defence Union, applied to that association for assistance. The Council of the Union being of opinion that a very serious professional principle was involved, instructed their solicitor to take the necessary proceedings to defend the action. Application was immediately made to the High Court for leave to defend the action, this being obtained; an order was also made, removing the case to the Westminster County Court. The action was heard on the 17th ult. before His Honour Judge Lumley Smith. Both parties were represented by counsel. The sum of £4 4s. had been paid into court by the defendant as a matter of grace, but without acknowledging any liability. Several witnesses were heard for the plaintiff, but for the defendant Dr. Blyth's evidence alone was taken. The learned judge gave judgment for the defendant with costs, and ordered the amount paid in to be restored to him, as

he considered that the contract and negotiations were never completed, and therefore the commission claimed was not earned. In the course of his judgment he remarked that it was quite clear that Dr. Blyth had reasons for not taking the partner in question, and that partnerships, like marriage, could only be carried on successfully when both parties were thoroughly in accord. Dr. Blyth had a perfect right to withdraw from the negotiations even at the last moment, and until the agreement was signed by both contracting persons nothing valid had been accomplished. With this decision all medical men will agree: it would be monstrous to mulct a would-be vendor of a practice in the full commission alleged to be payable to an agent because the said vendor objects to the prospective partner introduced, or because of other legitimate reason, the matter is not brought to a successful issue. It would be well for medical agents to reconsider their position in this respect; to attempt to claim a sum of money which can only in justice be considered due when the purchase or other contract is completed, appears to us to be outside the bounds of reason, and we hope the decision in this case will settle the point. Dr. Blyth was undoubtedly fortunate in being a member of the Medical Defence Union.

Notes on Current Topics.

The Members' Question at the Royal College of Surgeons, England.

THE members' question, that is to say, the question of the direct representation of the members of the Royal College of Surgeons on the Council of their College will again come before the Council at their meeting to-morrow (Thursday). There was every appearance a short time ago that the Council had definitely determined, by resolution, to have nothing more to do with the matter. But, fortunately, this policy did not commend itself to those members of the Council who do not happen to have allied themselves with the conservative majority. Consequently, the somewhat bold procedure has been adopted of taking steps to rescind the resolution passed at the March meeting of the Council by which the members' question was temporarily shelved. Mr. Rivington will bring forward to-morrow a motion to this effect, and it is more than likely that the voting thereon will be very close. It is to be hoped that this attempt to re-open this much debated question will be successful. For various reasons, it must be obvious, save to the most unyielding conservative members of the Council, that the responsibility of deciding against the expressed wishes of a large section of the "body corporate" should not lightly be assumed. In these forward days any policy of a hole-and-corner nature upon matters of public interest, carried out by the "powers that be," is destined in the long run to prove inexpedient. The wisdom, therefore, of the Council in this respect does not appear to be plain. It cannot be said that they have been wise in the measures which they have taken to deal with the members' question. Up to a certain point they cer-

tainly acquitted themselves well in this connection, that is to say, they referred the claim of the members to be directly represented on the Council to the meeting of Fellows in January last. No one could possibly do less than commend them for this wise political act. It was clear by this that they were wishful to share the responsibility of deciding upon so important a matter. The Fellows replied to the appeal made to them in no uncertain terms. By a large majority in an unprecedentedly large meeting, a resolution was passed endorsing the members' claim. This resolution was referred to the Deputation Committee of the Council, a Committee, the majority of the members of which, unfortunately, belonged to the conservative party in the Council, as the result of which a report adverse to the proposed reform was drawn up and presented. But even at this juncture the Council had an opportunity of taking a course which would only have been wise. Clearly, the next step to have taken was to have submitted the question of the members' claim to the body of Fellows. A resolution in favour of the adoption of this course was actually brought forward by Mr. Tweedy, at the February meeting of the Council, and was just lost, and from that moment the policy of the Council upon this question was distinctly retrograde, and unwise. The suggestion of polling the Fellows was shelved, and a resolution was agreed to in which the conservatism of the narrow majority on the Council, which is opposed to reform, was fully displayed. However, it is of interest to note that at the meeting to-morrow Mr. Tweedy will be permitted to bring forward, for the second time, his resolution with regard to polling the Fellows. The importance of this fact cannot be gainsaid. All that is now wanted, for the members' question to enter upon a new phase, is the passing of the resolutions standing in the names of Mr. Rivington and Mr. Tweedy. By the one, the barrier to the further discussion of the subject will be removed, by the other, a definite pronouncement will be obtained in regard thereto from a large number of the Fellows whose opinion at this juncture would be most valuable.

A "Chiel" on London Medical Students.

IT is sometimes interesting to learn what others think of us; more often it is amusing, and the latter feeling will be the predominant one among medical students in London who have been made the subject of a critical description by the London correspondent of the *New York Sun*. Everyone on this side of the Atlantic knows that America out-distances everybody and everything in "this best of all possible worlds"; at least, it is customary to believe that this is the case because we are told so—by Americans. Hence it is not surprising to learn that, in common with everything else in this country, the London medical students hopelessly and deplorably form one more illustration of the incapacity of all things English. The choice criticism to which we refer is as follows:—"The ignorance and unskilfulness of the average English practitioner as turned out of the Medical Colleges are

something appalling. I have attended two or three clinics in the principal London hospitals for the purpose of comparing them, from a layman's point of view, with Bellevue, the Massachusetts General, and other American institutions. The methods of instructing the students are, of course, practically the same in both countries. What most impressed me was the low grade of intelligence, the dense stupidity, in fact, of many of the young men to whose care the ills of humanity in these islands were about to be confided. I have in mind, particularly, a class of young men about to pass their final examinations previous to beginning practice. I watched them undertake, one by one, to diagnose a long series of cases in the outpatient department of a great hospital. It is no self-conceit to say that with only a layman's knowledge I should have come nearer the mark in half the cases. Their book knowledge may be complete as their diplomas will certify, but the practical application of it, the native intelligence which makes it invaluable, was sadly deficient." This is all very sad—for the London medical student, but he must not be downhearted. All his fellow countrymen are in the "same box" with himself. It is quite evident that the native intelligence of English people departed with the English emigrants who went to colonise America. Somehow, however, an English nation has still had the audacity to exist, and, among other things, with considerable presumption, young Englishmen are taught to be practitioners of medicine and surgery. But in view of the criticism above quoted, the sooner that this system is put a stop to the better. One Englishman, it used to be said, was a match for three Frenchmen—in battle; this saying may be varied. It will now have to be said, that one American layman knows as much as a class of English students—in medicine. — — —

The Elections at the Royal College of Surgeons, Ireland.

ON the first Monday in June, the President, Vice-President, and Councillors will vacate their offices, but, no doubt, will almost all be re-elected. Sir Thornley Stoker, having completed his two years of office as President, will retire from the chair, but, it is expected, will re-enter the Council as one of its members. The Vice-President, Mr. William Thomson, Surgeon to the Richmond Hospital, and Direct Representative of the profession in Ireland on the General Medical Council, will become President. For succession to the Vice-Chair, Mr. R. L. Swan, of Steevens's Hospital, had long since announced his candidature, but he has, within the past fortnight, intimated that he will not seek the position just now, but withdraws his candidature in favour of Mr. Kendal Franks, of the Adelaide Hospital. It is reported, however, in well informed professional circles, that Mr. Franks has determined to give up, in a few months, his practice in Dublin, and to commence afresh in Johannesburg, South Africa, the reason assigned being that the delicate health of his family compels them to reside in a tropical climate, and preferably in Johannesburg where they have inherited large property.

For the position of Councillor, Mr. Henry Gregg Sherlock, a Fellow in large practice in the dental speciality, has offered himself. Though unsuccessful at the recent bye-election of a Councillor, in which Dr. Cranny headed the poll, Mr. Sherlock has many friends and may be more fortunate at the general election. The election of Examiners to serve for the ensuing year took place on Tuesday, the 5th inst., and there was an active competition on the part of numerous candidates. For the two Examinerships in Anatomy, heretofore held by Messrs. J. Barton and Myles, there also competed Professor Alec Fraser, Mr. W. Stoker, and Mr. Pat. J. Fagan, Demonstrator in the Catholic University School. In the result Messrs. Barton and Fraser were elected. For the Surgery Examinerships the out-going examiners—Messrs. Chance and Sir William Stokes had to contend with Messrs. Dallas Pratt and William Stoker. For the Examinerships in Physiology, Histology, Biology, and Pathology, there were also many candidates, including those out-going, and a competitor not heretofore in the field, presented himself, to wit, Mr. Ed. H. Taylor, Examiner in Anatomy in the University of Dublin. Mr. Myles, who has hitherto examined in Anatomy, has been transferred to the Pathological Examinership. The result of the count showed that Messrs. Chance and W. Stoker were elected to the Surgery Examinerships. The following is the complete list for the year 1896-97:—

Anatomy: Messrs. J. Barton and Alec Fraser.

Surgery: Messrs. Arthur Chance and William Stoker.

Physiology and Histology: Messrs. J. A. Scott and Coppinger.

Biology: Messrs. J. A. Scott and G. Burbidge White.

Pathology: Mr. Myles and Mr. Taylor.

Midwifery and Gynæcology: Miss Winifred Dickson.

Ophthalmology: Messrs. Maxwell and Story.

Dental Surgery: Messrs. Baker and Stack.

Dental Mechanics: Messrs. Bishop and Wall.

Dental Physics and Chemistry: Dr. Edgar Flinn, Dallas Pratt, and Capper.

Bacteriology: Mr. J. A. Scott.

Sanitary Engineering: Mr. Chas. J. Wilmot.

Preliminary Court: Messrs. R. J. Montgomery and Morton.

Medical Certification

THE Kitson and Playfair case is not the only one which has recently cropped up of interest to the profession. The case of Dwyer v. Russell, recently tried in the Queen's Bench, Dublin, is full of warning to medical men, for the jury gave £40 damages for what they termed an incomplete certificate, drawn up and signed by the defendant. The facts, which are uncontroverted, are as follows:—(We, of course, avoid the controverted ones.) The plaintiff's husband alleged that she was malformed, and, desiring to put her away, employed the defendant to examine her. He gave a certificate that, from the statements made by both parties, they could not have connection, and that there existed a bar to same. Legal proceedings were then

taken in Judge Warren's court. Dr. Laffan was called in and certified that there was nothing wrong. Subsequently, Judge Warren ordered Dr. Horne, of Dublin, to examine her, and he also certifying that there was nothing wrong, the husband withdrew his application for a divorce, but a separation with alimony was granted to the wife. Next, the wife sued the doctor for damages, and this has just been heard, as already stated. The jury, after a lengthened consideration, during which they were called out several times by the judge, found that the certificate was a libel, but written without malice, and found £40 damages for plaintiff; they found for the defendant that the examination was skilfully made; that he certified to the best of his skill and knowledge, and that the statement in the certificate was true, so far as it went. The damages are contingent on judgment being given for the plaintiff by the Queen's Bench after reviewing the case and the course of the trial. Drs. McCann and Flynn were examined for the defence, and expressed the opinion that vaginismus existed when defendant was examined. The defendant himself, however, swore that he believed it to be organic narrowing, but added that he told the husband that it was curable, and in a short time, by incision or by dilatation, but this he did not embody in the certificate, and, though the jury exonerated him from the charge of unskillfulness and negligence, they mulcted him accordingly. A curious feature in it was the direct conflict of medical testimony. No evidence was offered that any operation had been performed in the interval between the first and second medical examinations. The lesson is obvious, and, coming as a complement to the more celebrated case, will add its note of warning to medical practitioners.

Cost of Diploma Registration.

A CORRESPONDENT complains to us that, whereas he can have a Diploma in Dentistry or in Midwifery, or of Fellowship—registered in the *Medical Register* as an "additional qualification"—for a fee of 5s., he is for no apparent reason, charged £2 for registering a State medicine qualification. He remonstrated with the General Medical Council, but received the following reply:—

"I have to inform you that the question of the amount of the fee to be charged for the registration of Diplomas in Public Health has received the special attention of this Council, and that it has been definitely ruled that the registration of each such Diploma shall be accompanied with the payment of a fee of £2."

The fact is that the Council had no power to register a State medicine diploma until the Medical Act of 1886, and the 21st Section of that Act gave power to do so "on payment of such fee as the General Medical Council may appoint." Under this authority £100 or £500 might legally be charged for the registration and, as the Council has always an eye to the main chance, it thought that a trifling inconsistency need not stand in the way of a lucrative tax. It certainly is difficult to gauge the principles which guide the General Medical Council in the matter. Why the unfortunate holder of the Public Health Diploma should be fined £2 for registering his diploma—for that is what

the proceeding virtually means—is a mystery, indeed, when a registration fee of five shillings is considered adequate for other kinds of additional qualifications. Arbitrary decisions of this sort simply emphasise the necessity of making the Council more directly representative of the interests of the main body of general practitioners of medicine.

Professional Confidences.

THE *Journal* of the British Medical Association formulates the rule of professional confidences, as settled by the Kitson-Playfair case, in the following terms:—

"The knowledge which a doctor obtains, whether voluntarily or involuntarily, from his patient is the patient's secret and not the doctor's. It must be taken to have been obtained on an absolute understanding that it will not be used without the patient's consent. By this understanding the doctor is bound, however hard upon himself the circumstances may be, except in one class of cases, where the law, reinforced, in fact, by the widest principles of morality, lays upon him the duty to break the seal, i.e., the case in which the doctor's continued silence would make him practically the accomplice in a crime which would be prevented, and only be prevented, by revealing the secret of his patient."

This seems to us to be a well-expressed and sound conclusion, and, if it be strictly followed, a charge of breach of professional confidence can scarcely ever be brought against any doctor. There is, of course, a latitude of interpretation left to each practitioner as to what circumstances constitute a crime which justifies the revelation of a professional secret, but we are convinced that there is little danger that such latitude will ever be used for the purpose of making public facts which it is not absolutely necessary should be known.

The Metric System.

THE adoption of the decimal system of weights, measures and coinage meets still with serious resistance amongst English-speaking communities, although it has been approved by every important nation except Britain and Russia. The answer given by Mr. Hanbury in the House of Commons last week was discouraging for those who advocate the change, and it is worthy of note that the American Senate, which legalised the adoption of the metric system thirty years ago, during which period it has been scarcely used at all, recently passed the Bill to make it compulsory by only two votes. An unexpected and influential opponent to decimalism has turned up in the person of Mr. Herbert Spencer, who, under a *nom de plume*, contributed recently to the *Times* three letters hostile to the principle. It would be reasonable to expect a great unwillingness on the part of traders to abandon the code of weights and measures, and coinage to which they and their ancestors were trained, and it could not be expected that any government would precipitately force the changes upon commercialists. But no one who has lived in France, or other continental country where decimalism obtains, can have failed to be convinced of its many advantages over the duodecimal system, and it is difficult to understand why anyone should hesitate to make it gradually the

system of the nation, by increasing the teaching of it in public schools, and by adopting it, at least, as an alternative in all Government contracts and other public commercial dealings. If public bodies would make it a rule to give their orders to tradesmen in decimals the change would be insensibly effected in a comparatively short time. In no department would a beginning be more readily made than in the compounding of medicines, and we do not anticipate that anyone would object if the General Medical Council turned the old drachms and scruples of the British Pharmacopœia into grammes and litres.

Army Medical Concessions.

It is rumoured that the Army authorities are about to promise a number of concessions to the members of the Medical Staff. We trust that the promise will be fully redeemed, but at the same time we must remind possible competitors for commissions that the promises of "my military advisers" have been proved by past experience to be somewhat fragile and unreliable. It is not the first time that visions of peace and plenty have been held out to candidates when an examination was in view and when the supply of candidates was insufficient, but that when a rush of expectant candidates was attracted and the vacancies were filled the visions proved to be nothing but mist. If candidates for the Service do not listen to the warning given to them by those who know the prospects of the Service they need not complain when they find that faith has been broken with them by the combatant authorities. They should recollect that they are dealing with enemies, and with unscrupulous ones, and should act accordingly for their own protection. If young practitioners who think of entering the Army Medical Service want to know the sort of treatment which they have to expect from Sir Redvers Buller and the rest of "my military advisers," we invite them to post themselves up in the case of Army Doctors Briggs, Smith, Fowler, Gardener, and Walsh, all occurring within a couple of years, and all redolent of a vindictive determination to keep the doctors under foot. If any young practitioner, after such perusal, likes to become a "civilian," and to take rank as such amongst his military brethren, he is quite at liberty to do so.

A Surgeon and his Pupils.

WELL-KNOWN and popular members of the teaching staffs of large medical schools have not infrequently pleasant experiences when travelling abroad and meeting their former pupils. An experience of this kind, which is likely to be memorable, has recently occurred to Professor Annandale, of Edinburgh. While on a visit to the Cape in March last, the old students there of the University of Edinburgh and Edinburgh School of Medicine entertained him at a dinner, as already mentioned in these columns. From fuller accounts to hand from the Cape, we learn that the warmth of his reception was most conspicuous; and in replying to the toast of his health, he had some amusing experiences to relate. Among others he

stated that notwithstanding the uncomfortable experiences of the examination-room, it was wonderful how soon these were forgotten and how long the good outcome of them was remembered. One surgeon—up country—told him that he had reproved him for making flaps too short, and from that day to this he had always been on the safe side by having them long enough. But, perhaps, the most paralyzing evidence of goodwill Prof. Annandale said that he had ever had was at the dinner given in his honour in Johannesburg, when he heard a voice from somewhere down the table saying, "Thomas, you plucked me, but I forgive you." This was convincing proof of the good feeling which, despite misfortune, often prevails between examiner and candidate. Doubtless, this forgiving practitioner has had ample time to reflect upon the justness of the rejection of which he reminded his examiner at the dinner in question. But for an examiner to have had his attention called in so startling a manner to one of the exigencies of his duties was an episode well calculated to produce an impression upon his mind.

Strophanthus v. Digitalis.

DR. G. W. BALFOUR'S attack on strophanthus at last week's meeting of the Edinburgh Medico-Chirurgical Society savours somewhat of Don Quixote's tilt at the windmill. Dr. Balfour is a well-known authority on heart disease, and it was not very creditable to the senior physicians of the city that not one of them should have thought it worth while to put in an appearance. Dr. Balfour blessed digitalis, but cursed strophanthus almost as vehemently as the archbishop cursed the jackdaw of Rheims. It remains to be seen if the curse will have any effect. There is no doubt, however, that digitalis is much superior for most cases of heart disease, and has often a wonderful effect in stimulating the whole circulatory metabolism, as Dr. Balfour put it. That the action of strophanthus on the heart is 3,000 times more powerful, and even then only acts as an irritating poison on its muscular mechanism, should teach the value of caution in its administration. Perhaps it is going a little too far to say that it should never be given, for in many cases of emergency its exhibition is followed by rapid and satisfactory amelioration of the symptoms. One other note we would like to make is that the different preparations of strophanthus in the market vary very much in strength and purity, entailing increased care in its use.

THE Representative of the London College of Physicians in the General Medical Council, Dr. Wilks, has resigned his seat on the General Medical Council in consequence of his election to the Presidency of the College, and it has been filled by the appointment of Sir William Roberts, F.R.S.

THE British Association for the Advancement of Science will commence its meetings at Toronto on August 18th. It met in Canada last, in the year 1884 at Montreal.

Sunday Closure of Public Houses.

A NOTABLE incident has been recorded in the parliamentary history of the temperance movement. Last Wednesday there was a lapse of five minutes between the adjournment of the Education debate and the time fixed for the cessation of contentious business. This opportunity was seized upon by the member in charge of the Bill for the Sunday closing of public-houses in England, who quietly moved a second reading of his measure. Before the House had realised what was going on, the Speaker put the question and a division followed as a matter of necessity. The result of this manœuvre in a partially emptied House was the carrying of the second reading by 113 to 105. There can be no doubt that the Bill will be thrown out at a later stage, but for all that the friends of temperance will find their hands strengthened by this unexpected triumph. Speaking from a medical point of view, anything that tends to restrict the curse of immoderate drinking must be approved by members of our profession. If Sunday opening can be shown to be unnecessary and hurtful, then let it cease to exist. Certainly, Sunday closing must curtail the opportunities for over-indulgence. If the principle, however, is to be enforced in other parts of the United Kingdom it is hard to see why it should not be applied impartially to all, also; what is sauce for the goose should be sauce for the gander.

The Hours of the Journeyman Baker.

AFTER many years of waiting, the journeyman baker appears to be gaining some scant measure of long needed reform. The late Government, in the Bill introduced by Mr. Asquith, decreed that from the first day of the year 1896, no more bakeries were to be constructed underground. The latest important change in the conditions of the baking trade, we are glad to see, has resulted from the united action of the men themselves. As the result of forcible protests by their operative union, their grievances were referred to a Committee appointed by the London Labour Conciliation and Arbitration Board. The award of this body has now been issued. It decides that the men are to work a maximum of sixty-six hours a week, or eleven hours a day, with half an hour off for meal, and overtime beyond the first hour is to be paid for as time and a half. Saturday labour for Jews, and Sunday labour for Gentiles is to be abolished as far as possible. Men under the factory system are to work ten hours a day. These resolutions constitute a step in the right direction, but they are pithed by the fatal weapon of permissiveness. An absolute, all-round limit of ten hours and no Sunday labour would be a perfectly reasonable demand. It has been shown over and over again that bakers need not work longer than workmen in other trades, and Sunday labour can be dispensed with altogether, if only the trade show a united front on the matter.

OWING to an outbreak of diphtheria, the public schools at Rainham, Kent, have been closed by order of the sanitary authorities.

The London and Counties Medical Protection Society.

If the future prosperity of the medical profession is to be ensured by organisation nothing can be more promising than the financial and social position of modern defence societies. One of these bodies, the "London and Counties," has entered upon the third year of its existence under circumstances that point to a strong vitality of constitution. At the annual meeting last week the President, Mr. Jonathan Hutchinson, announced that although the year 1895 began with a deficit, yet the end of the twelve months showed a cash surplus of £125 17s. 9d. He also made the statement that the negotiations which have been going on for some time with a view of amalgamation with the Medical Defence Union have now been definitely abandoned. During the past year the report showed that much valuable aid was granted to members. We note that the Council of the Society has adopted the cautious course of taking no account in their balance-sheet of subscriptions in arrears. As the Committee remark, it would be extremely unwise to count upon such arrears (the annual subscription is 10s.) as forming an available asset in case of emergency, owing to the cost of compelling payment. The strong list of official members, both Metropolitan and local, leads to the belief that a prosperous career awaits this Society.

The Civil Rights Defence Committee.

AN important meeting of the Civil Rights Defence Committee will be held at the house of Mr. Victor Horsley, 25 Cavendish Square, W., on the 15th inst. The main business to be transacted will be to consider and report on the relation of the General Medical Council, and of the bodies corporate of the profession, to the rights of medical men for the defence of which the Committee was constituted, and on the most proper and suitable way of obtaining the co-operation of the General Medical Council, University of London, Royal College of Physicians of London, and Worshipful Society of Apothecaries, and other public bodies in defence of those rights. The Royal College of Surgeons, England, took the lead some months ago of appointing representatives on this Committee, and it is difficult to understand why the other Corporations do not follow suit.

Pocket Soda Water.

AN invention has been perfected which professes to enable any one to carry about a dozen bottles of soda water or other "mineral" in his waistcoat pocket. It consists in a special stopper to an ordinary soda-water bottle and a small steel capsule into which is compressed about a drachm of solid carbonic acid gas. The bottle is filled with drinking water, either flavoured to taste or not; the capsule is placed in position in the stopper, and the bottle is closed. By the act of closing, the capsule is penetrated by a pin which is in the stopper, and the CO₂ is thus set free. A few shakes of the bottle and the soda water is fit for drinking, but the longer it is kept the better. Messrs. Read, of Broad Street Avenue, London, are the patentees.

The Protection of Infant Life.

THESE are now two Bills before the House of Lords dealing with the protection of infant life. One is promoted by the London County Council, and designed to amend the present Act known under this name, and the other is called the "Safety of Nurse Children Bill," for which the Society for the Prevention of Cruelty to Children have made themselves responsible. Both Bills have been referred to a Select Committee of the House, which for the past few weeks have been taking evidence upon the subject. With the hideous revelations of the Reading case before them, pointing to the absolute inefficacy of the present Infant Life Protection Act, it may be trusted that the Committee will report in favour of the valuable amendments suggested in the Bill promoted by the London County Council. The most important amendment proposed is that which provides for the registration and inspection of houses in which a child, or children, are received for hire or payment under the age of five years. This undeniably, to a large extent, touches the root of the evils associated with the baby-farming system. But the interests of Medical Officers of Health are, to some extent, touched by this Bill, as one of its clauses provides that the Sanitary Authority shall keep a register of all local baby-farmers, and it shall be the duty of the Medical Officer of Health to inspect and report from time to time as to the fitness of the registered abode for the accommodation of the children, and as to the condition of children themselves. For this onerous and responsible function, no specific payment is provided by the Bill; but the 9th Clause says that, for the purposes of the Bill, the Sanitary Authority may appoint and pay such officers as they please. This sort of discretionary power to such authorities has always proved unsatisfactory, and no doubt we shall see, in many cases, the effort made to impose these new duties without adequate remuneration.

The Illness of Sir Russell Reynolds.

WE regret to hear that the indisposition of Sir Russell Reynolds, lately President of the Royal College of Physicians of London, has taken a serious turn. Hitherto, although great weakness has occasionally given cause for uneasiness, the absence of symptoms pointing to any organic disease has encouraged his friends and medical advisers to hope that with rest from work, whether of a public or private nature, a turn towards new strength would be taken. But on Saturday morning last certain pulmonary symptoms manifested themselves, the importance of which, occurring in an already enfeebled subject, cannot be disguised, and Sir Russell Reynold's present state is one of extreme gravity. Sir Russell, who is President of the British Medical Association, was the President of the Royal College of Physicians of London until March last, when he did not offer himself for re-election. There can be no doubt that he was during the whole of last year under a burden of official duty too heavy for him to carry, to the labours of which he added those incident to the life of a physician at the head of his profession.

The South African Horse Sickness.

THIS disease, which is one of the chief obstacles to the development of large tracts of South-Central Africa, has been the subject of close bacteriological investigation by Dr. Erdington, the Director of the Bacteriological Institute at Cape Town. He has had no difficulty in identifying the mycelium which causes the disease, but great difficulty in growing it, as it failed to develop in any of the usual media for bacillus cultivation. He has, however, found, strange to say, that the natural gum which exudes from the wild mimosa, growing in the district, is laden with the mycelia, which seem to thrive and propagate on it, and his conclusion at present is that the only effectual remedy for the disease is to destroy the mimosæ. There is an analogy for this in a sort of "rust" that has been found to have its *habitat* on the leaf of the barberry tree, which affects corn, and which has been got rid of by destroying those trees wherever the "rust" appeared.

Electric Belts.

THE trade in these appliances which were so well advertised, and freely bought, by the public a few years ago seems to have receded to a very low ebb, probably owing to the exposure of the Harness Belt frauds and the collapse of that company. We note that the business of Mr. Pulvermacher, whose electric belts at one time had undisputed possession of the field, and had certainly more pretension to efficiency than any other appliances of the sort, has been converted into a limited liability company. As the promoters are all clerks, and the total nominal capital is £1,000, it does not look as if a large trade is expected.

Health of the Rand.

A JOHANNESBURG correspondent writes to us that the last annual report of Dr. Visser, Health Officer, on the general health and sanitation of the town, just issued, gives the percentage of deaths from typhoid as very great: in that town due to bad water and adulteration; the deaths from these causes during 1895, are given as upwards of one thousand. Pneumonia, also, he states, was very prevalent during the winter months. He is decidedly of opinion that a repetition of this can only be obviated by the sufficient and effectual watering of the streets as to completely lay the dust, which is the chief cause of the annual epidemic. The sanitation of Johannesburg is altogether in the most primitive state, the disposal of its sewage being at the present time but little in advance of that which obtains in semi-barbarous states and a foci of filth-producing diseases.

Illegitimacy in Great Britain.

IN his evidence given before the Lords' Committee on baby farming, Dr. Tatham, head of the statistical department at Somerset House, said that the number of children born out of wedlock in England was 4.3 per cent. of the entire births. Forty years ago the percentage was 7. The available figures must, however, be received with caution because women, while their child lived, were usually ready to swear that it was

legitimate, but when it died had no hesitation in confessing that it was illegitimate.

WE regret to learn that there has been a slight recrudescence of small-pox at Gloucester during the last few days. The number of fresh cases had been steadily declining day by day, but on Friday and Saturday last the number increased somewhat, giving rise to a little uneasiness among the authorities.

THE Treasury have appointed Dr. G. H. Savage, the expert in mental diseases, to examine Mrs. Dyer's mental condition on behalf of the Public Prosecutor. Mrs. Dyer is already under the observation of Dr. Scott, at Holloway Prison.

A MEDICAL officer of health is to be appointed by the Shropshire County Council at a remuneration of £500 per annum.

THE students of the University of Wurzburg have organised a torch-light procession in honour of Prof. Röntgen.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE EDINBURGH AND ST. ANDREWS UNIVERSITIES ELECTION.—Owing to the elevation of Sir Charles Pearson to the Bench, a vacancy is created in the representation of these Universities. The Committee of the Conservative Association for the constituency have unanimously adopted Sir W. Priestley, of London, as their candidate. This resolution will give great pleasure to all the medical graduates, probably of both sides in politics, although many felt that if a local graduate could have been induced to stand it would have been more appropriate. Sir W. Priestley is an Unionist in politics, and there does not seem to be any chance of opposition. The prospective new member is an Edinburgh M.D. and a Hon. LL.D. of the same University.

UNIVERSITY OF GLASGOW.—Lachlan McPherson, the worthy Bedellus of the University, on the 6th inst., entered upon his eightieth year, and was the object of quite an ovation and many congratulations. His father was a soldier in the famous 42nd Highlanders, and fought throughout the Peninsular War and at Waterloo, obtaining medals (the Peninsular with three clasps for each of these campaigns). When three days old our subject (Lachlan) started atop of a baggage waggon for Port-Patrik, en route for Ireland, to which place the regiment had been ordered. His boyhood was spent with his grandmother in Aberdeenshire, his parents being abroad with the 42nd regiment. After a period of service as footman and butler in various county families, he obtained in 1853 his present post of Bedellus to the University, which he has held with so much dignity and *clat* ever since. Our friend has lived under four sovereigns, served under three Principals, and officiated at the "capping" of more than seven thousand graduates, including His Royal Highness the Prince of Wales, Lord Beaconsfield, and Mr. Gladstone. No University function is complete or considered complete unless the portly Bedellus is in presence. All through the long years of his connection with the University he has endeared himself to all sections of students, which must be set down to his *suaviter in modo, fortiter in re*. We wish the venerable old man many, many happy days to come.

THE late Dr. John Grieve has bequeathed £3,000 to the University of Glasgow for the endowment of a lectureship or fellowship or a scholarship to which orphans or the sons of widows shall have the preference.

THE DUNDEE ROYAL INFIRMARY.—Some correspon-

dence has been taking place with regard to the admission of patients to this hospital in the lay papers. The rules which govern the admission of patients seem unfortunately to depend on the difficulty of getting Dundonians to subscribe to the funds of the hospital unless they get a *quid pro quo*. The people of Dundee are canny Scots and like to get a return for their money in the shape of subscribers' lines. Is this true charity? 225 patients are admitted without lines each year, and all urgent or accident cases. We think that the managers would do well to admit all cases requiring hospital treatment with or without lines, giving those who have the preference if empty beds are few. There are many who subscribe a small sum to a hospital, not as a charity, but as an economy, whereby they can get their dependents treated free of charge, and with no bother to themselves.

MUNIFICENT BEQUESTS TO GLASGOW CHARITIES.—At the Town Council meeting on the 7th inst. the Lord Provost, Sir James Bell, intimated that he had just received a letter from the London and Westminster Bank with reference to the division of the estate of the late Mr. William Andrew Guedon, who made a number of large bequests to Scottish funds. The bequests were as follows: Hospital Sunday Fund for Royal, Western, and Victoria Infirmaries, £5,000; Hospital for Sick Children, £1,500; Institute for Orphan and Destitute Girls, £2,000; Sick Poor and Private Nursing Association, £1,000; Glasgow Industrial Schools at Mossbank and Maryhill, £500; and a further sum of £5,000 as a bequest to Mr. Quarrier's Homes. We are pleased to note the fact "The Quarrier's Homes" have come in for a portion of the good things, for we have no hesitation in saying that of all charitable institutions "Quarrier's Homes" approach more closely the type in our minds than do other institutions of the same class.

GLASGOW MEDICO-CHIRURGICAL SOCIETY.—The following is a list of the offices to be filled at annual meeting, May 8th, 1896. Of course it is superfluous even to imagine that any one of the following names will be depleted by the proposal of others not in the "know" of the clique which governs the management of this society:—Section of Medicine: Dr. Alexander Napier, Vice-President; Dr. Maitland Ramsay, Councillor; Dr. Jas. Hinseelwood, Secretary. Section of Surgery: Dr. Newman, Vice-President; Dr. J. H. Nicoll, Councillor; Drs. Jno. Barlow and J. H. Nicolls, Secretaries. Section of Pathology: Dr. Henry Rutherford, Councillor; Dr. R. M. Buchanan, Secretary. Section of Obstetrics: Dr. Edgar, Councillor; Dr. Oliphant, Secretary; Mr. Henry E. Clark, Treasurer; Dr. C. O. Hawthorne, General Secretary.

THE SERUM TREATMENT OF DIPHTHERIA.—In the statistics of the Belvidere Hospital, Glasgow, for 1895, we note that while the annual mortality in cases of diphtheria during the previous five years averaged 38.3, in 1895, with the use of the serum, it only reached 14.0 per cent.

DR. WRIGHT has been recommended by the Glasgow Corporation Committee to succeed Dr. Boyd in the casualty surgeons'hip of the western district of the city.

MEDICAL SOCIETY OF LONDON.

THE meeting on Monday evening last (May 11th) commenced with the election of officers, &c., after which Dr. Hamilton, of New York, read a paper on "The Connection of Autotoxis with Certain Forms of Insanity," of which the following are the conclusions:—(1) Urines rich in indican contain very little or no preformed sulphuric acid and are toxic. (2) When the sulphate ratio is materially changed it probably indicates autotoxis in connection with an increase in the amount of combined or ethereal sulphates. (3) Such indications are generally found with acute insanities in which rapidly developing symptoms occur. (4) Fugaceous and changing illusions and hallucinations, unsystematised delusions, confusion, and verbi-geration in connection with insomnia, pallor, intestinal indigestion, constipation and rapid exhaustion, are due to autotoxis. (5) Paranoic states, or those in which concepts are the main feature, chronic stuporous conditions, and certain forms of dementia, have little to do with the formation of intestinal products of putrefaction. (6) Various post-febrile, traumatic, alcoholic, or drug insanities are those in which autotoxis is most constant. (7)

The variations in the excretion of combined sulphates keep pace in the changes in the progress of an established insanity, acute and epileptiform attacks being directly connected with putrefactive processes. (8) The most successful treatment consists in lavage, intestinal douches, gastric and intestinal antiseptics by means of hydrochloric acid, borax, salicylate of soda, charcoal, guaiacol, or naphthalin, in small and repeated doses, along with the administration of a combination of the red marrow from the small bones, blood and glycerine.

Sir J. Crichton Browne eulogised the author's work in this department of medicine and said his own attention had often been directed to the interdependence of certain forms of mental derangement with defective intestinal digestion or a diseased liver which was no longer able to prevent ptomaines formed in the intestines from entering the circulation.

Dr. Haig claimed that the phenomena described by the author were mainly, if not exclusively, attributable to the presence of an excess of uric acid in the blood, and he reproached him with attributing to the action of intestinal antiseptics, effects which were really to be credited to the influence of the treatment in facilitating the elimination, or hindering the production, of uric acid.

Dr. Hare, Dr. Theodore Williams, and Dr. Forbes Winslow continued the discussion and Dr. Hamilton briefly replied.

Correspondence.

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

SIR JOHN WILLIAMS AND THE QUESTION OF PRIVILEGE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In an article on "The Royal College of Physicians, London, and the Question of Privilege," which appeared in your issue of last week, you state, "It will be remembered that at the *Kiteon v. Playfair* trial Sir John Williams stated that the Royal College of Physicians, London, had published their opinion on the question of privilege in regard to the divulging of professional confidences."

Your statement is incorrect, as the following letter which appeared in the *Times* of March 28th will show—

"To the Editor of the *Times*."

"Sir,—Will you permit me to correct an error in your report of my evidence in the above case to which my attention has been called?

"Your report:—

"Mr. Justice Hawkins: Suppose a medical man were called in to attend a woman, and in the course of his professional attendance he discovered that the lady attempted to procure abortion. That being a crime under law, would it be his duty to go and tell the Public Prosecutor?"

"Witness: The answer of the College of Physicians to that very question was 'yes.'"

My answer was: "The last legal opinion upon that question obtained by the College of Physicians is 'yes.'"

The subject has not been considered by the College of Physicians, and the College has given no opinion upon it.

I am yours, &c..

JOHN WILLIAMS.

63 Brook Street, London.

April 10th, 1896.

LADY DOCTORS AND PROFESSIONAL ETIQUETTE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—My attention has been drawn to a leading article under the above heading in your issue of May 6th, in which you say that "the problem of the moment is how medical women are going to behave themselves." After this somewhat alarming exordium, I was glad to find that the charges brought against medical women scarcely matched in gravity the argument based upon them. In a letter signed "Central, London," in the MEDICAL PRESS AND CIRCULAR of April 1st, we are told that a patient of the writer's had had in a few months two or three calls from "soi-disant" medical women, offering their professional services. Such a statement requires careful investigation

before it can be accepted. The "soi-disant" is probably a well-applied limitation, and I should be much surprised to learn that the officious ladies were medical in any one's judgment but their own. Possibly they were district visitors with a turn for quackery. If such a charge is to be seriously considered, "Central, London," must give his authority, and the "soi-disant" medical women must be identified. In the second case mentioned by "Central, London," an ophthalmic patient was advised to go to an eye hospital in Oxford Street. Possibly the adviser was a medical student with more zeal than discretion; but even if she was a medical woman, she was not touting for herself. There is no eye hospital or dispensary in Oxford Street officered by medical women. In your article it is said "that other instances of gross neglect of the ordinary rules that guide professional life are not wanting on the part of female practitioners, and that in at least one case the name of the offender has been erased from the Register." I am well acquainted with the case to which reference is here made. The practitioner, who, as the daughter of a doctor, ought certainly to have known better, was tempted to follow some bad Colonial precedents, and while practising in New South Wales, she puffed herself in an unpardonable manner. The Association of Registered Medical Women, of which she had been a member for some years, procured evidence of her offence, erased her name from their list of members, and placed the matter before the General Medical Council, with the result you have named. It is difficult to see what more the Association of Registered Medical Women could have done in defence of sound professional conduct.

Your correspondent seems to forget that qualified medical women are subject to the disciplinary powers of the General Medical Council in precisely the same way as qualified medical men, and there need, therefore, be no more anxiety as to the punishment of improper professional conduct in the one case than in the other. The difficulty of dealing with unqualified practice, is, in the present state of the law, equally great, whether the offending quack be man or woman.

The above is, so far as I know, the only case in which a medical woman has been found guilty of unprofessional conduct.

Of the people who give themselves out as doctors, and are not such, and who trade upon the liking of the public for impostors, it does not concern me to speak.

Considering that there have been medical women in England for more than thirty years, and that they are now too numerous to be counted, even by their friends, and that they hail from many schools and many examining bodies, we may, I think, congratulate ourselves on only knowing of one of our number of whose professional conduct we have had reason to be ashamed. Want of consideration for the feelings and interests of others, and greed for selfish advantage, are faults which are not likely to be confined to one sex; medical women will, no doubt, from time to time, show these unlovely qualities, and will, I hope, as individuals, be promptly and appropriately punished.

But to indict a large body of highly respectable practitioners in consequence of one woman having misbehaved, and of their having brought her to justice, does not appear to me equitable. In any case, the leading women in the medical profession are not forgetful of the duty incumbent on them to maintain within their body the laws of professional courtesy, justice, and right feeling for interests other than their own, which have been accepted by men, and are shortly known under the name of "medical etiquette."

This was one of the main objects of those who founded the Association of Registered Medical Women many years before any medical association saw fit to admit women as members, for it was felt that professional isolation was not calculated to foster those high ideals of conduct which belong to the worthiest traditions of medical practice. They will best be aided in their endeavours by everything which encourages medical women to recognise that they are no longer a class apart, and out of touch with the general interests of the profession to which they belong. The fact that they are now admitted as members of the British Medical Association will have an important influence in this direction, and when in due course of time they are also admitted to the great medical societies we

may expect the sense of professional solidarity to become more active than circumstances have hitherto permitted it to be.

I am Sir, yours, &c.,

ELIZABETH GARRETT ANDERSON, M.D.,
(President of the Association of Registered Medical
Women, 4 Upper Berkeley Street.)

May 9th, 1896.

THE ETHICS OF PROFESSIONAL ADVERTISING.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having taken a considerable part in this discussion, will you allow me to say that I entirely agree with "Anti-Quack the 2nd" in the view that he takes of the perfect right of every member of the profession to avail himself of the flotsam and jetsam of society which goes to form clinical material, and which is thus utilised by members of the profession in the interests of science and for the advancement of their own ends. Still, where is the "charity" of founding a special or a general hospital apart from that to the founder or founders? It is the pretence of veiling under the cloak of charity what is a mere matter of business that is to me so detestable and reprehensible. On the other hand, if the founding of a special or a general hospital be benevolence, then why should there be any monopoly in public benevolence? That in the metropolis, in Glasgow, and other large cities "hospitals are in the hands of close corporations" is undeniable, and that if a man, no matter what his character and ability, is not within the charmed circle, he is certainly professionally compelled to "throw up the sponge," or fight the world and the profession with the weapons used against him. For example, here in Glasgow all the hospital appointments worth having are in the hands of a clique of eighteen or twenty men, and at the Western Infirmary the full physicians and surgeons hold office for life. It would be absurd to maintain that this is either for the public good, or fair to the profession, yet there is no prospect of change. Further appointments are multiplied to the extent of three or four in the hands of almost every member of this clique. Again, strange to say when a Glasgow graduate applies for a hospital appointment in Glasgow there seems a prejudice against him as compared with the Edinburgh graduate. The scandalous condition of hospital appointments in Glasgow offers the most ample justification for competing institutions on the part of the men unfairly brushed aside. Will you allow me to say that my views on this and kindred questions will be found at length in the *Scalpel* for April, May, and succeeding numbers?

I am, Sir, yours, &c.,

D. CAMPBELL BLACK.

Glasgow, May 7th, 1896.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The argument in support of the present situation is not to be strengthened by personalities or by imputation of motives to individual writers about whom not enough can be known on which to form an opinion. There are reasons sufficient why one should prefer to remain anonymous in this discussion, but as you, Sir, are well aware, if my name were revealed, it would be evident I am one of those who personally can neither be injured nor benefited by specialism, or by the existing special hospital system. "Anti-Quack the 2nd" asks for a more exact definition of "sham" special hospital. Sham special hospital is synonymous with unnecessary special hospital, and this term applies to most of these institutions. They are not needed in the service of the suffering poor; they are not needed for clinical observation or scientific research, and most of them are maintained for the purpose for which they were founded, namely, as cloaks under which, at the expense of the public, medical adventurers may advertise themselves as distinguished specialists. Such a system could only be justified if the practice of medicine were a trade in which like soap, mustard, or cocoa mongering, no stigma need attach to the puffing of common wares as "the best." The great bulk of medical men are almost equal in professional worth. The profession is too crowded for the mass to make an income beyond a bare livelihood. Fortune, as it often is, ought to be always reserved for the men who by superiority of talent

or acquirements, or the value of their scientific achievements really deserve success. There exists no obstacle (as "Anti-Quack the 2nd" suggests) to the rise of men of this stamp "from the ranks to the higher places." What should be prevented is the capture of the prizes of worldly success by men utterly undeserving; and this I maintain is one of the results of the present state of things, under which any one may start and carry on an unnecessary or sham special hospital.

I am, Sir, yours &c.,

ANTI-QUACK.

May 8th, 1896.

PRESCRIBING PHARMACEUTICAL CHEMISTS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am very sorry that my X ray on the prescribing of pharmaceutical chemists has offended that great and good authority "Fair Play." What a wonderful man he is! He gives us a history of the Irish Pharmaceutical Society, and then speaks of his own excellences. Day after day he sits correcting physicians' and surgeons' prescriptions, and what astounding errors he has detected, although his patrons are of the most aristocratic group.

I must say he draws the correct moral from my letter. Had I or any other ordinary practitioner been called in the patients would have recovered, and I think on each tombstone of theirs it might truthfully be said "killed by a pharmaceutical chemist."

I am, Sir, yours, &c.,

X.

GENERAL MEDICAL COUNCIL AND THE REGISTRATION FEE FOR PUBLIC HEALTH QUALIFICATIONS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—May I call your attention to the markedly unfair regulations of the General Medical Council regarding fees for registering Diplomats in Public Health. In general medicine, having once been registered as a medical practitioner, each subsequent additional qualification is registered for a fee of 5s. In Public Health a fee of £2 is levied on the initial diploma, and a like sum on every subsequent diploma, such as the M.D. State Medicine. Surely such an arrangement is unnecessary and vexatious, and can serve no other purpose than that of adding to the funds of the Council. I wrote to Dr. Wilks as representing London University on the Council and received a reply from the Registrar, which I enclose for your information.

I am, Sir, yours, truly,

J. O. SYMONS.

We have referred to this subject in another column. Ed.]

OUR DIRECT REPRESENTATIVES AND THE SO-CALLED MIDWIVES' BILL.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—As the next election of Direct Representatives to the Medical Council takes place not later than January, 1897, and more especially as it is absolutely necessary that each candidate should before this date, speak out in no tone of hesitancy or duplicity, I write to suggest that this question of a proposed formation of an inferior order of midwifery practitioners should be made a test question in the coming election. To oppose these Midwives' Bills, a great amount of valuable time—almost six years—has been wasted. No doubt the Bills would not have lived so long had all our five Direct Representatives opposed the Bills. While Mr. Wheelhouse, Sir W. Foster, and Mr. W. Thomson have opposed these Bills, I regret to say that Dr. G. G. Glover, one of the representatives of the profession in England on the Council, and Dr. Bond, the representative of the profession in Scotland, have favoured this proposal to establish an inferior order of obstetric practitioners. In order, therefore, that the real feeling of the profession may be tested upon this, and other momentous questions, I write to suggest that the election of Drs. Bruce and Glover be opposed. To oppose the former I can make no better suggestion than that the profession in Scotland should invite Dr. J. Campbell Black to stand as their candidate. He has shown himself to be

well acquainted with the real aims and wants of the great body of our profession, and to have the courage of his opinions, and I feel sure, that if he be elected, he will not forget that his first duties on the Medical Council are due to his constituents.

I am always sorry when I see an election of Direct Representatives pass by uncontested. It displays a lamentable want of public spirit on the part of medical practitioners.

I am Sir, yours, &c.

A SUPPORTER OF DR. J. CAMPBELL BLACK.

Obituary.

JOSEF SPÄTH, OF VIENNA.

ANOTHER pillar of the Vienna School has passed away in the person of Dr. Josef Späth, late Professor of Gynaecology. He was born in Bozan, 73 years ago, in very humble circumstances and with very gloomy prospects of life, as he suffered from a pulmonary affection, his mother having died shortly after his birth from a lung disease. He was educated for the church, but in 1844 came to Vienna as a tutor and commenced the study of medicine. In 1849 he qualified; in 1854 he was appointed assistant obstetrician under Prof. Barisch; in the following year he entered on private practice as an assistant, but unhappily was soon invalidated through syphilitic poisoning after an instrumental delivery. At this time his guardian, Prof. Chiari, died, to whose office in the Josef-Academy, as Professor in obstetrics he succeeded. In 1876 a second chair of gynaecology was established, to which Späth was appointed, and which he retained till he retired in 1886. His literary works are numerous and his social honours many, as he was highly esteemed by all with whom he came in contact.

DEPUTY SURGEON-GENERAL G. SCOTT DAVIE.

THIS gentleman died last week at Upper Norwood, in his sixty-first year. Born in June, 1835, he took the degrees of M.D. and L.R.C.S. at Edinburgh, and during the war with Russia served as Acting Assistant Surgeon with the Artillery of the Turkish Contingent from May, 1855, to June of the following year, in Turkey and at Kertch, for which he had the Turkish medal. Appointed an Assistant Surgeon in the Army in November, 1858, he was advanced to the rank of Surgeon in March, and to that of Surgeon-Major in September, 1873. Two years later he was actively engaged throughout the operations in Perak, in the Malay States, as Senior Medical Officer, for which he received the medal with clasp; and in 1878-9 served with the Peshawar Valley Field Force in the Afghan War, for which he was mentioned in despatches, and received his third medal. In 1882 he served in the Egyptian War, and was present at the battle of Tel-el-Kebir, again obtaining mention in despatches and receiving the medal with clasp, the third clasp of the Medjidie, and the Khedive's star. In January, 1885, he was advanced to the rank of Brigade-Surgeon, and in May, 1886, to that of Deputy Surgeon-General, when he was placed on the retired list.

NEW CLINICAL CHARTS.

IN our issue of April 22nd we called attention to a new chart designed by Dr. Woods, of the Richmond Hospital, Dublin, the object of which was to provide for records of temperature, pulse, and respiration every four hours instead of twice daily, in certain cases in which the fluctuations are rapid and frequent. Mr. Lewis, publisher, of Gower Street, London, has called our attention to the fact that a somewhat similar chart was published by him two years ago, which, he says, has met with a ready sale. Mr. Lewis's chart appears to have anticipated that of Dr. Woods' as far as temperature record is concerned, but it does not provide for four hour registry of pulse and respiration as Dr. Woods' does, and is, therefore, not so perfect. Mr. Lewis, however, deserves the credit of having first recognised the advantage of a more frequent record than that presented by the ordinary Clinical Chart.

Medical News.

West London Medico-Chirurgical Society.

THE annual dinner of this popular society will be held at the Café Monico, Piccadilly, on Wednesday next, May 20th, at 7.30 p.m. The President, Dr. Symons Eccles, will take the chair, and a distinguished number of guests are expected, including the Cavendish Lecturer (Mr. Bryant), and the Presidents of the Royal Medico-Chirurgical and other societies.

The Health of Ireland.

IN his official return for the past quarter, the Registrar-General for Ireland says that a review of the Registrars' returns shows that, measured by the statistics of mortality, the state of the public health in Ireland during that period was very satisfactory. The death-rate represented by the deaths from all causes is the lowest for any March quarter since the establishment of registration in the year 1864, except the rate for the first quarter of 1868, which it very slightly exceeds, and shows a decline equivalent to 17 per cent., as compared with the average rate for the first quarter of the last ten years. Scarlatina and whooping-cough proved very fatal in a few localities, but there was no extended prevalence of the severe type of any zymotic disease, and the deaths from the principal diseases of that class, taken collectively, were much below the average for the first quarter of the year.

Free Course of Lectures at the Victoria Hospital for Sick Children.

THE Medical and Surgical Staff of the Victoria Hospital for Children, Chelsea, propose to give a course of lectures during the summer session upon the diseases of children. The lectures will be delivered in the Board Room of the Hospital every Thursday afternoon, at four o'clock, and each will be followed by a demonstration of cases in the wards. Practitioners and students of medicine are invited to attend. The Hospital is easily accessible from all parts of the metropolis by steamboat and omnibus. The following is the syllabus with dates and names of Lecturers:—

May 14, "Meningitis in its Surgical Aspects," by Mr. D'Arcy Power, F.R.C.S. May 21, "The Invasion of Tubercle," by Dr. Dawtrey Drewitt. May 28, "On Operative Interference in Morbus Coxæ," by Mr. T. Pickering Pick, F.R.C.S. June 4, "Selected Medical Cases," by Dr. Montague Murray. June 11, "The Treatment of Hernia," by Mr. Raymond Johnson, F.R.C.S. June 18, "Pneumonia in Children and their Sequels," by Dr. Walter Carr. June 25, "Adenoid Vegetations in the Naso-Pharynx and their Treatment," by Mr. H. F. Waterhouse, F.R.C.S. July 2, "Infantile Scurvy," by Dr. Wallis Ord. July 9, "Some Forms of Keratitis in Childhood," by Mr. W. T. Holmes Spicer, F.R.C.S. July 16, "Hepatic Disease in Children," by Dr. Rolleston.

PASS LISTS.

Royal College of Physicians and Surgeons of Edinburgh and Faculty of Physicians and Surgeons of Glasgow.

AT the April sittings of the examiners held in Glasgow the following candidates passed the respective examinations, those marked with an asterisk (*) passing "with distinction":—

First Examination—Five Years' Course.

*John Campbell Douglas, Greenock; John B. Conner, Greenock; William A. Ogilvy, Cambuslang; Charles M'Donnell, Limerick; Edward Michael M'Swiny, Limerick; John Thomas Bradley, Clare; Percy J. Bateman, Cork; Gerald S. Coghlan, Longton; John George Grant, London; Daniel Michael Donovan, Cork.

First Examination—Four Years' Course.

Frederick George Henderson, Dinapore, India; Louis E. St. Romaine, Calcutta; Alexander E. Crabbe, Aberdeen; John E. R. Dodds, Darlington; Charles K. Darnell, Rugby.

Second Examination—Five Years' Course.

*Henry Stewart Anderson, Dunmurry; Alexander Macgregor, Glasgow; William Hutton, Greenock; *Richard Staward, Northfield; James M. Inverarity, Dundee; James Dunlop, Glasgow; William Carey, Glasgow; Thomas D. Bird, Woodford; Harry G. Ogilvie, Jamaica; William J. Alken, Tyrone; James T. O'Connor, Cork; Edward H. Harrison, Glasgow; John Dick, Greenock; W. Judd, Lowestoft.

Notices to Correspondents, Short Letters, &c.

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

NOT CAUGHT!

THE Cardiff doctors have been making efforts, says *The Western Mail*, to put an end to the operations of the local quacks. Recently they despatched a spy to the abode of an unqualified practitioner with instructions to secure a written prescription—important evidence for the intended prosecution. The spy called and detailed his symptoms. "You are very ill," said the quack after sounding him, "but take heart; your case is not beyond the reach of medical skill; and if you will place yourself in my hands I will cure you." The spy was profuse in his thanks and asked for a written prescription. The quack immediately "smelt a rat," but he unhesitatingly consented, adding, however, "My terms for a written prescription are two guineas." The spy, though somewhat reluctantly, then paid the two guineas, and secured the prescription which, when the envelope was subsequently opened, ran thus:—

"I hereby certify that the bearer is a well-dressed man, and appears flush of money."

MR. R. H. WOODS.—Your drawings are in the hands of engraver, who has instructions to send you early proofs.

PHOTOGRAPHY IN EXCELSIS.

THE acme of perfection in photography, so far as speed is concerned, seems to have been at last attained. At the recent *conferance* of the Royal Society, Professors Worthington and Cole exhibited photographs of the splash of a drop when falling on water. To illustrate this about 100 exposures were required, and each picture was taken by an exposure of less than three millionths of a second.

DR. SAMUEL KENNEDY.—Your letter addresses nothing that is not already known in connection with the Mattei controversy, and we must decline to publish it.

SCENE IN THE SURGERY.

DRESSER (loq.): Well, my good woman, what can I do for you?
BIBULOUS OLD PART: Just run and fetch us a doctor, there's a good boy. *Cartoon, in Bartholomew's Hoop, Journal.*

DR. SANSON'S paper on "Influenzal Arthritis" is marked for early insertion.

SURGEON LIEUT.-COLONEL LAURIE.—Your paper on "The Cause and Treatment of Malaria" shall appear when the necessary illustrations are completed.

DR. A. G. P.—We do not agree with the views propounded, and cannot, therefore, accept them as an editorial expression of opinion. We shall, however, be happy to publish a letter containing your views on the subject.

THE ANTI-VACCINATIONISTS NOT BEATEN.

THE anti-vaccinationists have not been routed by the epidemic that has caused such havoc in Gloucester, and the last number of the journal devoted to their views contains the following remarkable challenge:—"There is nothing that educates the laity so fast and so pleasantly as public debate of a question. So let the Jenner Society select a champion, and we on our side will do the same, and let us hold a series of debates, the expenses to be shared between us, and the terms of the contests to be mutually agreed upon."

Meetings of the Societies.

WEDNESDAY, MAY 13TH.

LARYNGOLOGICAL SOCIETY OF LONDON (20 Hanover Square, W.).—5 p.m. Report of the Morbid Growths Committee on (1) Myxoma of Vocal Cord shown by Dr. Bond; (2) Myxoma of Vocal Cord shown by Dr. St. Clair Thompson; (3) Tuberculosis of the Septum shown by Dr. W. Hill. Cases and Specimens:—Dr. B. Baron: Obstruction of Larynx due to a Web. Dr. F. Semon: (1) Case of Thyrotomy for Epithelioma of the Larynx; (2) Case of Periodical Tracheal Bceidii; Dr. Bond: (1) Boy with Uncontrollable, Intermittent, Laryngeal Cry; (2) Man, aged forty-five, with Tubercle of Larynx. Dr. H. L. Lock: (1) Case and Microscope Specimen of Healed Tuberculous Laryngitis in a Female; (2) Case and Microscope specimen of Lupus affecting only the Pharynx in a Man aged thirty-four; (3) Case of Healed Suppuration of the Left Frontal and Maxillary Sinuses in a Female. Dr. H. Tilley: Case and Specimens of Cured Polypi of Frontal Sinuses. Dr. S. Spicer: Case. Dr. Brady (Sydney): Instrument.

THURSDAY, MAY 14TH.

BRITISH GYNÆCOLOGICAL SOCIETY (20 Hanover Square, W.).—8.30 p.m. Specimens:—Dr. Schacht: Unruptured Tubal Gestation containing Fœtus. Papers:—Dr. Bell (Glasgow): The Treatment of Carcinoma of the Uterus, Certain Forms of Ovarian Disease, and Fibroids of the Uterus by means of Thyroid, Parotid, and Mammary Gland Therapeutics. Mr. B. Jessett: The Early Diagnosis of Malignant Disease of the Body of the Uterus, illustrated by Museum Specimens. VICTORIA HOSPITAL FOR CHILDREN (Chelsea).—4 p.m. Mr. D'Arcy Power: Meningitis in its Surgical Aspects.

FRIDAY, MAY 15TH.

EPIDEMIOLOGICAL SOCIETY OF LONDON (11 Chandos Street, Cavendish Square).—8 p.m. Dr. G. Reid: Infectious Sore-throat and Diphtheria.

Vacancies.

Bucks County Lunatic Asylum.—Assistant Medical Officer. Salary £100 per annum, with board and furnished apartments. Testimonials, on or before May 16th, to Wm. Crouch, Clerk to the Visiting Committee.

County Borough of Gateshead.—Medical Officer of Health. Salary £300 per annum. Applications, with testimonials, not later than May 16th, to W. Swinburne, Town Clerk.

Chichester Infirmary.—House Surgeon. Salary £83 per annum, with board, lodging, and washing. Applications, with testimonials, to the Secretary, on or before the 15th inst.

Glamorgan County Asylum, Bridgend.—Junior Assistant Medical Officer. Salary £150, with board (no beer or wine), lodging, and washing. Apply with testimonials to the Medical Superintendent not later than May 15th.

Horton Infirmary, Banbury.—House Surgeon and Dispenser. Salary 60 per annum, with board and lodging. Applications, with testimonials, on or before May 23rd, to Mr. C. E. Davids, Hon. Sec., 21 Marlborough Road, Banbury.

Kent County Ophthalmic Hospital.—House Surgeon. Salary, with furnished apartments and attendance in the Hospital, but without board, for the first year £125, and £15 after. Applications and testimonials to Matthew A. Adams, Surgeon to the Hospital, Trinity House, Maidstone.

St. Andrew's Hospital for Mental Diseases, Northampton.—Junior Assistant Medical Officer. Salary £150 per annum, with board, furnished apartments, and washing. Applications, with testimonials, to the Medical Superintendent on or before May 18th.

Stamford, Rutland, and General Infirmary.—House Surgeon (unmarried). Salary £100 per annum, with board, lodging, and washing. Applications and testimonials to the Secretary on or before May 18th.

University Court of St. Andrew's.—The Court propose to appoint the following Lecturers, viz: (1) on Anatomy, with a salary of £800 per annum; (2) on Materia Medica, with a salary of £200 per annum; and (3) on History, with a salary of £200 per annum. Applications with twenty copies of testimonials will be received by the Secretary until 1st June.

Appointments.

DABLEY, A. R., M.D., B.Ch. Dub., L.M.R.C.P. Irel., Medical Officer of Health for the Daventry Rural Sanitary District.

EVANS, ARTHUR H., L.R.C.P. Lond., M.R.C.S., senior House Physician to Westminster Hospital.

GRIFFITH, WM. M.B., C.M. Edin., Consulting Physician to the Pembrokehire County Infirmary.

HARGREAVE, W. H., M.B.C.S., L.R.C.P., Obstetric House Physician to Middlesex Hospital.

HAVARD, D., M.D. St. And., L.R.C.P. Lond., M.R.C.S., D.P.H. Eng., Consulting Physician to the Pembroke County Infirmary.

JOLLY, S. A., L.R.C.P., L.R.C.S. Ed., L.F.P.S. Glasg., Medical Officer for the Acton Sanitary District of the Brentford Union.

LARKING, A. E., M.D. Durh., M.R.C.S., Medical Officer of Health for the Cheam Urban Sanitary District.

MACKENZIE, J., L.R.C.P., L.R.C.S. Ed., L.F.P.S. Glasg., Medical Officer for the Kirby Sanitary District of the Banford Union.

MAOHALL, P. J., L.R.C.P., L.R.O.S. Irel., Medical Officer for the Lahardane Dispensary District, Mayo.

PAPILLON, T. A., F.R.C.S. Edin., Ophthalmic Surgeon to the Hastings, St. Leonards, and East Sussex Hospital.

PLUMMER, SELBY W., M.B., B.S. Durh., Honorary Surgeon to the Durham County Hospital.

PRICE, H. P. J., M.B.C.S., Consulting Physician to the Pembrokehire County Infirmary.

REID, D. A., M.D. Edin., M.R.C.S., Consulting Physician to the Pembrokehire County Infirmary.

ROWELL, GEORGE, F.R.C.S., Senior Anesthetist to Guy's Hospital and Demonstrator of Anesthetics in the Medical School.

SAUNDERS, E. A., M.R.C.S., Consulting Physician to the Pembrokehire County Infirmary.

SINGAR, H., M.B. Lond., M.B.C.S., L.R.C.P., Assistant Medical Officer to the Birmingham Workhouse Infirmary.

STANLEY, ARTHUR, M.D. Lond., M.B.O.S., Assistant Medical Officer to the North-Western Hospital of the Metropolitan Asylums Board.

WILLIAMS, W. M., M.B. Lond., M.R.C.S., Consulting Physician to the Pembrokehire County Infirmary.

Births.

EDGE.—May 2nd, at Tudor House, Maidenhead, the wife of Arthur Edge, M.B. Lond., of a daughter.

HARRIS.—May 4th, at Sussex Place, Southampton, the wife of A. Welleley Harris, M.B.C.S. L.S.A., D.P.H., of a son.

HEY.—May 4th, the wife of H. Darwin Hey, M.R.C.S., L.R.C.P., of Eastfield, Farningdon, Berks, of a daughter.

MUSSEN.—May 6th, at Welford Road, Leicester, the wife of W. Musson, L.R.C.P. Ed., of a daughter.

WATT.—May 2nd, at Millbrook, Plymouth, the wife of J. Leslie Watts, M.B. Aberd., of a son.

Marriages.

MICHEL—SCHOELL.—May 6th, at St. Mary's German Lutheran Church, London, Ernest Michels, M.D., F.R.C.S. Eng., to Hildgard Marie, younger daughter of the Rev. C. Schoell, D.D.

Deaths.

DARLING.—May 1st, at The Hawthorns, 13 Merchiston Place, Edinburgh, Janet A. Walker, wife of T. Brown Darling, M.D.

DAVIS.—May 7th, at Upper Norwood, George Scott Davis, M.D., Deputy Surgeon-General, late Medical Staff, in his 61st year.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXII.

WEDNESDAY, MAY 20, 1896.

No. 21.

Original Communications.

THE BREAKING STRAIN:

BEING AN ABSTRACT OF THE ANNUAL ORATION DELIVERED
AT THE MEDICAL SOCIETY OF LONDON,
MONDAY, MAY 18TH, 1886.

By W. H. ALLCHIN, M.D., F.R.C.P.LOND.,
Physician to the Westminster Hospital.

IT occurs to me that it may not be disadvantageous to spend a short time in the consideration of a subject, which, though not of immediate practical application, may furnish some principles of general application, and suggest some lines of coherence among the many scattered and apparently isolated observations which we are so constantly recording. It will be well at the outset to obtain as clear an objective conception of the phenomena as we can, to ascertain and realise as far as possible the facts of the case. To begin with, it is clear that we mean by death a condition of matter when it has ceased to exhibit any of the properties which we call living. For a thing to be dead implies, properly speaking, that the thing has lived, and the term is inapplicable, or should be, were we precise in our language, to material that has not been just previously living. It will be impossible, therefore, to enter on the consideration of death without some preliminary agreement in notion of what is meant by life, which, after all, is only another aspect of the same problem. The essential facts of vitality ascertained by observation, experiment, or experience are: (1) the invariable presence of a certain material of very easily recognised physical properties but of a highly complex and, as yet, undetermined chemical composition and molecular structure, known as protoplasm, which recent investigation, has tended to show, too, is not so homogeneous as was originally thought, though the details of its arrangement the microscope has, as yet, imperfectly revealed; (2) such material occurs in isolated and distinct particles of exceeding minuteness, probably always, even in its simplest form, differentiated into cytoplasm and nucleus—the cell, or as aggregations of such particles, frequently in association with other materials less complex in composition and not possessing the properties which we call life. (3) Given this substance, we call it living when it exhibits certain special forms of energy to which the collective term "irritability" may be applied, or more specifically "contractility," nerve power or secretion. They are accompanied invariably by the liberation of heat and probably always, certainly often, by electrical manifestations both of which are identical in nature and measurable by the same means as the heat of our fires or the electricity produced by our batteries. Further, it would seem that for their manifestations there must be some immediately antecedent existing agent, some stimulus, whether extrinsic or intrinsic. For the display of these properties, and essentially included in the conception of life, is the presence in the cell of an adequate supply of non-living material, food, whereby its nutrition, as we say, is maintained. Nutrition and life may, indeed, be

regarded as synonymous terms. Movement, often apparently purposeful, is another characteristic, and the manifestation of life is subject to certain conditions of environment familiarly known as temperature, moisture, sunlight, atmosphere, including a due supply of oxygen, &c., certain degrees of which are favourable, as others are fatal, to the vitality of the protoplasm. We have further to recognise that the range of variation within which the extrinsic environment is consistent with life, is very considerable, and that the living protoplasm has a considerable range of adaptability by which it adjusts itself within limits to altered conditions. This power of adaptation is the inherent property of living matter. If to these we add the tendency to death, which sooner or later asserts itself, we have a summary of the characters by which we affirm that a given object lives.

Turning to the processes collectively spoken of as nutrition, it may be affirmed that the balance-sheet of energy, in which the work done by the body is accounted for by the food stuffs used, has now been prepared with such an approach to accuracy as to justify the expectation that it will ultimately be capable of being presented in such a form as to satisfy the most critical physiological auditor. There remain, however, deeper aspects of the problem where we are not nearly on as firm ground and where conjecture and hypothesis do duty at present for more accurate knowledge. It is in respect to the exact relationship which exists between the ingesta and the living elements of the tissues in the course of these changes which eventuate in the liberation of vital energy, that conjecture prevails, and, as may be supposed, no single hypothesis is wholly accepted. The relationship of the living structure (mechanism) to the fuel scarcely appears to be that of the fuel to the machinery in the case, say, of a steam engine. Some at least of the food stuffs would seem to be incorporated in the tissue itself and to form an integral part of it, to be raised up to that height of molecular complexity and corresponding instability which pertains to the living particle. This is no sooner reached than it overtopples, so to speak, and passing from the pinnacle at which it may be called living, it breaks down again into the condition of non-living matter from which it has just been built up, constituting "a cyclosis in which the organism returns after every cycle to the same point of departure, ever changing, yet ever the same," in fact, life itself.

These complex interchanges are independent of those undergone by the major portion of the ingesta which probably never become actual constituents of tissue, but consist mainly of oxidation processes carried out within the range of influence of the protoplasmic metabolism. Given the living protoplasm, how has it come into being, how does it come to an end? Science is not concerned with the "why," but the "how" is its legitimate field of inquiry.

In considering the nature of death we are confronted by the fact that death after all is only a relative term. Some cells do not die, strictly speaking, for they multiply by fission indefinitely. All unicellular organisms, however, do not appear capable of unlimited propagation by fission, for after a certain number of such multiplications the process slackens and can only be set going

again by temporary conjugation with another of its kind. Death, therefore, is only known in the higher divisions of living beings. The mass of the body dies; that which lives, or can live, constituting but a minute fragment compared thereto, and this participates in the partner's death unless removed to suitable surroundings. I am obviously not alluding to death by injury. My remarks only apply to death as a natural phenomenon, and as such it has a more restricted scope than at first appears.

We are accustomed to recognise in the course of existence of a living being three stages: one of growth and development, one of maintained maturity, and the third of decline and senility, terminating in death. After each stage has lasted a certain time, more or less peculiar to each species, the organism begins to fail in its activities, to live less perfectly, and, as we say, to grow old, the tissue elements are no longer, or but imperfectly, renewed, those that remain atrophy and degenerate, the power of reproduction has departed, the individual has fulfilled its destiny, it has lived and reproduced, it now remains for it but to die.

Disease, which is but a departure from normal living, has, like death, no natural connection with the stages of growth and maturity. On the other hand, during the decline of life, disease, as signifying a functional shortcoming from the normal standard of the prime, is a natural accident. If we pass from the soma as a whole to consider the various constituent tissues as they exist in the highest forms of life we are struck by several notable circumstances. Some tissues are far removed from the primary embryonic elements, while others are but slightly removed apparently from their embryonic ancestors. The former do not, once arrived at their full development, multiply or reproduce their kind, whereas the simpler forms of tissue are constantly multiplying, with the freedom, indeed, of free unicellular organisms. It will be seen, therefore, that the highly differentiated tissue elements, like the more complex individual, invariably die, whilst the simpler forms, in proportion as they approximate to the germinal elements, and, as such, to unicellular organisms, retain the power of multiplication, and so escape from death the longest, though they have not the potentiality of development into an entire individual such as is possessed by the germs. It follows (1) that death as an incident in the evolutionary cycle, is not inevitable to all living beings; (2) that whilst unicellular organisms are immortal, those of any higher grade of structure of inherent necessity die; (3) that these latter are, given favourable conditions, continuously propagated by specialised portions of their own substance, the individual itself, apart from these portions, perishing; (4) that the power of self-division, and hence of perpetuation, with avoidance of death, is lost by cells which have advanced beyond the most rudimentary stage of differentiation, such power being restricted to those elements which retain their embryonic character, and most completely by those which form the sexual elements.

We now come to the question, how is it that the vital processes decline and cease after a manifestation over a definite period? Whence comes and what is the nature of the breaking strain which disrupts the ceaseless interchanges which constitute life? It has been shown that all protoplasm, as living matter, is not of necessity mortal, but only certain specialised forms of protoplasm that are so distinguished. The difference between the two groups of living matter, the particles that under favourable circumstance multiply indefinitely, and the more highly developed cells which die, is apparently one rather of degree than of kind. In proportion as the tissues become more highly differentiated they lose their power of self-division possessed in common with the other vital powers by the simplest form of protoplasm. These are but grades and all intervening degrees are to be found between the highest

and the lowest being. Nor is the difference as regards the incidence of death fundamental, for whilst the one individual lives wholly in his immediate descendants, the other lives but in part, his own identity being lost in his death. There still remains the unsatisfied question, how is it that the organism once it has reached its maturity, gradually comes to fail, grow old and die? Is the explanation to be sought in the continued effect of surrounding circumstances and conditions the adverse influence of which gradually prevails, or is it from some inherent defect in the vital processes which become intensified by time and constant repetition? Is it in the anabolic stages that the inherent antecedent that finally arrests the metabolism and with it life, is to be found? Or is it that in the catabolic descent materials are formed which exert a slowly increasing pernicious influence on the entire process, autogenetic poisons in fact, that are invariable accompaniments of protoplasmic changes? Or, lastly, may it be some failure in the stimulus, the existence of which is involved in our conception of this same protoplasmic activity? Conformably with our fundamental hypothesis of the nature of nutrition it is difficult to see any other direction in which to look for our desired antecedent.

A review of all the circumstances would seem to show that failing vitality follows the cessation of reproductive capability rather than that this latter fails because of approaching death, and it looks as if the lacking stimulus is to be found in connection with the sexual elements themselves, some ferment, it may be, such as we assume to exist in those lately recognised internal secretions, the potency and influence of which in respect to mutative processes we are but just gaining a glimpse of. Exhausted by their efforts to perpetuate the individual, it may be that the reproductive organs and their products no longer liberate that stimulus which is needful for the maintenance of the mutative processes of maturity, and for lack of which the individual deteriorates and dies. May it be that there is a real truth embodied in the experiments of Brown Séquard, however incomplete they have hitherto been in results? The real meaning of such phrases as cardiac failure, of fatal intoxication, whether from within or without, or arrested nerve influence, and the like, must be somewhere in the region I have now been groping in. The very foundations of prognosis, if not of treatment, so far as this may attempt to modify nutritive processes by drugs or other re-agents, must be built on an understanding of the intimate nature of life, and the inherent causes of its failure and cessation.

ON IMPOTENCY AND ITS TREATMENT BY ELECTRICITY.

By JULIUS ALTHAUS, M.D., M.R.C.P. (Lond.),

Consulting Physician to the Hospital for Epilepsy and Paralysis,
Regent's Park.

SOME forms of impotency are met with in practice in which judicious applications of electricity may be of considerable service after the failure of other modes of treatment. Impotency, however, is not a disease, but only a symptom, which may have a very different significance according to the cause by which it is produced, and which may show the opposite characters of undue excitability or paresis. It will therefore be readily understood that a close analysis of the characteristic features of each case is of the first importance in treating it, and that the electrical treatment must, if it is to be of use, be strictly adapted to the individual condition with which we have to deal. A mere application of Franklinic, Galvanic, or Faradic electricity to the sexual organs can rarely be of much

benefit in impotency, as most forms of this affection have either a cerebral or spinal origin; and we have here, as elsewhere in electro-therapeutics, to follow the rule that the principal application should be made to the seat of the disease.

It is hardly necessary to state that, where impotency arises from coarse organic disease of the brain or spinal cord, or from exhausting acute or chronic complaints, such as diabetes, phthisis, kidney disease, severe forms of irritative dyspepsia, &c., or where it is owing to physical defects in the generative organs themselves, there will be no room for electrical treatment. This latter, however, finds a useful sphere of action in those very numerous functional cases, where the lack of sexual power is owing either to cerebral inhibition, or to undue excitability or paresis of the several component parts of the genital centre in the lumbar enlargement of the spinal cord.

I. *Cerebral*, mental, imaginary, psychical, or inhibitory impotency—all these terms being nearly synonymous—is apt to occur in persons of a naturally timid or apprehensive cast of mind, and who may show want of self-confidence in other respects. It is also seen in those who have, during adolescence, suffered from unduly frequent nocturnal emissions of sperma, or who have been addicted to excesses. It is very commonly observed in newly-married men. After having failed on some particular occasion to accomplish the sexual act satisfactorily, they readily apprehend failure on subsequent occasions, with the result that there are further disappointments. In such cases the physiological condition of the sexual organs is usually normal. There is generally absence of erectile power at the critical moment only, while, at other times, more especially during the night or on awakening in the morning, good erections occur.

This form of impotency may be relative, inasmuch as failure may only happen with regard to particular persons of the opposite sex, while there is good power with regard to others; or it may be temporary, occurring only at certain times, while on other occasions the power is there. The affection is owing to inhibition of the sexual impulses, which are habitually excited by sight, contact, or the imagination, and which travel from the mid-brain and the occipital lobes to the genital centres in the cord. Timidity, fear, disgust, and other depressing emotions are apt to inhibit the sexual impulses by producing a disturbance in that highly complex reflex mechanism which extends from the brain down to the terminations of the spermatic nerves, and a perfectly harmonious action of which in all its parts, as in the several links of a chain, is essential for the complete and satisfactory performance of the sexual act.

Habitual Frigidity.—In some persons the inhibitory centres of the sexual passion predominate over the reflex centres from the first, subduing all such feelings and impulses. This constitutes congenital or habitual frigidity, which occurs with preference in men of unusual intellectual vigour and self-control, whose mind is constantly fixed on work of an absorbing character. I have seen it in great legal luminaries, and in authors of repute who have written on abstruse subjects. The condition may be accompanied with arrested development of the penis and testicles, but also occurs without any such deficiency.

Cerebral impotence may occur after injury to the head, more especially the occiput, and may continue after recovery from all the other symptoms produced by the concussion. Such injury is occasionally followed by wasting of the penis and testicles.

Where impotency is purely imaginary, and arises from timidity, especially in newly-married men, encouraging suggestions on the part of the medical attendant, with the assurance that the trouble will shortly yield, and the prescription of a tonic, generally have the desired effect. In a number of cases, how-

ever, suggestion proves ineffectual, more particularly where there is want of a proper balance of nerve force in other respects. Such persons often suffer from undue excitability alternating with depression, deficient power of fixing the attention on a subject, exaggerated tendon reflexes, and phosphaturia. In such cases we must insist upon hygienic conditions of life in their fullest sense being observed, and prescribe the more powerful nerve tonics, such as arsenic, phosphorus, and strychnine. Should such measures, however, fail to lead to the desired result, then a careful application of the constant current may stimulate the reflex centres in the mid-brain and occipital lobes, from which the sexual impulses start, and tend to reduce the undue predominance of inhibition.

Mode of application.—Round electrodes of from four to five cms. diameter should be placed on the mastoid processes, and a current of from two to three milliampères sent through for five minutes, with the usual precaution of gradual introduction and cessation. After this, an oblong anode of fifteen by nine cms. surface should be placed on the occiput, while the hand of the patient should rest on the indifferent cathode of about a hundred square cms. The current is then gradually brought up to two milliampères, and allowed to act for three minutes, after which it is let out by degrees, and then reversed in the metallic circuit, so that the cathode now acts in its turn on the occiput, with the same strength and for the same time as before. In bald patients there is little trouble in successfully conducting this application to the end; but where the occiput is covered with hair, the galvanometer must be watched throughout with the greatest possible care, on account of the considerable resistance offered by the hairy scalp. At first the needle does not move unless a comparatively strong current is put on; but as the resistance is gradually being overcome by the action of the current, we must be careful not to use too much force, as the needle may suddenly make a too rapid excursion. With some little practice, however, and keeping one's eye constantly on the needle, and one's hand on the screw of the rheostat, there will be no difficulty in keeping the current-strength just at the required level. It would, however, be hazardous to give such an application without having an absolute galvanometer and an efficient rheostat in the circuit.

Some may think the effects of the electricity thus applied to be owing to suggestion, but I have met with cases in which this treatment proved successful, and in which the influence of suggestion could be absolutely excluded.

In cases of habitual frigidity this treatment should, if possible, be combined with some change in the mode of life adopted by the patient. Incessant application to abstruse intellectual work should be eschewed, and the airier and lighter side of existence cultivated. Where there is deficient development of the penis and testicles a local application to these organs should be combined with the central application. This is done by placing the anode on the epigastrium and making cathodal passes along the groin, in the direction of the spermatic nerves, the upper and lower surface of the penis, the perinæum, and the testicles. The current-strength has to be regulated according to the individual susceptibility of the patient, and may vary from two to ten milliampères.

Where impotency is, owing to injury to the head, causing concussion of the occipital lobes and mid-brain, a number of other symptoms may be present, such as paralysis of the bladder, numbness, and loss of power in the limbs, impaired vision and memory, &c. There is usually some amount of meningeal hemorrhage in such cases, and as the effused blood is gradually absorbed, there is a corresponding improvement in the symptoms. Sometimes the loss of sexual power is the only trouble remaining after such an injury, and where this is the case, recovery under the

influence of electrical treatment may be expected. In such cases there appears to be an interruption of conduction between the reflex centres in the occipital lobes and in the lumbar portion of the cord, and I am, therefore, in the habit of conducting the current from one to the other centre, subjecting each part alternately to the influence of the anode and cathode, three minutes each way, with about five milliamperes and large electrodes. The application of electricity in this form of impotency was first suggested by the late Mr. Curling (a), with whom I have treated a number of cases of this kind.

II. SPINAL IMPOTENCY.

The sexual power resides in the lumbar enlargement of the spinal cord, which contains two separate, although closely connected, genital centres, one of which presides over erection, and the other over ejaculation. Loss of balance in these centres causes that form of impotency which Gross has called "atonic"—a term which appears to me inappropriate, as in most such cases there is, more especially in the beginning of the affection, undue excitability rather than atony, or, in other words, over action, and not want of action. I, therefore, propose substituting the term "spinal impotency," which includes both undue excitability and paresis, and which draws a distinct line of demarcation between this and the cerebral or inhibitory form.

Spinal impotency is frequently owing to excesses, and may be complicated with prostatorrhœa, spermatorrhœa, irritability, and catarrh of the bladder, stricture, gleet, and other allied affections. It occurs, however, likewise without any such complications in persons who have led chaste lives, and have been addicted to studious habits. I have frequently seen it in widowers of a certain age, who had formed new ties after prolonged abstinence.

A. *The ejaculatory centre* is commonly the first to suffer. There is unduly rapid discharge of the seminal fluid, owing to increased excitability of this centre, which responds too quickly to a comparatively slight stimulus. This often occurs at a time when sexual desire and the erectile response to it are still normal. Premature emission renders the act too short, and therefore, incomplete and unsatisfactory, for the activity of the ejaculatory centre should only come into play in response to a more powerful and prolonged stimulation.

Paresis of the same centre may become developed in the further course of these cases, or may be the initial symptom of spinal impotency. In any case it leads to loss of contractile power in the muscular coat of the vesiculæ seminales, the ejaculatory ducts, the prostate, and the urethra. Erectile power may still be there, but the act is unduly prolonged, and the erection generally subsides after a time from exhaustion, without any ejaculation taking place. This condition has by Gross and others been incorrectly described as "aspermia" or "aspermatisms." There is no want or absence of sperms in these cases, for it is not uncommon to find that, although no ejaculation takes place during coition, emissions of seminal fluid still occur during sleep, showing that the testicles continue to secrete. The terms "aspermia" or "aspermatisms," as applied to the condition which I have just described, is therefore a misnomer, and has evidently arisen from an incorrect appreciation of physiological facts.

B. *The erectile centre* may suffer either in the commencement or the further course of spinal impotency, more especially the latter. The erection then becomes imperfect, or is no longer produced at all in response to the ordinary physiological stimulus. In such cases desire may still be present, and even unduly keen. Where this latter state obtains, the erectile centre may still respond to stimulation by abnormal irritants; and it is, therefore, a somewhat fruitful source of

sexual aberrations. This constitutes an additional reason why we should use all legitimate means at our disposal for combating the condition, if we are consulted at this stage. If the further progress of the affection is not arrested by treatment, there is eventually complete loss of desire as well as paresis of both spinal centres.

A good deal of confusion has been caused in what has been written on this subject by authors not having traced the symptoms of impotency to affections of the several centres presiding over the sexual act; and this has naturally prevented any definite rules being laid down for treatment.

Paresis and undue excitability require different therapeutical measures for their removal, more especially where electricity is concerned; and a due localisation of the trouble is absolutely necessary for its successful treatment. Where over-action in the ejaculatory centre is treated with Faradisation or cathodal passes over the penis and perinæum, we cannot be surprised if the patient should get worse instead of better. By closely analysing the features of each individual case, however, the rules to be acted upon in the electrical treatment, follow naturally from general principles; and if closely adhered to, as I shall now describe them, will give satisfactory results in the great majority of cases. Indeed, an extensive clinical experience has shown me that electricity, when used with proper discrimination, is a most effective remedy for spinal impotency.

I now proceed to detail the rules which I am in the habit of following in the treatment of these cases. Where we find evidence of undue excitability of the ejaculatory centre, the anode should be applied to the lumbar portion of the spine, by an electrode of ten by six cms., with a cathode of about a hundred square cms. on the epigastrium, or on the patient's hand. According to individual susceptibility, a current of from five to ten milliamperes is then gradually put on, is allowed to flow from five to seven minutes, and slowly let out. In many cases, especially where the affection is of recent origin, this is sufficient for its cure. A single such application makes sometimes a decided difference for the better, but in general it will be necessary to apply the current from six to twelve times, either on consecutive or on alternate days.

In obstinate cases, and where the affection is of long standing, or complicated with urethral or prostatic troubles, an internal application of the anode to the prostatic portion of the urethra by an insulated conductor with a metallic end should be added to this, with one or two milliamperes for from two to five minutes. Much care and special knowledge is required for the successful use of this proceeding. A metallic anode in contact with the mucous membrane, causes free electrolytic decomposition of the urethral mucus, oxygen and acids being developed from it. The metal of the electrode is therefore oxydised, and glued to the mucous membrane. This renders the removal of the sound difficult after the application is over; and as no force must be used for pulling it out, I have been led to overcome this obstacle by the simple expedient of reversing the direction of the current in the metallic circuit of the battery, after the anode has done its work and the current has ceased to act. A short cathodal influence is then substituted for the previous anodal action. This leads to the opposite electrolytic effect, hydrogen and alkalies being now developed in place of oxygen and acids. The congealed mucus is thus fluidified, and the instrument may therefore now be readily removed.

If skilfully performed, this somewhat complicated proceeding is not unpleasant, and highly effectual. The terminations of the spermatic nerves in the vesiculæ, the prostate, and the urethra are soothed by this application; and where chronic discharges, owing to gonorrhœa, &c., are present, a healthy modification of the

(a) "A Practical Treatise on the Diseases of the Testis, &c." Third Edition. London: 1866. P. 406.

mucous membrane is brought about. I believe these latter effects to be owing to the germicide action of the anode, as oxygen in the nascent condition has been experimentally shown to be destructive of microbes.

For *pareisis* of the ejaculatory centre, with loss of tone in the muscular coat of the organs under its influence, I am in the habit of using the opposite arrangement of the poles. Here our object must be to stimulate the centre, which we may do by applying the cathode to the lumbar spine; and where this should not be sufficient to rouse its activity, the ejaculatory ducts and adjacent parts should be stimulated by the application of the insulated cathode to the prostatic portion of the urethra. A stabile cathodal application, with the anode on the epigastrium, for two minutes, with one or two milliampères, should be followed by from twenty to forty interruptions in the metallic circuit, whereby the stimulation is considerably increased. There is never any difficulty in removing the cathode from the urethra.

Paresis of the erectile centre is treated by the cathode on the lumbar spine, as before; and as the nervous impulses reaching the sexual organs, and the circulation of blood in them, are generally sluggish, cathodal passes over the external surface of these parts, as described above, should be added.

It will be observed that I have said nothing in this paper on the use of Franklinic and Faradic electricity in the treatment of impotency. Their applicability in this affection appears indeed to be very limited. Faradism has no perceptible influence on the nervous centres, and would therefore be useless in those forms of the affection, the origin of which has to be sought in the brain and spinal cord. I have used it however with good results in cases of atony after long-continued gonorrhœa, after caustic injections, &c., and also in place of cathodal passes over the penis and perinæum in the parietic form of spinal impotency. In this latter class of cases however, it should be combined with the constant current applied to the spine, as above described.

Franklinic electricity does not appear to have been used in such cases of late years, although there has recently been a considerable revival of its use in other affections, more especially in the United States. Curiously enough, Bigelow's "International System of Electro-Therapeutics" (Philadelphia, 1894), a bulky and prolix work of nearly 1,700 closely-printed, octavo pages, the editor of which modestly mentions in the preface that "each paper in the book is a classic of itself"—does not contain a single line on the use of electricity in impotency, although I have treated of the subject as early as 1870, in the second edition of my "Treatise on Medical Electricity," while Erb (1882) and Lewandowski (1887) have likewise given an encouraging account of their experience in this matter.

In conclusion, I will say that, while I am fully impressed with the great value of electrical treatment in the cases under consideration, this is no more infallible than any other remedy which we may use for other diseases, and that cases are occasionally met with which, although they may at first sight appear promising, are not benefited by this line of treatment.

ON
MENTAL THERAPEUTICS :
SOME RELATIONS OF MIND AND BODY. (a)
By ALFRED T. SCHOFIELD, M.D.

THE subject on which I venture to offer a few remarks is not only one of great interest in itself, but it has the special character of being a subject of real

practical value in the rational treatment of disease. Indeed, the whole science of mental therapeutics is founded on an intelligent understanding of the relations of the mental and the physical in man.

There can be no doubt in the minds of thoughtful men as to the fact of the great therapeutical influence the mind has on the body. But though some monographs may have been written from time to time on this subject—and it is incidentally touched upon in various works on the brain and mind—its practical application is of the most fortuitous and casual nature. It is difficult to understand why such a powerful means of cure is so systematically neglected, and even ignored, by the profession. I suppose it is because mental therapeutics have been practically for so long the real *modus operandi* of the vast army of charlatans, that the whole subject has acquired such a bad name that most men fear for their reputation if they touch it. Indeed, it is only because I have been taught practically so much of its real value, and feel so strongly that its continued neglect is no small blot on the present system of medicine, that I shall call attention to the wide powers the mind has over the body in relation to disease. My remarks will therefore fall naturally under two heads: the first being directed to what we should understand by the word "mind" and what is known of its relations to the body; the second pointing out in brief the practical bearing of this knowledge on disease.

Our *ego*, or personality, as defined by Herbert Spencer, is "the permanent nexus, which is never itself in a state of consciousness, but which holds states of consciousness together." I think, however, we all feel, that though the conscious mind would fain arrogate the personality to itself, that personality holds a great deal more than mere "states of consciousness" together. It is true that what is generally called Mind, has hitherto been limited to conscious mind. All writers on psychology take the ground that mind is co-extensive with consciousness. To talk of unconscious mind is said to be a contradiction in terms, and even the unconscious action of the brain, which is now universally acknowledged, was considered, as late as 1876, a most objectionable doctrine. Why the whole region of mind should be limited to consciousness I could never myself understand, and to grasp the scope of mental therapeutics it is necessary to take a wider view—one, indeed, which has long been before me, but which I have not hitherto ventured to formulate, until I recently came across some thoughts, on entirely original lines, ably expressed by the learned professor of Physics in Dublin, which seemed to endorse those suggestions which I am about to lay before this society. It is abundantly evident that most psychologists feel there are psychical actions on a sub-conscious plane; some get rid of the difficulty by including all these under consciousness; others use such terms as unconscious cerebrative nerve action, &c. I do not strive for terminology, but for the clear recognition of sub-conscious psychic action. It appears to me, therefore, that the conscious mind is a very small part of the whole range of psychic action. A coral island in the South Pacific is a mere ring of rock in the water, of insignificant size to the sailor; but to the biologist or geologist, it is the highest peak of a stupendous structure that rises from the bottom of the ocean as a mountain, miles high. In the same way, it seems to me the conscious is but a very small part of the vast sub-conscious mind, on which it rests.

The conscious mind has its seat, as we know, in the cortex, or surface, of the brain only: the unconscious mind is connected with—or may we not say is the source of?—all life that lies below.

Consciousness is not, as far as we know, an inherent quality of the cortex nor of the mind by itself, but is the result of the interaction of the two; for when the

working of the cortex, and hence the harmony of the two, is disturbed, as by narcotics or a violent blow, it is lost. We are also by no means conscious of all that takes place even in the cortex, for innumerable sensations may, and do, continually reach it, of which we are wholly or partially unconscious. On the other hand, it would appear from recent researches that it is not possible to be conscious of any sensations that do not reach the surface of the brain.

The conscious mind has reason, feeling, and volition. By it, and by it alone, we direct and control the main expenditure of life and force. This, however, is not done so much by reason as by feeling—it is in the heart, not in the head, as Dr. Maudsley points out, that our deepest feelings are rooted, and he does ill service to the religious faiths who strive to base them on the feeble apprehensions of human reason; the driving impulse by which men are moved to act comes from feeling rather than reason.

The sub-conscious mind is on a lower plane, and runs largely in grooves of habit, and follows closely change of association and sensation: but its powers far exceed in the body those of conscious mind. The unconscious powers of life can make eggs and feathers out of Indian corn; and milk and beef out of grass. The new sciences relating to our protective organisms, so brilliantly worked out by Metschnikoff and others, shows that they can carry on, without erring, a thousand complicated and purposive operations and form chemical combinations that no chemist can compass; work with ease and without fatigue, and are only hampered when interfered with by the conscious mind. This is seen when the sub-conscious mind takes up conscious acts, and transforms them into unconscious or sub-conscious habits. It is ever doing this through life; and ease and perfection in any pursuit entirely depend upon the degree in which it ceases to be connected with consciousness and is carried on sub-consciously. Playing the piano, skating, bicycling, skilled trades, and, indeed, almost everything, depend for their perfect execution on the power of the sub-conscious mind.

It is likely that when habits, or artificial reflexes, are established in the brain, that the current of sensation and ensuing motion never goes up to the cortex at all for orders from the conscious mind, the action being short-circuited in the middle brain, and it is not only actions that are "short-circuited" by habits. Sights and sounds frequently repeated are arrested in our unconscious brain, and not allowed to rise to the level of consciousness. If we live near a boiler factory, we soon cease to hear it; or if, as in a friend's case, we live near a large dairy, where milk cans are washed at night, it soon fails to wake us. There appears to be in the sub-conscious mind some power of choice as to whether an impulse shall be short-circuited or sent on up to the cortex. By experiment, I find that if a man moves about the room in the morning when his wife is fast asleep, and makes loud noises of various kinds, they do not wake her; though it cannot be exactly from habit, for probably the exact noise has not been heard before, but rather from an unconscious knowledge of who makes it. On the other hand the faintest noise in opening the door—often heard before—wakes her up, because it suggests someone else entering. The lower mind seems to think it is the only sound-message requiring the attention of the cortex, and so sends it up. It is almost like the action of a private secretary opening all letters and placing a few before his chief, answering the rest himself. The unconscious mind, we must remember, is not only the active agent in all habits, but in all voluntary conscious actions as well. It is often forgotten that we cannot *will* the contractions of any muscles; we can only *will* the moving of leg or arm, and are quite unconscious of the process by which the act is carried out.

But the sub-conscious mind can do greater wonders

than these. It not only carries on all the work of the body from the action of the lowest cell, but it can use unconsciously the highest cortical centres of thought that are ordinarily worked by the conscious mind. If the conscious mind gives the cortex some work to do, such as solving a problem, recalling a sound, a name, or a place, meanwhile occupying itself completely in some other way, the sub-conscious mind will step in and do the work and give the answer in a surprising way—as O. W. Holmes says, "Our unconscious mind delivers the result at the doors of our consciousness just like a prepaid parcel"; or, on the other hand, it will work alone in forming impulses and recalling memories. This, however, requires time: for a man may try to recall a name and look in a directory for it; but though under his eye he fails to recognise it, for his unconscious mind has not yet had time to find it in his brain. Five minutes after he has closed the book he remembers the name, which he could not do though he actually saw it with his eye. (Carpenter.) That is to say, the visual impression on the brain, though conscious, fails to recall the mental record of the name, which the unconscious mind succeeds in a few minutes in doing. The other day, leaving home for Brighton, I was stopped at the door by a suggestion from my unconscious mind that I had not much money in my purse: I looked and found only a few shillings. I had previously opened my purse often that day, and the sight of these shillings was unconsciously registered in my cortex, and somehow this fact was presented by my lower to my higher or conscious mind at the door. How often in a similar way impulses and fancies of unconscious origin direct our steps and even save our lives. It is probable that the sub-conscious mind is ever working in the cortical region in the way of deepening impressions and memories.

But it will do more than this. Of all the thousands of impressions that are being received in the cortex, from various parts of the body, and from our special senses, but very few are even noticed by the conscious mind, though all are registered sub-consciously. We hear a slang expression, or a new song; we do not notice it particularly, but the sub-conscious mind does, and the result is that we find ourselves unconsciously repeating the words, or humming the tune; and the curious part is, that we can often hum the air perfectly if we will do it with the sub-conscious mind, whereas, if we try to hum it consciously it goes from us. After a time, however, when its impression has had time to deepen, we can hum it at will. For the same reason we can often remember things better when we cease to try to do so with our conscious mind.

During sleep, for instance, thoughts range themselves anew. The powers of the unconscious mind can do more in this way than the most arduous effort, in arranging facts and ideas in due proportions. Hence we like to sleep over a thing before deciding, and Judges in a difficult case always like to take time to deliver judgment—often on the morrow.

Our conscious mind, as compared with the unconscious mind, has been likened to the visible spectrum of the sun's rays, as compared to the invisible part which stretches indefinitely on either side. We know now that the chief part of heat comes from the ultra-red rays that show no light, and the main part of the chemical changes in the vegetable world are the result of the ultra-violet rays, at the other end of the spectrum, which are equally invisible to the eye, and are only recognised by their potent effects. Indeed, as these invisible rays extend indefinitely on both sides of the visible spectrum, so we may say that the mind includes not only the visible or conscious part, and what we have termed the sub-conscious, that lies below or at the red end, but the supra-conscious mind, that lies beyond at the other end—all the regions of higher life, of which we are only at times vaguely

conscious, but which always exist, and link us on to abstract and spiritual thoughts, on the one side, as surely as the sub-conscious mind links us to the body on the other.

The powers of the unconscious mind are seen in a remarkable way in insanity. The sane man is one in whom the conscious mind—the middle part of the spectrum—rules. In an unsound mind, the supra, or sub-conscious, steps in, and, overpowering the conscious mind, produces ecstatic visions and phantasms, or coarse and sensual conduct. It is remarkable to note in this connection that when reason is even partially dethroned how the whole unconscious mind can unite in coupling the highest spiritual ideas with the lowest sensuality, as in some recent heresies. In defective intellects, where the conscious mind is weak, the power of the sub-conscious mind is remarkably seen. Miss Martineau tells of an idiot who had his hands washed and nails cut at 11.10, and who came of his own accord exactly at the same hour each day to have the operation repeated, though he knew nothing consciously of time.

Our conscious mind is like the yellow spot in the eye, which is practically the conscious centre of vision, the images falling as a rule unnoticed on all the rest of the retina, and making an unconscious record in the brain. When the conscious mind is in abeyance, as in a dream or reverie, or artificially, as in hypnotism or narcotism, the unconscious mind emerges from its obscurity, and these and other impressions unconsciously formed upon the brain are seen and noticed for the first time, just as a receding tide lays bare the hidden parts of the coral mountain, e.g., a servant in delirium spoke Latin and Greek words which she had absorbed unconsciously from her master years before.

If the unconscious mind be stimulated at such times it can exert extraordinary and apparently unlimited powers over the body. An actual blister can thus be produced upon the forehead by its powers, without any external application. Reveries and dreams, unconsciously fixing this mind on any part of the body, have produced the forms of letters and other marks.

The bearing of all this on mental therapeutics is sufficiently obvious. Our field of action while embracing the whole mind is mainly the sub-conscious region, which not only can be treated without knowledge of the ego, but which can effect through its wonderful powers of nutrition and health of the body to an illimitable extent, and indeed is the real agent in most cures. Bearing this somewhat lengthy preface therefore in mind, which will throw a light on all we yet have to say, let us proceed to consider *longo intervallo*, how the body affects the mind.

Mental therapeutics can be applied to the body in one of three ways:—

1. *By the unconscious mind directly*—in spiritual or physical influences and surroundings.
2. *By the unconscious mind acted on by the conscious indirectly*—in rousing faith in persons, remedies or places, &c.
3. *By the unconscious mind acted on by the conscious by direct effort*—in determination to get well, to shake off illness, ignore pain, &c.

With regard to the ailments for which mental therapeutics is useful, it is a powerful means of cure in all organic and inorganic diseases; while in hysteria and allied neuroses it is the only reliable means of permanent efficacy. Let us, then, first consider the influence of the mind in ordinary diseases. Putting aside all those cases which get well without any means (the cure of which we maintain is solely effected by the action of our sub-conscious mind), we will give just one or two special illustrations of this influence.

At the siege of Breda, in 1625, the whole garrison was down with scurvy; the Prince of Orange smuggled into the town three small phials of essence of camphor, and his physician put three or four drops into a gallon

of water, and the men recovered and saved the town. As to this we may remark that it is a matter for curious conjecture as to how far generally the cures we now attribute to drugs in homoeopathic or other doses will be considered in the future to be the results of the powers of our unconscious minds.

A patient, suffering agonies with toothache, was told by a medical man to apply to the tooth a silver coin wrapped in silver paper. Believing it to be infallible, she did so several times and was relieved. One day, however, she was told the remedy was wholly mental, and at once it was powerless. Here is an instance of the pernicious effects of the conscious mind inhibiting after first aiding the sub-conscious.

Unzer, in 1771, says: "The expectation of the action of a remedy often causes us to experience its operation beforehand." I have just received a remarkable illustration of this that, however, goes beyond this statement. A colleague of mine gave a patient the other day some opium pills to produce sleep, but forgot to mention their object. Last week he found the pills had not acted as hypnotics, but in a totally different manner, though the patient had had no better sleep. Another patient thought she had taken a large dose of rhubarb, which was effectual; she discovered afterwards that she had forgotten to take the medicine.

Hunter says, "By my will I can fix my attention on any part until I have a sensation in that part"; while Müller affirms that it may be stated as a general fact, that any state of the body which is expected with certain confidence will be very prone to occur as the result of that idea. It is easy to produce symptoms by suggestions. If, for instance, you press some particular part of the spine of a neuroathenic, and say, "Do you feel any pain here?" he may say "No." But if you persist in your suggestion for half-a-dozen times, and the nervous centres are at all susceptible, he will say "Yes," and the pain suggested by you will be felt. Now this is true with regard to producing cures as well as in producing diseases.

It has been well said, "We think as we feel, or think we feel, and we feel as we think. If we feel a pain, we think we are ill; and if we think we are ill we feel ill." If my ideal centre vibrates with the thought of crossing the Channel in rough weather, and pictures the nausea that would then be felt, these vibrations are transmitted to the terminal centres of the sensory nerves running from the stomach, and I actually feel sick from communication with a sensory centre, and possibly, if of a highly nervous organisation, may actually be so from transference to a motor centre.

Real feelings and real acts can be started in entirely ideal centres. If we think intensely of any part of the body long enough, we feel sensations in that part. If we think of a good dinner our mouths may water. We shiver whether we only think of cold or actually feel cold. The sensation of pain can be produced as really and vividly by thoughts or ideas alone, as light in the eye by striking it in the dark. In short, every sensation of the body ordinarily produced from without can also be produced from within.

These ideal vibrations, acting on motor and other centres, are quite different from the action of a motor centre by the direct impulse of the will; the action being in the latter case voluntary and in the former involuntary. So far we have only spoken of ideas of which we are conscious, so that although the modes of exciting these motor and sensory centres are abnormal, we know them to be so, and hence are not deceived, and do not deceive others, into believing them to be natural.

Thus, when our teeth are on edge from sounds, we do not go to a dentist; if we are sick from ideas, we do not think we are dyspeptic; if we hear noises in the ear, we do not look for them externally; if we shiver from thinking of cold, we do not put on more clothing. But now let us go one step further, into the region of

the sub-conscious mind, and of memories and habits; and the theory I wish to present as to the mental causation of these nerve troubles we group under the word "hysteria" will be made plain.

Our brain not only acts by the will and the ideas of the conscious mind, as we have seen, but is continuously vibrating with ideas, memories, and trains of thought of the sub-conscious. It is so even with regard to common sensation. If you concentrate your attention on any part of your body, you become aware of sensations in it that escaped your attention before, but were equally there then. If with a feather I lightly tickle the back of your neck, and at the time you are engaged in very earnest conversation, the vibration aroused in the brain sensory centre is unnoticed by you; and yet if I call your attention to the part it is noticed at once. By increasing the stimulus I can make the waves of vibration set in action other centres; involuntary ones, such as cause a shaking or shuddering of the neck; or voluntary, such as turning the head round or moving away. If you are asleep I may tickle your foot so that you draw the leg away and you wake up. In this case you are probably conscious of moving your leg; but the stimulus that made you do it was too slight to reach your consciousness. We may thus be conscious of a transferred vibration leading to action or sensation, and yet be ignorant of the cause that set it going. Memories again will involuntarily, and it may be unconsciously, arouse both feelings and actions. Observe in all these cases we are not considering vibrations deliberately set up by the will in an unusual way.

Let us now sum up our results, taking a definite case, say, of a pain in the little finger. This pain is felt in the little finger, we say, though we really know that the only seat of any sensation is in the brain. It is there at the central termination of the ulnar nerve which leads from the little finger that all the vibrations take place, of which the mind becomes conscious and calls pain. Whenever these vibrations take place, in the nerve centre belonging to the little finger, in the brain, the mind always refers the sensation to the commencement of the nerve in the little finger, whatever may be its real origin.

We may add that while in health it is generally easy to discriminate between pain in the little finger caused by injury to the little finger from that set up in other ways, in nerve disease, where the sub-conscious mind has greater sway, it is not. Nay, it is sometimes impossible not only to the sufferer, but to the doctor who attends him.

We have dwelt upon mimetic, or imitative, hysteria, because it shows the wonderful powers of the sub-conscious mind over the body for evil, as nothing else does, simulating every known disease, including tumours, deafness, blindness, dumbness, paralysis, St. Vitus's dance, &c., and is capable of producing the highest temperatures of fevers. Now if the range of psychophysical ailments is large, the power of mental therapeutics to cure them is equally great, though much less known. The same sub-conscious mind that produces the disease can be used to cure it. If the person is in other ways in good health, and has not entered the vicious circle of dyspepsia and debility, he can probably be cured in a short time, without isolation, going to bed, or any form of long treatment. Anyhow the cure must be effected in one of the three ways already indicated. Perhaps he may be cured instantaneously by applying to the irritated ideal centres, that keep up the disease, good suggestions consciously or sub-consciously sufficiently powerful to overcome the bad ones. We have no belief in their application by means of hypnotism which often in the end aggravates the condition which it is meant to relieve; for suggestions are thoroughly effectual without it, if you have confidence and have gained the respect and trust of your patient.

The cure of warts by faith is well known, and in

spite of the imposture that has lately been exposed at Lourdes, there is great difficulty in believing that the cures effected there and elsewhere are limited to what we call functional diseases. It is perhaps the connection of mental therapeutics directly with faith healing, Christian science healing, and hypnotism; and indirectly with certain liquid electricities, billionth dilutions, and quack remedies of all sorts, that has so far deterred the profession from examining very closely its wonderful powers.

This disgust is natural if we consider, for instance, one or two sentences from a recent work on mind healing:—

"If the disease is consumption, begin your argument by taking up the leading point; showing that it is not inherited; and that inflammation, tubercles, hæmorrhage are but thoughts, beliefs, and mental images before mortal minds, not the immortal mind."

And again:—

"Ossification, or any abnormal condition of the bones, is the action of the mind as directly as insanity. Bones have no more substance than thoughts; *what we call matter was primitively error in solution.*"

Small wonder, in the face of such remarkable statements, if one is tempted to turn away from the whole subject of mental therapeutics.

The relations of the mind consciously or unconsciously with the body are, however, far too interesting, and the issues of such study in its application to disease far too important to be neglected on account of any misuse of these powers by quacks and others. The subject is ripe for further investigation, which can be carried on quite apart from hypnotism, mesmerism, and kindred methods; and we have little doubt that, on the one hand, ere long the vast range of mental action in connection with the body will be recognised and scientifically classified; while, on the other, mental therapeutics will be rescued from the cold neglect with which it has so long been treated by the profession, and take its proper and important place in clinical teaching and in our medical works, from both of which it is, as yet, conspicuously absent. These few words may at any rate serve to call some attention to these important subjects.

Spanish Prescriptions.

Translated for THE MEDICAL PRESS AND CIRCULAR

By GEORGE FOY, F.R.C.S.,

Surgeon to the Whitworth Hospital, Drumcondra, Hon. Fellow of the Southern Surgical and Gynecological Association, U.S.A.

ONE of the deficiencies of the British Pharmacopœia is the few flavouring syrups it contains. In the present age patients require palatable medicines, and all patients do not like the same flavouring agent. Referring to the Spanish Pharmacopœia we find the following formula for syrups, besides which they have the syrups of the British one:—

SYRUP OF CHICORY.

Dry chicory leaves, 115 grammes;
Water, 500 grammes;
White Sugar, 690 grammes.

Infuse the dry leaves of the chicory in the water; strain the fluid through serge with strong pressure; add the sugar and make a syrup by beating and clarifying. Syrup of Chicory and Rhubarb made in a similar way is a very pleasant aperient for children.

SYRUP OF ABSINTHE.

Absinthe, 30 grammes;
Water, 345 grammes;
Loaf sugar, 620 grammes.

Make an infusion; strain the liquor through serge; allow it to clear by standing; add the sugar and produce the syrup by simple solution.

SYRUP OF VEEJUICE.

Juice of unripe grapes, 345 grammes ;
Pure sugar, 620 grammes.

Dissolve the sugar in the juice by the heat of a salt-water bath.

SYRUP OF MARSHMALLOW.

Marshmallow root, scraped and cut, 25 grammes ;
Water, 145 grammes ;
Simple syrup, 690 grammes.

Cut the marshmallow root in small pieces ; infuse them in water for twelve hours ; strain the liquid without pressure ; add the syrup ; concentrate by boiling until the proper consistency is acquired, and then strain through serge.

SYRUP OF ORANGE FLOWERS.

Orange flower water, 345 grammes ;
Loaf sugar, 620 grammes.

Make a syrup by simple solution of the sugar without heat.

SYRUP OF TAR.

Tar water of the silver pine, 345 grammes ;
Loaf sugar, 620 grammes.

Make a syrup by simple solution.

SYRUP OF CITRON.

Prepared with the distilled water of citron peel as syrup of orange flowers.

SYRUP OF ORANGE PEEL.

Prepared with water distilled from orange peel in the same way as syrup of orange flowers.

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

MEETING HELD WEDNESDAY, MAY 6TH.

The President, Dr. CHAMPNEYS, in the Chair.

ADJOURNED DISCUSSION ON DECIDUOMA MALIGNUM.

MR. KANTHACK said that in the main he agreed with what Dr. Eden had said last time (see MEDICAL PRESS AND CIRCULAR, April 8th, 1896) on this subject. He remarked that the descriptions given by the various observers differed very greatly, and the histological origin assigned also varied very much. From these descriptions one might classify them under three heads, viz., (1) from decidual cells, (2) from decidual masses, and (3) from mesoblastic tissue of the chorionic villi. The cases might also be classified under two chief headings, viz., sarcomata and carcinomata. If the large cells described were really connective tissue cells, growths springing from them must necessarily be sarcomata, while if the growth started from decidual cells they must belong to the carcinomata. If, therefore, a term were required to designate these growths the first variety ought to be called sarcoma deciduale and the other decidual carcinoma. With respect to the case described by Dr. Williamson in the Johns Hopkins Hospital Reports both the description given and the drawings proved the growth to be a sarcoma. In reference to Dr. Spencer's case he observed that it was often very difficult to make out the nature of a primary sarcomatous growth, but in secondary growths the character usually comes out clearly. It followed that as the secondary growth in the lungs was evidently sarcomatous the primary growth was also sarcomatous. If this were so the growth presented nothing remarkable. It would seem, therefore, that sarcoma might develop primarily in the decidua. Dr. Morison's specimen, which he had examined very carefully under the microscope, appeared to be an ordinary sarcoma, and the same remark applied to Dr. Hebb's specimen. Although in the last case the secondary growths were striking they did not prove anything in particular. The plasmodial masses found in decidua were often met with in certain sarcomata, while in the syncytium the cells were epithelial, and growths springing therefrom must be carcinomatous. It was necessary to bear in mind that decidual cells, which were connective tissue cells, were not necessarily charac-

teristic of pregnancy, in fact, they were often met with in diseased conditions of the uterus quite apart from pregnancy, as, for instance, in uterine sarcomata. In these cases it must be proved first that pregnancy existed, for if there was no pregnancy then the question of a decidual origin could not come in. Dr. Eden had pointed out that in some of the cases on record the existence of pregnancy was not proved. Then too the pregnancy must have existed before the commencement of the malignant growth, and he did not see what evidence there was of the pregnancy having antedated the growth. He thought the evidence was conclusive that such growths could not arise from chorionic villi. In short, in all the observations of alleged deciduoma malignum there was a *petitio a principii*. First it had to be proved that the malignant growth was the result of pregnancy or abortion, and it must be excluded that the malignant growth preceded the pregnancy. Dr. Spencer described the growth in the fundus as primary, and the cervical growth as secondary, on what appeared to be inadequate evidence. It was quite possible that the cervical growth was the primary growth, and if so it would be beyond the sphere of influence of the decidua. Sarcoma and pregnancy were both common enough, and an occasional coincidence need not excite surprise. If it were proved that a sarcoma could spring from the fetal ectoderm it would be something at present unknown in pathology.

Dr. CLARENCE WEBSTER, of Edinburgh, said that he, too, had been struck by the marked indefiniteness of the descriptions given by the various observers, and there did not appear to be anything in the clinical histories to throw any light on the subject. The growths were described variously as occurring during pregnancy, immediately after labour, or at some indefinite period thereafter. The growths, moreover, had been described sometimes as sarcomata, and at others as carcinomata, sometimes, indeed, as a mixture of the two. The origin of the growths was given in some instances as from the maternal portion, the epithelium, or connective tissue and even from muscle ; in others, as of fetal origin, either epithelium or connective tissue, while others, again, called them mixed maternal and fetal. Evidently, more had been comprised under this term of deciduoma malignum than was ever intended by the inventors of the term. Microscopically, the cases might be divided into two groups : first, those in which cells are found without syncytium, and those in which syncytium was found without other cells. Virchow and Klebs had asserted that the uterine mucous membrane was more frequently the seat of mixed sarcomatous and carcinomatous growths than any other tissue in the body, and this added to the difficulty of the question. It was not strange that there should be a tendency to large-cell formation in growths connected with pregnancy, for, obviously, the existence of these large cells in the uterus might influence the characteristics of the new growth. The question of the existence of such large cells in the uterus, apart from pregnancy, was a difficult one, and could not be regarded as settled, but it had been shown to be impossible to exclude the possible influence of a past abortion in these cases. The existence of large-celled sarcomata in relation to pregnancy either recent or at some previous time was not in itself remarkable. Class II was the most difficult and delicate to decide. If there were a tumour and metastatic growths in which plasmodial or syncytium were present in both primary and secondary growths, either it was purely maternal, or from intercellular tissue, or it was fetal alone, i.e., from the epiblast or mesoblast, or from the epiblast entirely ; or it might be maternal and fetal mixed. He opined that the syncytium had been proved to be the outermost layer of the fetal epiblast, formed very early in embryonic life. If one compared the decidua vera and serotina up to the sixth or eighth week it would be seen that syncytium was found in relation to the serotina alone, and not in relation to the vera until the fetal envelopes in the course of development come into contact with the latter. Otherwise the changes in the mucosa were the same.

Dr. FOTHERGILL, of Manchester, observed that the origin might be referred to four tissues, two maternal and two fetal, viz., the maternal connective tissue and the maternal epiblast, the fetal epiblast and the fetal connective tissue. A tumour derived from the maternal connec-

tive tissue might fairly be called a sarcoma, and if from the epiblast a carcinoma, but there was absolutely no reason why such growths should receive a special name. It might not have been previously understood that pregnancy could act as an irritant or stimulant of these pathological changes, and in future this source might be included to their list of causes, but that was not a reason for giving the growths themselves a fresh name. The descriptions and the nomenclature given in the recorded cases varied very much, indeed many of them left it quite uncertain whether the origin was in maternal or fetal tissues. He thought syncytium might safely be regarded as a fetal structure, and the tumours described as deciduoma malignum might be taken as springing from the fetal epiblast. If, however, that were so, it was a new discovery, for there was no reliable evidence of growth of the connective tissue after the death of the fœtus.

Dr. LEWERS brought a specimen from a case which he had shown before the Society some years ago, the clinical features of which resembled those of Dr. Spencer's case. There were sarcomatous masses in both the cervix and the body of the uterus, and there were also secondary growths in the lungs and vagina.

Mr. BLAND SUTTON said that when he read Sanger's and Pfeiffer's cases it at once occurred to him that they were tumours of the connective tissue type probably arising in the decidua, and he had thought therefore that they ought to be included in a fresh group. He pointed out that although connective tissue was ubiquitous it varied greatly in different parts of the body, and the nature of the connective tissue from which a tumour sprang could influence its characteristics very greatly. Every tissue in a malignant growth had its physiological prototype and it was possible to define what kind of growth would be likely to occur in particular parts, from a study of the particular formation of the connective tissue in that situation. In respect of uterine growths he observed that among others they might have two kinds of sarcoma, the common spindle-celled sarcoma from the connective tissue, and another kind from the mucous membrane. If this arises within two or three months of pregnancy he would expect to find decidual cells in great quantity. He believed that very few of them were really familiar with the appearances of normal decidua, to say nothing of diseased conditions, and this fact might account for much of the confusion that had arisen. The discussion might serve the useful purpose of stimulating men to make routine examinations of the cases which came under their notice. His own view of the so-called deciduoma malignum was to regard it as a sarcoma arising in decidual tissue. With regard to the other varieties described by German and other observers, it would be prudent to preserve an attitude of active scepticism, their occurrence being at any rate not probable, and their existence not having so far been demonstrated.

Mr. ALBAN DORAN said he was driven to the conclusion that these growths did not exist, or that their nature and origin had been overlooked. The great objection was that though millions of women became pregnant, very few had sarcoma of the uterus in connection with pregnancy. As sarcoma of the uterus was a recognised disease, the chances of coincidence were in any case very great.

The PRESIDENT admitted that the question was one of very great difficulty, and he feared that Mr. Sutton's reproach was more or less justified. If it existed, it would hardly be a new disease, and one would like to know what it was called before this term was applied to it. He thought the general sense of the meeting was that they were not as yet prepared to accord to these growths a separate place in the catalogue of diseases.

Dr. SPENCER pointed out that while in his specimen the cervical growth appeared as large as that in the fundus, large masses had been removed during life from the latter, and it was obviously the earlier growth. It had been urged that there was no evidence of pregnancy not having preceded the growth, but he argued that it must be rare to meet with pregnancy in a uterus with a malignant growth of the fundus. He expressed the opinion that all growths containing large masses of syncytium must be taken as arising from fetal structures.

Dr. EDEN observed that if they admitted certain of the recorded cases, they would be obliged to face the possibility of there being uterine growths which could not be classified as sarcomata or carcinomata. He raised the ques-

tion whether the syncytium possessed any distinctive features which enabled them to distinguish it from plasmodial masses from any other source. It was evident that if they admitted the presence in such growths of chorionic villi, there was no term by which to describe them, but if this were not conceded, then such growths could be described as either sarcomata or carcinomata.

HARVEIAN SOCIETY.

MEETING HELD THURSDAY, MAY 7TH, 1896.

The Vice-President, WM. HILL, M.D., in the Chair.

Dr. A. T. SCHOFIELD read a paper on "Mental Therapeutics," which will be found in another column.

In the discussion which followed, after a few remarks from the Chairman,

Dr. SANSOM said that Dr. Schofield's paper contained many observations of interest and value, but it was difficult to seize upon such points for discussion as should be of practical usefulness to the physiologist and physician. The scope of mental therapeutics included hypnotism and mesmerism, and these subjects presented points of interest, theoretical and practical. In the production of states of unconsciousness (sleep and trance) or of sub-consciousness (unconscious cerebration) it would seem that the first agency proceeding from the hypnotist or mesmerist was upon the visual centre of the subject, and that there followed a modification of the conditions of nutrition of the cerebral hemispheres—slowing of heart, contraction of arterioles, arrest of nutritive supply, disturbance of lymphatic circulation, accumulation of products of retrograde metamorphoses. A word of protest ought to be entered against the senseless exhibitions of hypnotic trance which have been in vogue lately. The condition of trance is one of danger, slight causes may turn the scale to death. It should be realised that Colonel Townend died in the course of a self-induced trance. In the abnormal states of thought and action involved by the hypnotist it will seem that the arterioles permit vascular supply to some areas of cerebral matter whilst cutting it off from others. These perverted mental states are nothing less than an artificially induced insanity. The protraction by the hypnotist of abnormal states, whether of trance or of unconscious cerebration in the healthy subject ought to be deprecated as outrages on the sanctity of bodily and mental health. The methods may be legitimate enough in disease, but they should be undertaken only by duly qualified persons, and with a due sense of responsibility. An illustration was given of the possibly beneficial induction of hypnotic sleep in disease. As to the value of suggestion in morbid states—of wishing, hope, and cheerfulness—there could be no doubt. Dr. Sansom could not follow the author in speculations as to the supra-conscious state. For the scientific observer thought it the outcome of the reaction of force and matter. It follows that any hypothesis of force without matter is unintelligible to the human mind. Then comes in authority. Far be it from the imperfect human mind to decry the authority that is Divine. Instances of the influence of the noble and religious thoughts of an elder person upon the yet unformed cerebral mechanism of the young are manifold. And in the case of the aged the consolations of spiritual things in overcoming the sufferings and miseries of the body are in like manner proved by experience.

Dr. FRANCIS WARNER remarked that the influence of the body over the mental condition of the brain was more likely to prove a fruitful subject of scientific study than following questions of metaphysical psychology. He narrated cases of weak-brained patients who readily fell into a hypnotic condition if looking fixedly towards a bright object; or even, when looking for many moments at a teacher performing physical exercises for imitation. He then referred to the objective phenomena observed in sleep—physiological unconsciousness—and remarked on the contracted pupil in sleep in contrast with the dilated pupils seen in mental excitement as a point observable by those in charge of children, and an indication of the need of mental rest.

Mr. PARKER YOUNG, after alluding to the remarks of the two previous speakers on hypnotism, related his own

personal experience as an hypnotist, and then gave as his opinion that if the profession were to pay more attention to the suggestions of Dr. Schofield more cures would result in practice, and he believed, further, that if less value were placed on the innumerable drugs now prescribed, and the mind more influenced in the right direction, we should get better results. He thought the so-called case of cure mentioned by Dr. Warner, in which Dr. Savage (after making a minute examination of the head of a lunatic, and then ordering the head to be blistered) proved the efficacy of the Author's recommendations. He believed the reason why so many men in our profession did not succeed was because they neglected the mental condition of their patients altogether. The terms used in the paper were new, they required to be well considered, and thought over, and he expressed a hope that the Society might do this by the Author printing his paper, which was most important and interesting, and, he believed, would result in advancing the science of medicine considerably.

Dr. SCHOFFIELD replied, and the meeting adjourned.

Stance.

[FROM OUR OWN CORRESPONDENT.]

PARIS, May 16th, 1896.

TUBERCULOUS MENINGITIS.

DR. LAZARD relates a case of tuberculous meningitis treated by him by the operation of Quincke—tapping the spine in the lumbar region. The patient, aged thirteen months, was brought to him by its mother in the first week of April. Up to that time the child was in the best of health, but for two or three days it had a slight cough, with a little fever, and slept almost continually. There was neither vomiting nor intestinal trouble. A few days afterwards, the cough got better, but the somnolence continued, and the child was peevish. On closer examination M. Lazard remarked that the anterior fontanelle, which was still patent, was slightly prominent. The next day convulsions set in, followed by contractions and paralysis, while through the fontanelle a certain amount of liquid could be felt. Believing that the subtraction of some of the cephalo-rachidian liquid might give relief, he called in his colleague, Dr. Variol, who consented to operate. At the time of the operation and for some time previously the infant was in profound coma.

M. Variol inserted the needle of the aspirator between the sacrum and the lumbar vertebra about half an inch from the median line and a little obliquely for about an inch. After a few minutes the liquid began to ooze drop by drop, so that at the end of an hour nearly an ounce and a half was drawn off. The effect on the patient was not very considerable, it seemed, however, to have regained consciousness to some extent so that the mother thought that her child would recover, but the following day it died. In commenting on the case Dr. Lazard said that, the operation, which is quite simple when done between the sacrum and the last lumbar vertebra or between the two last vertebræ, can only be considered as palliative, and in his hands at least did not affect the results claimed for it by Quincke.

ARTIFICIAL SERUM.

At the Société de Biologie, M. Legais presented a young man on whom he had practised laparotomy and sutured a ruptured intestine which had provoked acute peritonitis. The patient recovered after having received 26 litres of serum by intravenous injections. He furnished also to his colleagues the following list of equally successful cases treated by the above method :—

A lad, æt. 17, suffering from acute osteo-myelitis of the left femur, fell into an alarming state after operation; the fever ran high, and the pulse flickered. Fourteen litres of serum were injected in five days with excellent effect. The fever fell, and the general symptoms improved, and at the moment of speaking, the patient was making a good recovery.

A man, æt. 52, knocked down by a train, had his foot and arm crushed, and other parts of his body more or less bruised. A double amputation had to be performed; the patient was much agitated by fever, rigors, and delirium. Fifteen litres of serum were injected into the veins in the space of four or five days, producing a rapid improvement in the general condition; he was now entirely convalescent.

A young woman, æt. 21, pale and emaciated, entered the hospital for an ovarian kyst. The day following the ablation she was seized with vomiting, the hands were cold, and the wrists pulseless; death was imminent. Three litres and a half were injected at once, and two more, three hours afterwards. The patient quickly rallied, and has since gone on well.

In concluding, M. Legais said that even in the most desperate cases injections of serum always produced a certain improvement, retarding the fatal termination several hours, if not days, and even when given in massive doses were inoffensive.

In infectious maladies, where the kidneys act well, they frequently attenuate the virulence and produce most unhoped-for results, on the condition that they are given every day for some time, and that large quantities are used (two or three litres) at each *séance*.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, May 15th.

A NEW METHOD OF INDUCING ABORTION.

DR. A. DUHRSSEN, in the Sambraal Klin. Vorw., No. 131 describes a new method of inducing abortion, as practiced by himself in 19 cases. In all cases under seven months, whether he wishes to empty the uterus of all its contents, whether of the entire ovum or of the placenta alone, or whether the os uteri is partly open or entirely closed, he packs the uterine cavity with as much iodoform gauze as it will contain, and then fills the vagina with salicylate wadding.

In a few hours the pains begin, and then cease in a few hours more, and at this time any bleeding present will also have ceased. When the pains have ceased it will be time to remove the tampons, and on doing so it will generally be found that the fetus and placenta are already in the vagina, or when the ovum is small in the balloon-shaped cervix, the internal os and fundus uteri being well contracted. In some cases the strength of the pains will have expelled the uterine contents and also the tampons through the vulva. The further advanced the pregnancy is the more certain is the activity of the tampons on the uterus. He thinks that for the cautious practitioner this will prove to be an excellent and safe method of emptying the uterus.

At the Congress for Medicine a discussion, introduced by Hr. Ewald, Berlin, and Brune, Tübingen, took place on THE THERAPEUTICAL EMPLOYMENT OF THYROID PREPARATIONS.

The first speaker began by saying that Baumann's dis-

covery had enriched our armamentarium, but that it would not revolutionise our knowledge and activity. Thyroidine contained nearly all the active constituents of the gland, and might replace the various extracts and dry preparations. It was a distinct advance that we were now acquainted with a comprehensible and clearly recognisable constituent of the gland, and were possessed of a measure of the capabilities of a given quantity of gland substance. By means of his thyreo-antitoxine Fraenkel had succeeded in curing animals that were in a condition of tetanus resulting from thyroectomy. Observations as to the iodine contained in the gland were not reliable. The substance used by Kocher, jun., and Fraenkel must have been different from that employed by Baumann, and until quite lately it was not at all quite clear how these inquirers could obtain specific results with these preparations. Baumann had, however, furnished an explanation. This was to the effect that thyroidine is present in the gland as such only in minute quantities, but that there is much more thyro-iodine albumen and thyro-iodine globuline. Both bodies were extracted by water; they were then precipitated, the precipitate was then decomposed by boiling in sulphuric acid and alcohol, when thyro-iodine was obtained. As regarded the action of thyroid extracts, two components were to be distinguished; one was the objective demonstrable, tissue changes, the other the subjective symptoms, which ranged from slight derangement to the most pronounced appearance of illness—thyroidism. There was no doubt that thyroid preparations, both in the healthy and the sick, might increase the tissue changes to an extreme degree. They might set up anorexia, increased pulse frequency, giddiness, and palpitation, stenocardiac attacks, &c., such as were met with, with rapid melting away of the albumen and fat as in the Banburg and Schweninger treatment. These might be avoided with caution. There was no special poisonous action. A Marienbad "cure" sometimes produced a similar condition. But all the symptoms could not be attributed to increased tissue changes any more than in Basedow's disease. Some of the symptoms might be due to bye or poisonous action, for instance, those first described by Mackenzie, and bacilli had been found in some of the English tablets. In a large series of cases no variation in the tissue change could be discovered. Whence this variability arose was unknown. Sometimes an improvement in the condition of a myxœdema was seen after one gramme, often after ten, and often not at all.

He grouped the physiological and pathological observation together. A specific secretion was produced in the thyroid, an organic iodine compound, in which the iodine was in firm combination. The iodine might amount to 10 per cent. of the whole. This secretion was being constantly distributed into the circulation, where it served for the destruction of certain poisons of an unknown nature, the existence of which was demonstrated by toxic symptoms, and which appeared after the loss of the gland or of its function (athyreosis or ekthyreosis). The secretion acted as an antitoxine. If it were absent these toxins accumulated, and tissue changes were retarded. If secreted too copiously, or introduced from without, beyond the point of neutralisation, the specific action of thyroïdine took place. It might be compared to the stomach. As in the one we had the condition of hyperchlorhydria, enchlorhydria, and hypochlorhydria, so in the thyroid gland we had hyperthyreosis, enthyreosis, and hypothyreosis.

The treatment had to be lifelong, as the disease returned as soon as it was omitted. Animal diet retarded the action of thyroïdine and vegetable diet was to be preferred. It was the same with sporadic cretinism and infantile myxœdema. Endemic cases of cretinism should be removed from the surroundings and treated with thyroïdine as speedily as possible. Endemic cretinism was the resultant of two factors, local infection, and the thereby induced degeneration of the thyroid gland. The action of the extract on certain skin affections, particularly psoriasis, had been made known by English and American writers. Its action in obesity was beyond doubt. An exaggerated tissue change and melting away of fat were to be assumed. Why certain fat people were refractory he could not say. At any rate, we had in the thyroïdine preparation a remarkable remedy for obesity, and the injurious bye effects would in time be avoided more and more.

Its usefulness in tetanus was doubtful. Some observers had spoken well of it, others had seen no good results. But tetanus and tetanus were very different things. In epilepsy, psychosis, acromegaly, and rickets, the results were doubtful, and were worse with Basedow's disease. He had seen no good results in this disease, but had seen it rendered transiently worse. How far reported successes were reliable he could not say. In regard to goitre he agreed with other observers.

He concluded: In thyroid treatment we have an agent in our hands as powerful as it is often enigmatical. The practical perspicacity of Anglo-Saxon neighbours first of all led the way rather empirically to this treatment. We, as Germans, may be proud that it has fallen to two of our countrymen to furnish the scientific basis for it. Schiff first furnished the physiological basis, Baumann by his epoch making discovery of thyroïdine then cast a new light on these so-called dark regions.

THE JENNER CENTENARY.

The Centenary Exhibition in Berlin, in honour of the discovery of vaccination, contains an interesting collection of the most various objects illustrative of the history of vaccination, together with the literature of the subject, but it cannot boast a copy of the first edition of Jenner's Treatise of 1798. The Municipal Authorities of Bückeberg—where the anniversary of the first inoculation is celebrated annually as a children's *fete*—have lent the Exhibition various objects, including an old portrait of Dr. Jenner which belonged to Dr. Faust, a contemporary of Jenner, and the first German doctor who performed vaccination. Dr. Pfeiffer, of Weimar, has also contributed his collection of eighty-three medals struck in honour of Dr. Jenner and his discovery.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 15th, 1896.

COXA VARA.

FREY showed to the members of the Medical Club a patient suffering from static flexure in the neck of the right femur. In walking he falls to the one side; on sitting down he must have one leg folded over the other. The right, or affected leg, is undeveloped muscularly. The head of the femur can be felt moving in the joint, while the movements of the limb are greatly impeded on rotation

inwards or outwards, and abduction is impossible. The top of the trochanter is two and a half centimetres above the line of Nélaton. According to his own statement, he had suffered two years ago from a weak, weary feeling, followed by pain in the hip, which radiated down the leg to the knee, which justified the diagnosis of coxa vara.

The first of these cases seem to have been recognised by Ernest Muller who demonstrated a pathological preparation showing a simple bending in the neck of the femur. One of the prominent features in the specimen is the measurement from the anterior superior spinous process to the malleolus externus which is shorter in the affected leg, but when measured from the trochanter to the malleolus both legs are found to be equal in length.

The angle between the shaft and the head is usually less than normal as the neck is found to be bent forwards and upwards. Before Muller's demonstration this affliction was classed among those of coxitis, from which it materially differs by the easy flexion of the leg.

The treatment first adopted in these malformations was resectio subtrochanterica, but Kraske has somewhat modified this operation by an osteotomy, whereby a wedge of bone is removed whose base is forwards and upwards; a line of treatment he purposed following in this case.

PARALYSIS OF THE SPINAL ACCESSORY.

Eisenschütz presented a young man to the meeting with paralysis of the external branch of the accessory after an operation for tuberculous glands of the neck. The right shoulder appeared to the observer raised and drawn forward from the paralysis of the trapezius and sternocleido mastoideus. The internal margin of the scapula was lowered and almost horizontal owing to one part of trapezius (anterior of which is supplied by the cervical nerve) being intact from another nerve source.

TYPHOID DIAGNOSIS.

Singer brought forward a case of typhoid which possessed considerable interest from the complicated clinical history. The patient was æt. 21, of a tuberculous diathesis. When six years of age she suffered from measles, which left a discharge from the left ear. In 1889 an operation was performed by Politzer for chronic inflammation of the mastoid, and was afterwards repeated so often that the result was an atresia of the outer ear. About January 21st of the present year the patient felt weary and fatigued, with headache and exhaustion. The cephalalgia increased till the 28th, when she had a rigor, when she was at once conveyed to Pal's ward, with a temperature of 39.3° (= 102.7° Fahr.), which subsequently continued for some time. Along with this headache there was persistent and obstinate vomiting; enlargement of the spleen, and the abdomen was flat. The pain, though slight, in the head was somewhat local at first, but ultimately became general, causing stiffening of the neck, with hyperæsthesia.

From these observations and recorded facts in the history, meningitis was the first morbid condition that was apprehended, for which an operation was presumptively anticipated as the formation of an abscess was highly probable. Typhoid fever was also suggestive from many of the symptoms, and to eliminate this a preparation of the blood was made for microscopic examination, when the pathognomonic symptom was discovered, viz., *Hypoleucocytosis*. This discovery led to a closer scrutiny of the clinical history of the patient before admission to hospital. It was then discovered for the first time that she had attended typhoid patients, and in the performance of her

duty had used some of the utensils in the cooking of her own meals. A further bacteriological examination was made of the urine at two different times and on both occasions typhoid bacilli were present. A few days later the roseolar rash was quite distinct, which left no doubt of the true diagnosis of the case and destroyed all thought of any operative interference.

CHILDREN'S HOSPITAL REPORT.

From the report of the Leopold Städter Hospital we learn that 1,02 children have been treated, of whom 714 were cured, or 73.98 per cent; 39, or 4 per cent. have been improved; 202, or 21.97 per cent. have died. Among the special diseases were 217 cases of diphtheria, of which 43 died, or 19.8 per cent. against 34.9 in the previous year. Two hundred and five of these cases were treated with serum, of which 40 died, making 19.5 per cent. Of measles there were 172 treated, and 40.1 per cent. died; of scarlet fever 235, of which 20.1 per cent. died. The large number of deaths from measles is noteworthy.

The Operating Theatres.

ROYAL FREE HOSPITAL.

RADICAL CURE.—UNUSUAL ANATOMICAL ARRANGEMENT OF RING.—Mr. BATTLE operated on a young man, æt. 24, who had suffered from inguinal hernia on the right side for some months previously; the hernia was of small size, but came through an opening which was peculiarly quadrilateral in shape with very sharply-lined edges. After incision of the skin and subcutaneous tissue, a very thick well-developed muscular layer was found enveloping the cord; search beneath this showed a thin sac, the lower part of which extended into the upper part of the scrotum; this was separated from the surrounding structures ligatured at the neck, and then cut off below the ligature. The neck was curiously hidden by the external pillar of the external ring. The conjoint tendon was then sutured with silk sutures to Poupart's ligament and the external pillar of the ring. The external ring was next sewn up, and required four silk sutures to effectually close it. The external wound was brought together with silk and dressed with cyanide gauze. Mr. Battle remarked on the somewhat unusual disposition of the parts; the large square-shaped external ring would have given passage to a hernia far larger than the one from which this patient suffered, and whilst the external pillar was normally inserted, the internal pillar was attached much to the inner side of its usual point. The conjoint tendon extended further out than in general so that that the internal ring was below and external to its usual point, and when the neck of the sac was ligatured, it was secured well under the cover of the external pillar of the ring. The muscular tissue was well developed, and the muscles large, the cremaster being, as noted during the operation, especially thick.

OPERATION FOR RUPTURED PERINEUM.—Mr. BATTLE operated on a woman, æt. 40, a multipara; she was torn at last confinement some years ago, but had always refused to have anything done to close the wound until latterly when there had been tendency to prolapse of the uterus, a feeling of weakness, and dragging pains. She had a rupture of the perineum, stopping short at the sphincter ani, but the muscle was evidently weakened. The uterus came low down, and the cervix was slightly enlarged, there being also some endometritis. The operation was performed after the method of Lawson Tait, but no transverse cuts

were made at the extremities of the long incision. The long incision was made with a knife from side to side about half an inch from the lower border of the scar, and continued upwards into the labium on each side for what was considered a sufficient distance; a flap was then carried forward for about half an inch in the middle line, sloping gradually outwards to the extremity of the incision; this had to be done somewhat carefully, on account of the thinness of the partition between the vagina and rectum; a posterior flap was then lifted in a similar manner for about half an inch. There was a little troublesome hæmorrhage from some dilated veins which had to be arrested by ligature, but otherwise the bleeding was unimportant. The wound was doused with 1 in 1,000 hot perchloride of mercury solution and fish gut sutures inserted from behind forwards. The first three or four were carried through tissues in the septum so that they were hidden throughout the whole of their course. The others were inserted so as to include the flap on each side and the central part of the flap which had been dissected forwards. Finally, the central point of the anterior flap was sutured to the ends of the long incision which joined accurately in the middle line. The perinæum thus formed was a good one, having the normal shape and depth. Iodoform dressing was used, and a morphia suppository introduced into the rectum. No catheter was left in the bladder, but directions were given that one should be passed every four hours. Mr. Battle said he considered this method of operation was easier to perform than many of those described; it took less time than most, and the result was extremely good. He did not make transverse cuts, as already pointed out, because the incision of itself opened so readily that a good broad surface showed itself quite wide enough to ensure strong and good union. He also pointed out that it was fortunate this patient had not suffered as much as many from the consequences of a ruptured perinæum, although the cervix uteri was enlarged and there was some endocervicitis, the whole uterus was not affected, and the slight scraping of the cervix done at the operation would probably suffice to effect the cure. One cause of the comparative failure of an operation for this condition was, he considered, due to the fact that a large heavy uterus pressed on the newly formed tissue and caused it to yield; this was chiefly the case where the operation had been performed after many years, the uterine disease not having been corrected beforehand and the patient had been allowed to get up too soon.

It is satisfactory to state that the wound healed without suppuration, and that the patient has experienced but little discomfort.

As an outcome of last year's grave outbreaks of cholera and enteric fever, the authorities in India have now issued orders that the "mussuek" (sheepskin) is no longer to be used for water carrying purposes, at least, where drinking water is concerned. Metal buckets are to be issued as substitutes, and drinking water is to be boiled before use, and issue of fuel being provided to facilitate the precaution.

THE Islington Guardians have agreed to purchase from the Metropolitan Asylums Board the small-pox hospital, at Highgate Hill for £52,500. The hospital, which stands on nine acres of ground, is to be converted into an infirmary.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 20, 1896.

FINGERS VERSUS BUTTONS IN INTESTINAL SURGERY.

SUCCESS in abdominal surgery has been truthfully said to be the reward of attention to details, and the various improvements, real or fancied, which are continually being made in this department bear on points of *technique* which, if small in themselves, not unfrequently prove of capital importance in determining the ultimate result of the operation. Not many years ago, Senn of Chicago, startled the surgical world and won for himself a European reputation, by introducing the use of decalcified bone plates for the purpose of securing close and firm apposition of the apertures of communication between the hollow viscera. His results were so remarkable that it seemed for a time as if in future their use would be virtually compulsory. His idea was soon followed up by other surgeons, one American and one English, Dr. Murphy of Chicago, and Mr. Mayo Robson of Leeds, of whom the former introduced the button, which bears his name, and the other a bobbin, or reel, which is also known by the name of its inventor. These mechanical contrivances have now been long enough before the surgical world for sufficient material to have accumulated to enable us to form an approximate opinion as to their merits, and this was done in a singularly able and lucid paper read by Messrs. Ballance and Edmunds at the last meeting of the Royal Medical and Chirurgical Society. The result is somewhat unexpected, for in this paper is read the condemnation of all such contrivances, the use of which, in the authors' opinion, and their opinion is based on an elaborate series of experiments and

observations, ought to be restricted to special cases. Speaking generally they are of opinion that, in the language of Mr. Harrison Cripps, a staunch adversary of mechanical aids to intestinal anastomosis, the surgeon's fingers are the most efficient apparatus for the purpose. This is rather a blow for Dr. Murphy, whose button has been lauded as a triumph of mechanical ingenuity and surgical skill, but the decision has evidently been arrived at after full consideration of the statistics and of the results obtained in experimental operations in animals. Another curious fact is that not a surgeon was found to take up the brief for the defence. Mr. Bryant, it is true, reserved the right of employing one or other of the devices in exceptional circumstances, of which he gave a very apposite instance, but this is a singular contrast to the enthusiasm with which Mr. Herbert Allingham, for example, among other surgeons, holds them. The main objection to Murphy's button is that so long as it is inside the intestine it is necessarily a source of grave danger to the patient, and instances are tolerably abundant in which its presence, before, as well as after, breaking loose, has determined serious and even fatal lesions. Mr. Cripps, indeed, went so far as to say that, acting on strictly surgical principles, his first impulse on hearing that such a body was lying in the intestine would be to re-open the wound and remove it. Nor is it the only objection. The size of the bobbin employed is necessarily limited by the calibre of the intestine, and the result is that even with the largest size that can be utilised the passage left for the passage of fæces is comparatively small. Then, too, the pressure of fæces along the intestine is very liable to be prevented by the pressure of the bobbin on a neighbouring coil of intestine, instances of which were furnished by Mr. Bidwell and confirmed by the authors. Incidentally the effects of the various sutures was discussed. Against the Lembert suture it was shown that when employed in dogs, and also in man, there results an infolding of the intestinal wall, which practically constitutes a diaphragm, the effect of which must be to hinder the passage of fæces along the intestinal tract at the point of anastomosis. This objection does not apply to Halstead's method, nor, as far as we could gather, to Maunsell's method. These conclusions may bring comfort to the minds of surgeons who pride themselves on having acquired special dexterity in the application of the complicated sutures which are to render the patient secure against the formidable consequences of fæcal extravasation. These, moreover, contumaciously deny the one remaining advantage claimed for such contrivances, viz. : that their use materially shortens the duration of the operation, which, if true, would be a point of considerable importance. Their contention is certainly correct if surgeons follow the practice introduced by American surgeons of putting in a second row of Lembert suture in order the more certainly to safeguard the patient against leakage of intestinal contents. To sum up the question, it would appear that no plate or button or bobbin affords as great protection against fæcal extravasation as is provided by the skilful surgeon with his fingers in the

application of sutures, and unless very cogent arguments are brought forward on the other side, for we have so far only heard one side of the problem, their uses will in future be restricted to special cases in which the ordinary sutures for some reason cannot be employed. It is perhaps to be regretted that the partisans of these contrivances abstained from joining in the discussion. We get a discussion at one society at which the bobbin surgeons have it all their own way, and then within a few weeks or months we are treated to another discussion at another society where the iconoclasts carry all before them. Under these circumstances the battle has ultimately to be fought out in the medical journals, which, after all, possibly offer a better field for arguments largely based on statistical results.

THE BREAKING STRAIN.

THE old problem of the reason for the mortality which is the inherent characteristic of differentiated protoplasm still possesses the invincible attraction which it has exercised over countless generations of our predecessors, themselves subject to the inexorable law which decrees and carries into execution the disappearance of the individual and the perpetuation of the species. The brightest intellects have scrutinised in vain the processes of nature as exemplified in the phenomena of biology, in search of a clue which should enable them to understand the immutable provision in virtue of which the tissues which are the seat of the complex interchanges which constitute life at last undergo deterioration, decay, and die. Anatomists have teased out the tissues to their ultimate ramifications, and physiologists have thrown the light of the microscope and the test-tube on the metabolic processes which, during life, provide for the nutrition of the organism; but the "unsolved supreme attraction" remains unsolved, and we are still profoundly—pitifully—ignorant of the reason why the vital processes undergo retrogression and ultimate death. There is no answer from the tissues "telling us where life has been, whence it issues." The subject, in spite of the sterility of all attempts to elucidate it, is, nevertheless, well worthy the consideration of the philosophical physician, using this designation in its wider acceptance, and for this reason the scholarly discourse of Dr. Allchin, of which we publish an abstract elsewhere, is sure to command respectful attention. Not, indeed, that he claims to have succeeded where so many other intellects of the highest order have failed. He does, however, throw a glimmer of hypothesis in regions hardly accessible even to the boldest flights of human speculation. The problem is one which had for years enthralled the genius of Brown-Séquard, indeed, his ideas on the subject, being so startlingly in advance, or shall we say at variance, with our present ideas, well nigh brought into possibly unmerited contempt a reputation established on a life time of solid and conscientious observation. Is it possible, as suggested by the orator, that there is a substratum of truth underlying the hypothesis which it is the present custom to allude to only to deride? Our

reproductive cells represent the only physiologically immortal parts of us, our whole life is apparently centred round them, our growth, our development, our very existence, have apparently but one object—their production, and when this function ceases our physiological existence is virtually at an end and there remains for us but to die. Is it, as Dr. Allchin suggests, that the abrogation of this function deprives the organism and the protoplasm of which it is built, of the stimulus necessary to the metabolic changes upon which depend the maintenance of the tissues? Even if we concede this bold hypothesis we are fain to admit that the question is but shifted. Why does the stimulus cease? The activity of the reproductive processes is more or less an indication, if not a corollary, of the vitality of the particular organism, and economy in this direction is no guarantee, even remote, of longevity. If reproductive fatigue be the antecedent of mortality then the unmarried, or at any rate the continent, ought to gain a prolongation of life, but this we hasten to affirm is contrary to observation and experience. While, therefore, we are grateful to Dr. Allchin for having led us into pastures, which, if not new, are comparatively unfrequented, we feel somewhat despondingly that he has but stirred the embers of a fire, a desire for a knowledge of the unknowable, which has burned within the bosoms of humanity ever since the dawn of reason.

SIR JOHN WILLIAMS AND THE QUESTION OF PRIVILEGE.

FOR many reasons, we should be glad to avoid any reference to the recent case of "*Kitson v. Playfair*," for we cannot but think that both parties were greatly to be pitied for the misunderstanding that arose between them. There is one question, however, which was introduced in the course of the action, of serious importance to the public and the profession at large, though it had really little or nothing to do with the case itself, namely, the question of "privilege." In an annotation on the 5th inst., we remarked that in the trial in question Sir John Williams had stated that the Royal College of Physicians had published their opinion on the question of privilege in regard to the divulging of professional confidences. In reply to this, Sir John stated in our last issue that this was not so. It is in consequence of this letter that we feel compelled to deal rather fully with this subject. This letter was dated April 10th, although we received it on May 11th. We draw attention to this little inaccuracy as an indication of want of care on Sir John Williams' part, which makes us hesitate in accepting very readily his correction of the report in the *Times* of the answer which he gave to Mr. Justice Hawkins, relating to the Royal College of Physicians of London. If the *Times* was incorrect in its report, the same must be said of other leading journals, but whatever Sir John Williams may think he said in court, or meant to say, it is far more likely that the *Times* was correct than otherwise. We now proceed to ask some questions as to what really has occurred at the Royal College of Physicians. We cannot understand what Sir

John Williams means by saying that "the subject has not been considered by the College of Physicians," and yet that "the last legal opinion upon that question obtained by the College of Physicians is 'yes.'" "It looks as if the College must have had the subject under consideration, for their sub-committee was appointed on November 22nd, and we believe that Sir John Williams was a member of it. We think that the College of Physicians ought now to make known to the profession and the public what the legal opinion was to which he refers. It was quite clear that Mr. Justice Hawkins took a very different view from that expressed in this "legal opinion" if Sir J. Williams stated it fairly in Court. It would be well for the College to have another opinion from counsel if this is the case, for the view taken generally, as expressed by Mr. Justice Hawkins, of what ought to be the conduct of medical practitioners in cases like that of *Kitson v. Playfair* does not agree with that now advanced, we presume, by the College of Physicians. It is very likely from the way in which Sir J. Williams has acted that he has not stated quite correctly what the legal opinion is which the College of Physicians has received from its learned counsel, for whose reputation and character we think the College ought to be careful. We can well understand Mr. Justice Hawkins saying, "Well, it will make me chary in selecting my medical man." If the College of Physicians thinks that it is quite superior to public opinion and to that of the great body of the profession, we predict for it consequences sooner or later of no pleasant character. The Fellows of the Royal College probably feel but little interest in such a case as that of *Kitson v. Playfair*, but they ought to be careful how they allow the name of their College to be mentioned in Court, and their Senior Censor to give evidence which brings them into a position not consistent with that high character which ought never to be assailed without notice. Apart from the honour of the College of Physicians itself, and quite apart from professional advantage, it is of serious import to preserve that confidence which patients have felt would never be abused, and in which it was such a relief to the sufferer to indulge.

Notes on Current Topics.

The Apothecaries' Hall of Ireland and the Privy Council.

THE appeal of the "Hall" from the decision of the General Medical Council was heard by the Privy Council on the 11th inst. It will be recollected that after the conjunction between the "Hall" and the Irish College of Surgeons had been dissolved the "Hall" applied to the Medical Council for power to appoint surgical examiners, as indicated by the Medical Act, to enable it to carry on its examinations. The Medical Council refused this application, and the "Hall" had, therefore, no alternative but to avail itself of the appeal to the Privy Council provided by the Act, for bodies which feel themselves aggrieved by the decisions of the Medical Council. The "Hall" enforced its appeal by

representing that it had been disfranchised because one single candidate had been, against the judgment of the inspectors, passed through one single subject of an examination of which the inspectors approved, and, furthermore, by the suggestion that the "Hall" had been prevented from carrying on its examinations to perfection by reason of the persistent hostility of the Irish College of Physicians, which is really the accusing party in the dispute. The Medical Council answered that, on several occasions the examinations in medicine of the "Hall's" conjunction were reported by the Council's Inspectors to be defective and insufficient, and, as a matter of course, it disclaimed all hostility or partiality against the "Hall." The hearing of the case by the Privy Council has, so far, resulted in a score for the "Hall." The Privy Council did not see its way to grant Examiners in Surgery only, inasmuch as it was not in that subject that the tests were declared to be defective, but it seemed to consider it reasonable that the Medical Council should enable the "Hall" to carry on by granting Examiners in both Surgery and Medicine, and it adjourned the further hearing of the matter to allow of the "Hall" making such application to the Medical Council. That application will be heard by the Medical Council at its meeting in June, and it remains to be seen whether the combined forces of the English and Irish Colleges of Physicians will be strong enough to defeat the "Hall" and the considerable section of the Council which desires to give fair play to it. If they are sufficiently influential to do so, it will be necessary for the "Hall" to go back again, on appeal, to the Privy Council, and, as far as any one can see at present, it seems likely that the Privy Council will give the additional Examiners whether the Medical Council likes it or not.

The Chelsea Hospital for Women and its Honorary Medical Staff.

THE annual meeting of the Governors of the Chelsea Hospital for Women will take place to-day (Wednesday), with Lord Glensk, the Chairman of the Council, in the chair, and in respect of this meeting a correspondent has been good enough to forward us a copy of the agenda paper. This latter, it cannot be disputed, is a remarkable document, and is probably unprecedented in the history of any medical charity, either in this great Metropolis or elsewhere. The Governors of the Hospital, we learn, will be called upon to adopt the following laws relating to the appointments of the Honorary Medical Staff:—

"(1) *Suspension*: A member of the Honorary Medical Staff may be suspended from duty for not longer than one calendar month by resolution of the weekly Board, and notice of a special Council meeting shall be immediately given to consider the case.

"(2) *Removal*: A member of the Honorary Medical Staff, whether previously suspended or otherwise, may be removed by a majority of not less than three-fourths of the members present at a Council meeting specially convened, by not less than seven days' notice, which notice shall state that the meeting is to consider a matter concerning a member of the staff. The member of the staff in question shall have an opportunity of

appearing before the Council to give explanations. A member so removed shall *ipso facto* cease to be a member of the Honorary Medical Staff."

These, then, are the new regulations to which the Governors are to be asked to give their consent at the meeting to-day. The only reason that we can see for these proposals on the part of the Weekly Board is, that they see rocks ahead, and are wishful to be well prepared for all emergencies. Of course, if the new rules are adopted, the whole control of the medical staff will be placed in the hands of that individual member of the Board who is able to pull the most wires, and no one will be prepared to dispute that in the management of the Chelsea Hospital for Women, the wire-pulling has not latterly been "immense." Thus, we hold strongly to the opinion that the new rules, above suggested, are derogatory in character, unworthy in motive, and emphatically in this instance, opposed to the well-being of the institution. When Mr. O'Callaghan was thrown over board by the Weekly Board, the incident reminded us of the story of Jonah who was kindly provided with a saloon passage by a sagacious whale, and landed without any mishap on a lee shore. Jonah thus was none the worse, and the ship from which he was cast successfully weathered the storm. But there is great doubt whether the prospects of the Chelsea Hospital for Women are any brighter by the policy which has recently been pursued.

The Place of Science in Education.

It is somewhat of a surprise at this end of the nineteenth century to be told on the authority of no less a personage than the Bishop of London that the teaching of science in elementary schools is "a very great evil" which might advantageously be got rid of entirely. It has always appeared to us a desirable thing that people should know that the liver is not in the right groin, and that the heart occupies a position somewhere below the left nipple, but his lordship thinks otherwise, and he resents the idea that little children should be taught to regard the thunder as a natural phenomenon due to perfectly understandable causes. If our system of education is open to criticism as compared with that of other European countries it is precisely by reason of the scant attention devoted to scientific matters, a neglect which, if persisted in, will ere long place the nation in a position of hopeless inferiority. Go where we will through the world we find German chemists at the head of every industry into which science enters. Even in our own land German analysts hold the field, and some of the most important posts under the Government are in their possession, and rightly so, for our system of education does not provide an adequate supply of the native article.

The West London Hospital.

THE immense district, containing a population of upwards of 500,000, to the sick poor of which, the West London is the nearest general Hospital, has impelled the Board of Managers to provide an additional service of beds. As part of the scheme of enlargement a new east wing has just been built, with corridors on each floor uniting it with the main building. So far, some

seventy-three more beds will be available in consequence of the present enlargement. With a view to raising funds to meet this new expenditure a grand bazaar and fête will be opened to-morrow (Thursday) at 3.30 p.m., in the new wing by H.R.H. the Princess of Wales. It is expected that His Royal Highness the Prince of Wales will also be present together with the Princesses Victoria and Maud. The Countess of Ilchester will perform the opening ceremony on the second day. A feature of the occasion will be a series of entertainments given by members of the "Savage Club" during the afternoons and evenings in which the bazaar is open. Moreover, variety entertainments, in which eminent artists from nearly all the London theatres and a few distinguished amateurs will assist, have been arranged for. In every way the bazaar and fête should attract crowds to spend their money for the benefit of this deserving institution, and we trust that the financial result will exceed all expectations.

Health Resorts and Consumptives.

THE following instructive note appeared in a recent number of the *Journal of Hygiene*:—"Forty years ago Mentone was a happy village in France, where lived peasantry happy in their farms and in their superb physical state, conditioned by the climate. It was discovered that the region was a most healing one for consumptives, and it became the Mecca for the unfortunates of Europe so stricken. The inhabitants abandoned their farms to wait upon the strangers. The strong healthy women forsook their dairies and became the washerwomen of the consumptives' clothes. No precautions were taken; the disease was not then understood as now, the theory of the tubercle bacillus not having been discovered. The place to-day is bacillus-ridden, a pest hole, death itself. The hitherto strong inhabitants are emaciated, a coughing, bleeding people, filled with the germs of consumption. The soil and air are both contaminated with the tubercle bacilli. It is no longer a health resort." The same fate, it is believed, awaits many other similar localities unless active measures are taken to destroy all germs. This will be a most difficult task, because consumptives themselves, as a rule, are not thoughtful of the danger they spread, or of the rights of others. They should bear in mind that if all others had been careful they, too, might have escaped.

The Death of a Medical Centenarian.

MR. WILLIAM REYNOLD SALMON, whose death occurred last week, had reached the extraordinary age of 106 years, having been born on March 16th, 1790, a fact of which ample documentary evidence exists. He was admitted a Member of the Royal College of Surgeons, England, as long ago as the year 1812. He was, therefore, by far the oldest member of that body. His death has certainly severed a wonderful link with the past. For example, when he was about twenty-four years of age the battle of Trafalgar was fought, and he remembered well the profound sensation caused in this country by Nelson's death. Again, he was one of the earliest

arrivals in Paris after the news had been received there of Wellington's crowning achievement at Waterloo. But the battlefield had more attractions for him than the fascinations of the capital. He at once made his way to Brussels to find one half of the city a hospital; afterwards he explored the scene of the great encounter while there were yet bodies unburied and survivors of the conflict to tell from their own knowledge how the field was fought. Another point of interest in his life was that he was the oldest Freemason in the country, having been one of the original members of the "Jerusalem Lodge," in London. But it has not been possible to ascertain the exact date of his initiation, although there are records showing his membership of the lodge. Curiously enough at the age of ninety, he took to smoking, but the habit disagreed with him, and he soon gave it up, and ever afterwards he could scarcely tolerate even the smell of tobacco smoke. In 1816 he married an heiress under romantic circumstances, and from that time he had no need to continue practising his profession. Thenceforward for many years his chief pastime was travelling; most of his time was spent in London, or on the Continent, while he paid only occasional visits to his Glamorganshire estate, to which he finally retired at the age of seventy. His wife died many years ago. He has left an invalid daughter whose son will inherit the property.

Lead Poisoning.

THE results of notification of cases of lead-poisoning during the last two months prove the extent of the mischief among our labour population. During the month of February 53 cases were formally reported to the Factory Department under Section 29 of the 1895 Act. In March the number was 65, of whom 38 were adult males and 21 females, 4 male young persons, and 2 female young persons. There can be no doubt that many cases of obscure nervous and chronic wasting disease, as well as much rapid and acute illness, are due to poisoning by the metal in question. Indeed, it is impossible to surmise the extent of the ravages effected by this most insidious poison among the population of any large manufacturing town. Recent factory legislation can hardly fail to be beneficial, if only by calling general attention to the existence of the evil and by furnishing data for future action. One thing is certain, namely, that an insoluble and comparatively inert lead salt could be substituted for the dangerous "white" lead now in common use. It is likely that the compulsory substitution, now mainly avoided on the score of cost, will form a main feature of future reform. The principle involved is a cardinal one, namely, that the pocket of the employer must not be saved at the expense of the health of the workman.

The Midwives' Registration Bill.

THIS measure has, in all probability, been effectually shelved for the present year. It stands on the Notice Paper of the House of Commons for June 10th, but, before that time arrives, it is almost certain that the Government will have taken the entire time of the House, and shut out all private bills.

The Deadlock at the Liverpool Lying-in Hospital.

ON the 11th inst., a very largely attended meeting of medical men and medical leaders of Liverpool and district, was held at the Medical Institution, Dr. Macfie Campbell in the chair. A resolution was almost unanimously passed to the effect that the medical profession of Liverpool and neighbourhood viewed the action of the Board of Management of the Ladies Charity and Lying-in Hospital with much indignation, and that it was the wish of the meeting that no one should fill the offices of those excluded, and that from the 19th inst., no medical man should attend patients of the Charity for gain or otherwise, except at the express wish of the patient or her friends, *i.e.*, that from that date the Charity, its Board of Management and Officers should be completely ignored. It is generally believed that the action of the Board of Management has in some way been motivated by a desire to further the cause of education and registration of midwives. If this be so, the Board have completely failed to take in the situation. There is no chance of a Registration Bill passing so long as the whole medical profession is united in opposing it, and here we have a body doing its very utmost to set the whole profession against them, and consequently rendering unattainable the object at which it is aiming. We understand that a medical woman from Stockport is acting as instructor to the present class of pupil midwives.

A Novel Claim for Compensation.

THE Corporation of Yarmouth have just had to consider a claim made upon them for compensation by the executors of a flourishing tradesman whose death is alleged to have resulted from their negligence. In carrying out, some time ago, certain drainage works in one of the streets in the town the workmen unhappily perforated the well from which the tradesman obtained his water supply. The result was that the well-water became contaminated with sewage, rendering it entirely unfit either for drinking or domestic purposes. No intimation was given, so it is stated, of what had occurred to the unfortunate owner of the well, who continued as before to use the water, and the consequence was that he contracted typhoid, and after a short illness died. Up to the time of his seizure the deceased had always enjoyed, it is contended, perfect health, while his business was in a flourishing condition and rapidly increasing. By his death his wife and two children have been left almost unprovided for. In view of all these facts, a claim of £3,000 has been made for compensation, but the claimant's solicitor has considerably intimated that £1,500 would be accepted in lieu of the larger sum if paid immediately. The Corporation have dispassionately discussed the matter, and have arrived at the conclusion to repudiate all liability, while, at the same time, they have deputed their town clerk to defend any action brought against them. The features of this claim are not without interest, and if the case be proceeded with probably a good many corporations will await the result with more than ordinary curiosity.

The Fatal Chloroform Administration by an Unqualified Dentist.

A FEW weeks since we reported a case in which death followed the administration of chloroform to a servant girl by an unqualified dentist. With remarkable dispatch, the case has been tried at Leeds, where the prisoner, described as a herbalist, was charged with manslaughter. The evidence showed that half an ounce of chloroform was given to the patient shortly after she had eaten a hearty meal, and that no one was present in the room other than the administrator and the patient. Mr. Justice Wright said the question was whether the accused had taken proper precautions. It was said the dress and stays ought to have been loosened; the chloroform ought not to have been administered after a heavy meal; and there ought to have been remedies ready at hand, and some person to watch and apply the remedies if anything went wrong. It really came to this: Was he guilty of criminal negligence in using chloroform when he did not know more about it? The jury, after prolonged consideration, returned a verdict of not guilty. This merciful view of the case is a fortunate one for the unqualified dentist, and it is to be hoped that his experience will act as a warning to others who may feel inclined to undertake the administration of anaesthetics without a full knowledge of the subject. For a fully-qualified and presumably competent practitioner to administer an anaesthetic alone, and for his own operation, would be grossly indiscreet, and it cannot be tolerated that ignorant persons shall be permitted to risk life in such way.

Sir Joseph Lister.

SIR JOSEPH LISTER, as has already been announced, is the President of the British Association this year, and, doubtless, partly in consequence of this, our contemporary, *Nature*, has published in its columns a sympathetic biographical account of the great surgeon, contributed by Professor H. Tillmanns. In addition, an excellent photogravure of Sir Joseph accompanies the paper. "As long as there is an earthly immortality it must be his, for as long as ever surgery is scientifically discussed his name cannot fail to be mentioned." Such are the closing words with which Professor Tillmanns feelingly shows his admiration for our countryman. Apart, however, from the interest which must naturally be felt in a description of Sir Joseph Lister's work, the sketch is worthy of note as emphasising the praiseworthy way in which German surgeons from the first adopted his teaching.

Congress of German Surgeons.

THE twenty-fifth Congress of German Surgeons will be held on May 27th, and the following days. Among the more important subjects arranged for discussion are the following: The Treatment of Goitre, by Professor Bruns, of Tübingen; the History of a case of Local Tuberculosis of twenty-five years duration, by Professor König, of Berlin; the Surgery of the Stomach and Intestines, by Professor W. Wolfier, of Prague; the Surgical Treatment of Appendicitis, by Dr. Sonnenburg, of Berlin; Surgical Interference in cases of Diseases of the Biliary Passages, by Professor Langenbeck, of Berlin.

How Scarlet Fever is Spread.

THERE can be little hope of effectually checking the spread of scarlet fever until the public at large becomes educated to a proper sense of responsibility in the matter. This general proposition is suggested by a prosecution for neglecting to report scarlet fever, the news of which comes from Yorkshire. From the newspaper report it appears that a county-inspector visited the house of a milk-seller, and found a child suffering from scarlet fever. The defendant admitted that the girl had been ill for a fortnight during which time he had got her medicine from a chemist in Wakefield. At the same time he stated that she was kept in a room by herself; disinfectants were used; and neither the milk nor the milk cans went near the house. A moderate fine was imposed, as the prosecution did not press for a heavy penalty. This case brings forward a number of points of great interest. Here we have a dairyman in a fairly large way of business—he kept seven cows of his own—wilfully concealing from the authorities the fact of the existence of an infectious disease in his family. To make matters worse, he had five other children, one of whom was actually attending school during the illness of her sister. From these statements it appears that the reckless dairyman may have spread scarlet fever through the county wholesale, and we altogether fail to see why he should escape severe and summary punishment. The fact that dairymen suffer loss by the temporary closing of their shutters, no doubt, affords the key to criminal recklessness of the kind in question. It is likely that the evil will continue until the sanitary authority is empowered to compensate milksellers during compulsory closure. Such a step, in the long run, would probably cost ratepayers less than they have to pay for infectious diseases under the present system.

Blood Brotherhood.

BLOOD brotherhood, as practised in Central Africa, is a formality which consists in making an incision on the right wrists of the two persons desirous of acquiring this relationship, just sufficient to draw blood, a little of which is scraped off and smeared on the other's cut. It appears that European travellers do not often favour the rite, indeed, according to a correspondent of *Nature*, only Mr. Stanley is known to have gone through the process. It happens that Mr. Stanley was singularly exempt from malarial disease, and on this slender foundation the correspondent in question ventures to formulate a plan by which travellers in malarial districts are to be protected against the malarial parasite, assuming that there is such an one, for its existence has been denied on high authority. As no kind of treatment has much chance of success in these days which is not more or less remotely based on Pasteurian methods, he explains that the probable effect of the inoculation is to confer on the blood-brother the immunity which he assumed to be possessed by the natives of malarious regions. He opines that no larger quantity of blood would be required than is used as lymph in ordinary vaccination, and he is careful to add that there would be no difficulty in obtaining

an adequate supply of healthy natives who would be ready and willing, for a consideration, to impart their protection. This gentleman evidently does not consider the matter ripe for immediate application, but he makes bold to say that experiments conducted on these lines would, in all probability, result in the acquisition of much useful and valuable information. We note that he dates his communication from Greenock, which is not a part of the world, if we are correctly informed, where malaria is rampant, and this may account for his childlike faith in the efficacy of this simple process, a faith which is of the theological variety, since it is not based on facts which admit of scientific demonstration.

Eczema Mistaken for Small-pox.

THE history of a most undesirable mistake in diagnosis comes from a borough in the North of England. The attention of the Council of the town in question was called to the fact that last October a patient, reported to be suffering from small-pox, was admitted to hospital, but it was afterwards found that his disease was eczema. The Town Clerk confirmed this statement, and added that the Medical Officer of Health certified the case to be small-pox. This unfortunate incident opens up various issues of interest to the medical profession. So far as the error goes, it may have happened to anyone in the press and hurry of professional life, although the use of a clinical thermometer would probably have revealed the real nature of the case. Every dermatologist of experience knows of a case or two of small-pox sent to a skin hospital for treatment, and *vice versa*, of skin diseases transmitted to small-pox hospitals. Come what will we must expect a certain margin of error in the diagnosis of affections which have multiform, variable, and overlapping objective signs. Some folks have always maintained, however, that the average Medical Officer of Health is not the best judge of the nature of specific febrile eruptions. By the nature of his work he is carried away from the sphere of active medical practice, and, unless he has had long special experience of fever hospitals, he is tolerably certain to be caught tripping now and then over atypical forms. In deciding as to the nature of obscure cases the Medical Officer will do well to give way to the general practitioner, provided he be a man of average abilities and experience.

MR. PRIDGIN TRALE, M.B., F.R.C.S., of Leeds, has been elected for a further five years from the 23rd inst. to serve as Member of the General Medical Council on Crown nomination.

SIR WILLIAM M'CORMAC, F.R.C.S., and Mr. Samuel Osborn, F.R.C.S., have been appointed Knights of Grace to the Order of the Hospital of St. John of Jerusalem in England.

A CORRESPONDENT writes us, that the British Association for the Advancement of Science will meet this year in Liverpool, and not in Toronto, the latter city having been selected for next year's meeting.

Sir John Millais.

A GOOD deal of unnecessary mystery has surrounded the case of Sir John Millais. It is at least fifteen months ago that we heard of an affection of the larynx which had deprived him of his voice, and it will be in the recollection of all how painfully this disability was evident at the Royal Academy Banquet of 1895, when Sir John took the chair in the absence of the late President. Rumours were even then rife that the operation of thyrotomy was advised, but as the hoarseness was, at that time, the only symptom present, more moderate counsels prevailed, and we were later assured of a great improvement in general health and body weight. Since, however, his election as President of the Royal Academy on the death of Lord Leighton, an exacerbation has occurred, and, as we are informed, "wartlike growths" became manifest. From this date, to the voice-failure must be added distress in breathing. Relief by the tracheotomy which was performed at midnight last Saturday week, on apparently a sudden emergency, had been long urged as necessary, and the advisability of its being performed deliberately had been insisted on. Happily, no injury has been done by the delay, and the distinguished patient is making a good recovery. Nevertheless, the profession will understand both the import and the importance of the statement that the constitutional state of affairs remains unchanged. The illness of Sir John Millais has been conspicuously remarkable for one most noticeable detail. Despite the distinguished position of the patient and the public interest from Royalty downwards, which has been taken in his welfare, no bulletins concerning the operation were issued to which the signatures of the medical men in attendance were attached. We must here express our conviction that so praiseworthy an instance of a new departure in medical ethics is deserving of the highest recognition and commendation of the profession. The name of the surgeon who performed the operation of tracheotomy upon his illustrious patient has never once been referred to in our lay contemporaries, and yet here was an opportunity for having his achievement blazoned forth in all the quarters of the globe. Let honour be given to whom honour is due. It gives us much pleasure to accord our hearty congratulations to the well-known surgeon in question whose dignified attitude upon this occasion will, we trust, be a lesson to those both above and below him in position, who profess much, but accomplish little in their practice of medical etiquette and advertising.

"Made in Germany."

UNDER this title a series of articles has been published in the *New Review*, the purpose of which has been to show that the commerce of England is being rapidly carried off, for one cause or other, by Continental nations. As far as the chemical industry is concerned, the facts extracted from the official returns of exports and imports, appear to prove beyond a doubt that Great Britain has been for several years entirely undersold out of the market, and that the industry is

practically lost to our country. No one who has studied the events of the past twenty years can feel surprise. The British artisan seems to have made up his mind not to give more than 14s. for £1 worth of labour, and he refuses to work at all if he is asked to give better value. The German or other Continental artisan, being prepared to live more economically, is willing to give say 18s. worth. Naturally the foreign manufacturer is in a position to undersell the British maker. It does not seem possible to suggest a remedy until the petted British artisan has been starved into realisation of the fact that he must work at the same rate of labour and remuneration as his Continental brethren.

Where Our Old Horses Go To.

THE Society for the Prevention of Cruelty to Animals prosecuted recently certain persons who were driving two worn-out horses to the docks for shipment to Rotterdam, and last week Mr. Wootton Isaacson asked the Home Secretary whether he knew the ultimate destination of these animals. Sir Matthew White Ridley admitted that these animals were being conveyed to Holland, probably to be sold as food and returned to England as sausages or tinned meat, but he did not see that such a transaction was part of his business to inquire into.

Dispensers for Naval Hospitals.

NEARLY a year ago we called attention to the fact that certificates issued by the Irish Pharmaceutical Society were not received as qualification for the position of dispensers by the Naval Medical Department, although similar certificates granted by the London Society were recognised. We note that a change has been made in the regulations by which the Irish Society is admitted to equal privileges with its English sister. A further new rule declares that the admission to the Service as dispenser shall, in future, be by competition, it having been, heretofore, by selection.

The Registration Craze Again.

THE vendors of spectacles propose to follow the example of the plumbers, nurses, midwives, and, perhaps, the chimney sweeps and pork butchers, and to get themselves recognised and registered by law. At least, a Bill with that object has been introduced into the New York legislature, which provides for a State Board composed of spectacle sellers, with a corps of examiners, and all sorts of penalties for anyone who sells a pair of goggles without a license. Can trades unionism go further?

London University Reconstruction.

It was stated last week in the House of Commons by Sir John Gorst that the Privy Council Office is engaged upon the compilation of a Bill for the reorganisation of the London University in accordance with the recommendations of the Gresham Commission. The Bill would probably be introduced in the Lords, but it had not yet received the consideration or approval of the Government.

Sir Russell Reynolds.

As we go to press the gravest news reaches us of the illness of Sir Russell Reynolds. For the past few days his condition has caused the greatest anxiety to his friends and medical attendants, and his strength has perceptibly declined. This news will be received, we are certain, with sincere regret by all our readers.

The Presidency of the R.C.S. England.

We hear that the mantle of Mr. Christopher Heath as President of the Royal College of Surgeons of England is likely to fall upon the shoulders of Sir William MacCormac, late of St. Thomas's Hospital. No exception can be taken to the choice of Sir William on surgical grounds, but it is not impossible that his staunch conservatism in matters concerning collegiate reform has had at least as much to do with it as a long and honourable career in surgery.

Sir William Priestley, M.P.

THE unopposed election of Sir William Priestley for the Universities of St. Andrews and Edinburgh is satisfactory, by reason of the fact that one more member of the medical profession is added to the present House of Commons. In politics Sir William is a supporter of the Government. The last contest for the seat was in 1885, when Sir J. Eric Erichsen was defeated by 400 votes by Sir C. J. Pearson, Q.C.

Board of Control, Irish Lunatic Asylums.

THIS Board, which has been hitherto somewhat of a *nominiis umbra*, has been constituted for the ensuing year by the appointment of the two Commissioners of Asylums, Drs. O'Farrell and Courtenay, Judge Holmes, Mr. Robertson (the new Chairman of the Public Works Board), Dr. Cruise, Mr. Drummond, and Mr. Charles Kennedy.

Carbolic Acid Poisonings.

THE number of human lives sacrificed by the drinking of carbolic acid, either accidentally or intentionally, is becoming so great that it will evidently be impossible to allow the free sale of it to continue. Last week no fewer than nine persons met their death from this agent.

THE Eton Union Guardians have placarded the town and parishes of Eton with offers to vaccinate and re-vaccinate gratuitously any person against small-pox. They have also instituted a batch of prosecutions against defaulters, and urged the Great Western Railway to assist them in precautions against the introduction of small-pox.

DR. JOHN ANDERSON, C.I.E., F.R.C.P., Physician to the Seamen's "Dreadnought" Hospital, has been appointed Lecturer on Diseases of Tropical Climates at St. Mary's Hospital Medical School.

MR. A. PEARCE GOULD, F.R.C.S., late Assistant Surgeon to the Middlesex Hospital, has been appointed Surgeon to that institution.

DR. W. R. GOWERS, of London, has been elected a foreign correspondent of the Medical and Surgical Society of Bologna.

THE meeting of the German Ophthalmological Society will be held at Heidelberg on August 5th and following days.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

CLUB PRACTICE AND QUACKS.—At a meeting of the Dundee and District Branch of the British Medical Association recently held, Dr. MacEwan gave an address, in which, *inter alia*, he spoke of club practice and quackery. The remuneration given to the medical officers of societies was notoriously inadequate, and a considerable number of their members acted in a professional capacity to these societies. Negotiations were still in progress between the Council of the Branch and the societies, and he hoped that they would have the desired result. At the last annual meeting of the Association in London a resolution was passed asking the Council to take means to protect the individual and collective interests of the profession. The most important part which the Association would have to do if the resolution were agreed to, was the suppression of illegal practice. For this, however, amendment of the Medical Acts was necessary. In spite of the much vaunted increase of learning, impostors were as numerous as ever, and not only the partially educated but the so-called highly educated, had recourse to them. The advertisement columns of the daily papers were sufficient evidence that this was so. Not long ago it had been stated that 15,000 children perished annually from the administration of soothing syrups. That such a terrible sacrifice of infant life to the Moloch of quackery should pass unnoticed in the 19th century was a blot on their civilisation. Remonstrances by individual members of the profession were apt to be looked on as induced by personal interest. In this way combined action was more judicious.

NEW MEDICAL CHAIRS AT ST. ANDREWS UNIVERSITY.—Undeterred by ordinances in suspense, impending proceedings before the Privy Council, or of the prolongation of the Universities' Commission, in the hope that St. Andrews and Dundee might yet be brought together, the University Court of St. Andrews has advertised for candidates for Lectureships in Anatomy and Materia Medica. The first carries with it a salary of £300, the second one of £200. This action of the Court is the more incomprehensible as a large number of its members are supposed to be working for reconciliation with Dundee, a reconciliation which will be impossible if further Chairs are established in the small but historic town. It is difficult to see how far the University can go in providing a full medical curriculum, for it seems absurd that so small a town should imagine that it will be able to supply sufficient material for the later years of study. It stands to reason that at some stage or other of their course students will have to seek instruction on the final subjects at other schools, and this being so, it is extraordinary that the University Authorities are unable to see that it must be to their ultimate advantage to have a Medical School affiliated to them where their students can obtain the necessary instruction under their own aegis as it were, instead of having to disperse throughout the country in search of educative facilities. For our own part, as we have stated before, we think that the Medical Schools in Great Britain are already sufficiently numerous for the requirements of the country, and we would like to see St. Andrews devoting her substance to the advancement of Art and Science rather than throwing it away in a vain competition with Universities and Schools much more advantageously placed for teaching medicine.

THE PUBLIC HEALTH (SCOTLAND) BILL.—This Bill passed through the Committee stage in the Lords on Tuesday week, May 12th. During its progress through the Upper House it has been considered by a Select Committee and by the House in Committee, and several alterations have

been made in it. The first of these makes it obligatory for the local authorities to appoint medical officers, who must possess degrees indicative of their fitness for the post. An attempt was made by the Earl of Rosslyn to invest a chief County Medical Officer with authority over the local officers and the sanitary inspectors, and through whose hands all reports on public health would pass. The clause (No. 15) enables the local authority to make by-laws regulating the respective duties of the medical officers and the sanitary inspectors. The change proposed by the Earl of Rosslyn would have been, in all probability, a salutary one, as in health matters one head, especially if trained for the purpose, is better than many, the many being under the beck and call of a lay committee. The Government, however, would not accept the amendment, and it was withdrawn. On the other hand, as Lord Camperdown said at a meeting of the Forfar County Council, the local authorities are glad enough to be the masters of their officials, not their servants. One of the provisions of the Bill, which was attempted to be altered, is a very ridiculous one, and one which will impose considerable hardship on many farmers. A clause forbids the laying down of manure heaps within 50 yards of a public road. If it forbade their formation anywhere near dwelling-houses, streams, and wells, or on ground draining towards houses or springs, it would be more sensible. It will be very difficult to gauge the exact nature of many of the provisions of the measure until a Consolidation Bill is passed to homologate the different Bills on Public Health, which are not repealed with the proposed new statute.

Correspondence.

(We do not hold ourselves responsible for the opinions of our correspondents.)

THE ETHICS OF PROFESSIONAL ADVERTISING.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—There is an old saying, "That one man may steal a horse and another may not look over the hedge." This is easily realised, if one takes the trouble to watch the course followed by the London College of Physicians, its Fellows, and some of its Members, who appear to advertise themselves with an audacity and impunity that no mere Licentiate had dare to hope for.

Not long ago, in a city not a hundred miles from Birmingham, a friend called my attention to a placard posted on the wall of a bookseller's shop: "The — of — Disease, by —, M.D., F.R.C.P., &c." The gentleman in question being a physician, practising in the city. It is bad enough to see shilling books on medical subjects, written by local men, in conspicuous positions in the shop windows, but when it comes to posters outside the shop, I think you will agree with me that it is going a little bit too far, even for a F.R.C.P., Lond. When one asks why no notice is taken of such conduct, a shrug of the shoulders is the only answer. Had "A General Practitioner in a Small Way" attempted one-half the self-advertising practised by these so-called leaders of the profession, the *Lancet* and *Journal* would wax terrible over such gross indecency. The longer one lives, the more one realises, that all is vanity. Except the "bawbees."

I am, Sir, yours, &c.,

ONE CRYING IN THE WILDERNESS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your correspondent "Anti-Quack" appears to be somewhat hurt by what he calls "personalities" and "imputation of motives." I may point out to him, however, that any man who writes letters of the kind with which he opened up the question of special hospitals, must expect to have his opinions analysed and his arguments tested.

In my answer I said that all decent men must condemn "sham" hospitals, and asked for his definition of a "sham" hospital. In answer he tells me that a sham special hospital is an unnecessary hospital. "Anti-Quack" is plainly unversed in the elements of logical

definition, for he omits to say what he means by unnecessary. Until we have a clear definition, short, and covering the whole of the ground, of the phrase "sham hospital" it is evident "Anti-Quack," and I may go on arguing indefinitely without advancing a step towards any trustworthy conclusions.

The simple assertion of "Anti-Quack" that there exists no obstacle to the rise of men from the lower ranks to the higher places of the medical profession does not dispose of the subject. To say that is simply to adopt the tone of "complacent arrogance" of which I complained in my first letter.

I am, Sir, yours, &c.,

ANTI-QUACK THE SECOND.

THE METRIC SYSTEM.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In an annotation on this subject in your issue of this week you say:—"The adoption of the decimal system of weights, measures, and coinage meets still with serious resistance amongst English-speaking communities, although it has been approved by every important nation except Britain and Russia," and you go on to remark that the Bill, to make it compulsory in America, was only carried by the bare majority of two. Now there is, I believe, a reason for this, though it is not generally acknowledged. The Anglo-Saxon or English-speaking race is, without doubt, of Israelitish origin; that is, they are the descendants of the lost Ten Tribes of Israel, and thus they adhere to their tribal duodecimal notation; whereas, the other nations, having no sacred tradition regarding the number twelve, use the method that is, perhaps, more scientifically convenient.

I am, Sir, yours, &c.,

HEYWOOD SMITH.

Harley Street, May 16th.

Obituary.

DR. GERMAIN SÉE, OF PARIS.

By the death last week of Dr. Germain Sée, at the age of 78, a pathologist of world wide celebrity is lost to science. The deceased physician, who was of Jewish extraction, was born in 1818, and was admitted to practice by the Paris medical faculty in 1846. He had suffered for several years from nephritic colic, but he succumbed eventually to slow cerebral anæmia, caused by excess of work, for this extraordinary man carried on the largest practice in France and at the same time almost superhuman scientific labours, almost to the day of his death. His great intellect shone brightly to the last, in spite of the disease which was undermining him, and of the unjust calumny and envy to which he had been long subject. After acquiring celebrity by his pathological lectures at the hospitals, he succeeded Professor Trousseau in 1866 in the Chair of Therapeutics at the Faculty of Medicine. His lectures in this capacity were noted for their brilliancy, and attracted unexpected attention owing to the charges of materialism brought against M. Sée by some of his colleagues in a petition addressed to the Senate, the debate upon which in May, 1868, created considerable sensation. In 1869 M. Sée was appointed to the clinical chair at the Charité Hospital, and in the same year was elected a member of the Academy of Medicine. In 1870 he was summoned to attend the Emperor Napoleon III., and drew up a report on the malady from which his Imperial Majesty was suffering, which was included among the State papers afterwards found at the Tuileries. He was made an officer of the Legion of Honour in 1876, and promoted to the Commandership of the same Order in 1880. Professor Sée was a voluminous writer on medical subjects, and made many valuable discoveries of new drugs. His lectures on heart disease delivered at the Charité in 1874-76 were translated into several foreign languages. He also wrote a monograph on the diagnosis of phthisis from the bacilli in the sputa, and a whole series of studies of the physiological action of various drugs, including tobacco, digitalis, chloral, and opium. Valuable contributions were also made by him on the modern treatment of heart affections.

DR. MOXEY, OF EDINBURGH.

DR. MOXEY who died in Paris on the 8th inst., was a graduate of the University of Edinburgh, M.R.C.P. Lond., and was in practice for some time in the South of England. He early developed great talents as an elocutionist, and became connected with the dramatic profession. About eighteen years ago his thoughts were directed towards religion, and from that time devoted himself to Christian effort. He preached in many parts of this country and also in America with great success. Settling down in Edinburgh, he became professor of elocution to the students of the Free Church and U. P. Colleges.

DR. DON VICENTE MARTIN DE ARGENTA, OF MADRID.

IN the death of Dr. Argenta, Madrid has lost one of the best-known members of the medical profession in Spain. The Royal Academy of Medicine sent a wreath to his funeral, and suspended its sittings until after his burial. A sympathetic and eloquent obituary notice of Dr. Argenta appears in *El Siglo Médico* from his friend Dr. Don Decio Carlan: "Good, affable, modest, hardworking . . . one of those persons who conquer by loving and secure the esteem of all honourably-minded persons." He belonged to a type which is now almost gone, to which Donovan, Moore, and Charles Butter belonged, men who lifted pharmacy to the dignity of a science. His house in Hortaleza Street, Madrid, was the resort of the majority of the scientific physicians of the city.

Literature.

HARRIS AND BEALE ON PULMONARY CONSUMPTION. (a)

THIS book comes out as one of Lewis's Practical Series, and as a manual for the guidance of all who are concerned in the management of consumptive invalids, according to the best modern notions, it will prove most useful. The history of phthisis from the earliest ages is succinctly given in the first chapter, and also the views of the ancients as to treatment. Arytæus insisted much on the value of milk diet for consumptives and on the effect of sea air in drying up the ulcers on the lungs by means of the saline particles with which such air is loaded. The excellent results that often follow a residence in the strongly marine climate of St. Leonards prove the correctness of the views of Arytæus. Pliny was of opinion that the balsamic exhalations from pine forests were conducive to the cure of consumption.

In following the history of the progress in knowledge of the nature of tuberculous disease, it is interesting to note that the idea of a foreign parasite appears in 1733 in the works of a French writer, who thought that both scrofula and consumption were contagious, "the putrefaction breeding worms, which propagate the disease and cause it to spread."

In Chapter II we have the pathological history of the disease traced as far as Koch and his bacillus with its active products called "toxines."

The pathological processes set up in the lung tissue by the tubercle bacilli, and the several ways in which this process may come to arrest, are described in a way that is full of interest. A remarkable instance is given of the arrest and cure of the tuberculous process by the advent of an acute disease.

Two young men in the last stage of pulmonary consumption were attacked with virulent small-pox; both recovered, and at once the pulmonary symptoms disappeared. The patients laid on flesh, and are now the living images of health. In another case an attack of acute rheumatism was followed by disappearance of the symptoms and signs of advanced phthisis.

The observations on affections of the bronchial glands are good and practical. In 130 post-mortem examinations

only six cases are reported of normal bronchial glands. A single caseous gland in a child may be the starting point of acute tuberculosis.

This we believe firmly, and hence the great importance after an attack of measles or whooping-cough to get rid of all traces of bronchial catarrh. Various complications of phthisis such as emphysema, pneumothorax, and especially laryngeal affections are treated. We cannot entirely agree with the remarks on page 225. The author seems to think that obliteration of enlarged veins is a proceeding of little benefit. That the operation will cure hæmorrhage we quite agree is very doubtful indeed, but in fibroid phthisis with much cough and pharyngo-laryngeal irritation, we certainly have seen much good done by the judicious application of the galvanic cauterly to enlarged veins in the pharynx.

After speaking of the general treatment of phthisis the authors proceed in chapter X to speak of special modes of treatment. Nearly every one of the most recently inventive methods of treatment come in for more or less notice. Some to be condemned at once after trial as useless or worse than useless, others have undoubtedly made good their claim to rank among very valuable therapeutic aids.

The treatment of chronic phthisis by the inhaler respirator, first devised by Dr. Sinclair Cogbill, of Ventnor, is one that has found favour it appears with Dr. Barney Yeo, Dr. J. Thorowgood, and others. The gradual and prolonged medication of the throat and bronchial tubes by breathing through the respirator various inhalants or instillations is now proved by experience to be an excellent way often to soothe the cough and pulmonary spasm and check excessive secretion from the bronchi. Formulæ are given for the instillations most in favour with Dr. Harris, at Victoria Park Hospital.

Dr. Heron's carbolic acid chamber treatment is reported as sound in theory, but not so beneficial in practice as might at first have been thought.

The creasote chamber of Dr. Arnold Chaplin, of which a notice recently appeared in the *British Medical Journal*, seems of decided efficacy in relieving dyspnoea and promoting expectoration. Some troublesome cases of dilated bronchial tubes have found more relief from a sitting in this chamber than from any other mode of treatment.

Dr. Kingeton Fyfe has endeavoured to show that the administration of creasote by the mouth has a distinct effect in diminishing the virulence of the bacilli in the sputum. A similar result follows the inhalation of creasote vapour, but more actual demonstration of this is yet needed. Creasote in full dose seems in greater favour at Victoria Park Hospital than guaiacol or its derivatives, and experiments on animals appear to bear out the correctness of this.

The concluding chapters of the book treat of the dietetic and climatic treatment of consumption. They are short, but abound in good practical advice for the guidance of physician and patient. The high altitude places, such as Davos and St. Moritz, are recommended in early phthisis of young people, and experience will bear out the soundness of this advice; some cases of early phthisis have been arrested or cured at Davos and such-like places.

Elderly people are wisely counselled to avoid Davos.

Those who have fever with high temperature are most wisely recommended to stay at home. If invalids attended to this we should hear fewer stories of those who have managed to reach a foreign health resort to die after but a brief stay there.

The book is thoroughly practical throughout and well sustains its claim to rank as a useful manual on the treatment of consumption.

HUTCHINSON'S SMALLER ATLAS. (a)

THIS book contains 136 plates illustrative of cases of interest in clinical surgery, together with descriptive letter-press. It is a continuation in smaller form of Mr. Johnathan Hutchinson's former illustrated work, which appeared in two volumes, and was finished in 1882. Its contents form a further embodied testimony of the marvellous wealth of clinical material amassed by this most original, painstaking, and philosophical of modern

(a) "The Treatment of Pulmonary Consumption; A Practical Manual." By Vincent Dormer Harris, M.D., F.R.C.P., and Edwin Clifford Beale, M.A., M.B., F.R.C.P., Physicians to the City of London Hospital for Diseases of the Chest, Victoria Park, &c. Pp. 483, crown 8vo London: H. K. Lewis. 1895.

(a) "A Smaller Atlas of Clinical Surgery." Jonathan Hutchinson, LL.D., F.R.S., Consulting surgeon to the London Hospital, &c London: West, Newman, and Co. 1895.

observers. The plates, which are admirably executed, include a considerable number of the rarer skin conditions, which afford a valuable means of education to the dermatologist. For instance, a study of the pictures of iodide rash (plate iv.), chloral rash (pl. v.), of lupus marginatus (pl. xiii.), and of Bazin's malady (pl. cix.) could hardly fail to impress the appearances of those conditions on the memory in a permanent form. The only criticism we have to offer is that there is no attempt at arrangement of the varied materials presented to the reader. However, we will hope with the author that the "Index will prevent any real inconvenience on this score."

COATS' PATHOLOGY (a).

THIS well-known text-book on pathology has arrived at the merited dignity of a third edition. The popularity of the book is sufficient evidence of its worth, and the time for detailed criticism of its contents has gone by. The text has been carefully revised, and as many as 185 new illustrations added. The volume is, therefore, bulkier than before, but the text is only slightly increased. Dr. Coats apologises for the inclusion of so many new reproductions of photographs on the ground that most of them were taken by himself, and that he is only a beginner in the art. Despite the fact that one or two of the photomicrographs are somewhat hazy, we may congratulate the author on the success which has attended his first attempts in a difficult sphere.

BIBLIOTHEK DER GESAMMTEN MEDICINISCHEN WISSENSCHAFTEN.

THIS Encyclopædia of Medicine is now well advanced and continues to maintain the high standard promised by Prof. Dræschke at its inauguration. Vierordt contributes an interesting paper on Mensuration, in which he deals with every part of the body setting down normal dimensions for diagnosis. After giving a "Normal Ideal Type" he tells us that if the "Xiphoidal—Umbilical line" depart from this standard, we can diagnose "enlarged liver, spleen, or distended vena cava inferior." For the treatment of measles, Pott advocates the cold water bath which should be guided by watching the thermometer. Steinbrügge is of opinion that Ménière's disease may be combated by the use of quinine where the central disturbance depends on an altered condition of the vaso-motor centres. Brunner thinks that the drug produces an ischaemia in the labyrinth as in the retinal vessels. Accommodation, astigmatism, and cataract, are exhaustively treated by Herrheiser, Salzmann, and Bernheimer.

Medical News.

The Mortality of Foreign Cities.

THE annual death-rate per 1,000 in the principal foreign cities according to the weekly returns communicated to the Registrar-General, is as follows:—Calcutta 47, Bombay 41, Paris 21, Brussels 18, Amsterdam 19, Rotterdam 15, The Hague 17, Copenhagen 15, Stockholm 11, Christiania 15, St. Petersburg 37, Moscow 38, Berlin 17, Hamburg 17, Dresden 21, Breslau 25, Munich 23, Vienna 23, Prague 25, Buda-Pesth 24, Trieste 25, Rome 21, Turin 23, Venice 31, Cairo 47, Alexandria 37, New York 25, Brooklyn 21, Philadelphia 23.

The Medico-Psychological Association.

THE next examination for the Certificate in Psychological Medicine will be held in July. Candidates intending to present themselves should give at least fourteen days' notice in writing to the Registrar of the Association, Dr. Spence, Burntwood Asylum, near Lichfield. The examination for the Gaskell Prize, in connection with this Association will also be held in July; the exact dates for these examinations have not yet been definitely fixed, but they will be notified in this journal early in June, meanwhile, further particulars will be found on reference to our advertisement columns.

Vital Statistics.

THE deaths registered last week in thirty-three great

towns of England and Wales corresponded to an annual rate of 18.5 per 1,000 of their aggregate population, which is estimated at 10,860,971 persons in the middle of this year. The deaths registered in each of the last four weeks in the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000:—

Birkenhead 18, Birmingham 22, Blackburn 16, Bolton 19, Bradford 16, Brighton 16, Bristol 18, Burnley 25, Cardiff 15, Croydon 13, Derby 14, Dublin 21, Edinburgh 17, Gateshead 12, Glasgow 21, Halifax 14, Huddersfield 19, Hull 19, Leeds 19, Leicester 14, Liverpool 20, London 17, Manchester 23, Newcastle-on-Tyne 17, Norwich 13, Nottingham 13, Oldham 19, Plymouth 23, Portsmouth 12, Preston 22, Salford 31, Sheffield 19, Sunderland 23, Swansea 12, West Ham 14, Wolverhampton 18. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 2.2 in Sunderland and 2.9 in Birkenhead; from scarlet fever, 1.0 in Huddersfield; from whooping-cough, 1.7 in Halifax, 1.9 in Manchester, and 2.2 in Salford; from fever, 1.1 in Halifax; and from diarrhoea, 1.0 in Norwich and in Salford. The 77 deaths from diphtheria included 41 in London, 6 in West Ham, 6 in Birmingham, 5 in Manchester, and 3 in Burnley. No death from small-pox was registered in any of the large towns. In the registration district of Gloucester, 25 deaths from small-pox were registered last week, 24 of the deceased persons having been residents of Gloucester municipal borough.

The Sanitary Institute.

THE Council have accepted an invitation from the city and county of Newcastle-upon-Tyne to hold a Sanitary Congress and Health Exhibition in that city in the autumn of this year.

PASS LISTS.

Royal Navy Medical Service.

THE undermentioned gentlemen who competed on the 4th inst., and following days at Examination Hall, Victoria Embankment, London, for appointment as surgeon in the Royal Navy have been granted commissions.

Name	Marks	Name	Marks
A. E. Marwether, M.B.	2,719	W. E. Mathew	2,807
W. E. Corlier, M.B.	2,680	M. L. M. Yaudin, M.B.	2,290
C. M. Beadnell	2,631	W. H. Thomson	2,181
W. S. H. Sequeira, M.B.	2,605	J. W. Craig, M.B.	2,175
J. G. Fowler	2,494	W. L. Martin	2,171
J. C. G. Reed	2,448	A. T. Wyard	2,161
E. G. E. O'Leary	2,398	W. J. Stitt	2,109
W. M. Keith, M.B.	2,265	S. Croneen	2,055
R. Sutton	2,218		

Royal College of Physicians and Surgeons of Edinburgh and Faculty of Physicians and Surgeons of Glasgow.

At the April sittings of the examiners held in Glasgow the following candidates passed the respective examinations, those marked with an asterisk (*) passing "with distinction":—

Second Examination—Four Years' Course.

Charles F. Spinkes, Cheshire; Robert M. Quin, Portadown; Tom J. Lumley, Northumberland; Richard E. Roberts, Carnarvonshire; Frederick Lilley, Belfast; James H. Stuart, county Antrim; Mary Ann Handson, Lincolnshire; John Boyd, Kilree; Michael A. Neylon, Victoria, Australia; Farris N. Jaboor, Syria; John G. Gibso, New Cumnock; Montague V. McKechnie, Wiltton Park; Ellis Owen Jones, Carnarvonshire; James H. Fleming Arundale; Christopher B. White, Jamaica; John L. M. Govan, Woolwich.

Third Examination.

Andrew M'Crede, Stranraer; James M'Glynn, Tyrone.

Final Examination, and Admitted Licentiate of the Three Co-operating Colleges.

George Henderson, Coatbridge; Ernest Edward Crowther, Luddenden; David Smith Henderson, Coatbridge; James Morrison, Belfast; Patrick James Galnan, Cork; Mark O'Brien, Ballinacollig, county Cork; William Herbert Richardson, Manchester; Annie Christina Sutherland, Bo'ness; Charles Ayton Marrett, London; Daniel Villesid, Belfast; Daniel Morrissey, Passage West, Cork; Arthur John Pollard, Headingley, Leeds; Alfred Hamman, Knutsford, Cheshire.

The following candidates, having completed both the first and second examination, were admitted Diplomates in Public Health at the May sittings of the Board of Examiners:—

Heard Lorans, M.B., C.M. Edin., Mauritius.
 Mark Sharnan, M.B., C.M., Glasg., Rickmansworth.
 John Leeching Rudge, M.B., C.M. Edin., Cape Colony.
 James Stevenson, M.B., C.M. Glasg., Clydebank.

(a) "A Manual of Pathology." By Joseph Coats, M.D., Professor of Pathology in the University of Glasgow, &c. Third Edition. London: Longmans, Green & Co., 1895.

Notices to Correspondents, Short Letters, &c.

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

THE COST OF ANTI-VACCINATION.

WE understand that the cost of combating the small-pox epidemic at Gloucester has been so great as to necessitate the levying of a special rate of 9d. in the £1 for twelve months. Beyond this, a permanent hospital costing £11,000 will be built, and must involve an outlay of £1,800 or £1,900 a year in salaries and maintenance. That was in any case a necessary provision. The epidemic has, however, taught a useful, although an expensive, lesson in life and money.

DR. T. H.—The subject will be referred to in our next.

THE VARYING STRENGTHS OF STROPHANTHUS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR.—In connection with the subject of the variation in the strength of preparations of strophanthus, noted by you in referring to Dr. W. Balfour's condemnation of the drug, I beg to say that in conjunction with my friend, Mr. E. H. Farr, I have been at work upon the subject for some months past. We hope shortly to publish one or more notes on the subject, embracing processes for the determination of the active principle, a report upon commercial tinctures, and also a method for standardising the pharmacopoeial tincture.

I am, Sir, yours, &c.

K. WRIGHT.

Barton, May 16th, 1896.

PROVINCIAL PRACTITIONER.—You can legally demand the customary fee for attending the inquest.

SKIN DISCOLOURATION.

A LIVERPOOL correspondent asks advice under the following circumstances. He says:—I had the misfortune some months since to fall face downwards on a clinder path, and made a nasty jagged cut on the bridge of the nose. The wound was washed at the time, and is now perfectly healed, and though there is no scar, and the surface is quite smooth, there remains a blue discolouration in or under the skin. I presume it may either be the bruised tissues, or the presence of fine coal dust or sand, such as is seen in the faces of coal miners who have met with accidents, or in the faces of sportsmen who have been marked by gunpowder. I should be obliged for any suggestions as to the best way of restoring the skin to its original colour.

DR. J. M. will find that his question has been answered on reference to our "Notes on Current Topics."

THE SALUBRITY OF MINERAL WATER MAKING.

A DEPARTMENTAL inquiry into the circumstances affecting the health and safety of mineral water makers has been ordered by the Home Secretary, and will be held in Belfast.

Meetings of the Societies.

WEDNESDAY, MAY 20TH.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND (20 Hanover Square, W.).—4.45 p.m. Annual Meeting and Conference. Election of Officers. Introductory Address by President, Paper:—Dr. W. G. Smith (Dublin): Notes upon Chryso-robin and Chrysophanic Acid. 5.45 p.m. Cases.

THURSDAY, MAY 21ST.

HARVEIAN SOCIETY OF LONDON, (Stafford Rooms, Titchborne Street, Edgware Road, W.) "Clinical Evening."

VICTORIA HOSPITAL FOR CHILDREN, (Chelsea).—4 p.m. Dr. Montague Murray; Demonstration of "Selected Medical Cases."

FRIDAY, MAY 22ND.

CLINICAL SOCIETY OF LONDON.—8.30 p.m. Annual General Meeting. Election of Officers for 1896-1897. Dr. Glenow: A Case of Typhoid Fever with Hyperpyrexia and Cardiac Dilatation; Venesection; Recovery. Dr. B. Weston and Mr. Howard: A Case of Chronic Dilatation of the Colon. Mr. W. G. Spencer: Punctured Wound of Right Ventricle of Heart through Second Left Intercostal Space, severe Primary and three Secondary Hemorrhages. Healing of the Wound, subsequent Post-mortem Examination after Death from Disease. Mr. G. B. Baldwin: A Case of Central Sarcoma of the Femur with Early Dissemination.

MONDAY, JUNE 1ST.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 p.m. Annual General Meeting. Paper by Dr. Washbourne: "Some Points in Connection with the Bacteria of the Mouth," illustrated with Lantern Slides.

Vacancies.

Abingdon Union.—Medical Officer. Salary £100 per annum. Applications with testimonials, on or before May 23rd.

Bridgwater Infirmary.—House Surgeon. Salary £80 per annum, with board and residence. Applications with testimonials, to Mr. John Coombs, Hon. Secretary, Bridgwater Infirmary, Bridgwater, on or before May 29th.

City of Birmingham.—Medical Superintendent, (unmarried), for the City Hospital for Infectious Diseases. Salary, £200 per annum, (rising by £20 per annum to £300 per annum) with board, lodging, and attendance. Applications, with testimonials, to Mr. J. Keyte, Clerk to the Health Committee, Council House, Birmingham, on or before May 29th.

Horton Infirmary, Banbury.—House Surgeon and Dispenser. Salary 60 per annum, with board and lodging. Applications, with testimonials, on or before May 23rd, to Mr. C. H. Davids, Hon. Sec., 21 Marlborough Road, Banbury.

Poplar Hospital for Accidents, Blackwall, E.—Assistant Resident House Surgeon. Salary £80 per annum, with board, lodging, and washing. Applications, with three recent testimonials, to the Secretary on or before May 23rd. The Second Assistant Resident is a candidate for the post. Should he be elected, candidates will please state if they are willing to take his post. Salary £50 per annum, with board, lodging and washing.

Royal College of Surgeons of England.—Professorships and Lecturer ships, open to Fellows and Members of the College. Applications, with particulars of the subject on which they propose to lecture, to the Secretary, before June 2nd. (See advert.)

University Court of St. Andrews.—The Court proposes to appoint the following Lecturers, viz: (1) on Anatomy, with a salary of £300 per annum; (2) on Materia Medica, with a salary of £200 per annum, and (3) on History, with a salary of £300 per annum. Applications with twenty copies of testimonials will be received by the Secretary until 1st June.

Weston-super-Mare Hospital and Dispensary.—Medical Officer. Salary £80 per annum, with board, lodging, and washing. Applications, with testimonials, to the Hon. Secretary, on or before May 26th.

Appointments.

CLEGG, J. GRAY, M.D., B.S.Lond., F.R.C.S.Eng., Senior House Surgeon to the Manchester Royal Eye Hospital.

EDWARDS, ARNOLD, J., M.D.Vict., B.Ch., Honorary Surgeon to the Chorlton-upon-Medlock Dispensary, Manchester.

FINDLAY, GEO., M.D., C.M.Aberd., Medical Officer for the Campden Urban Sanitary District.

GRIFFITH, W. S., M.B.Camb., L.R.C.P.Lond., F.R.C.S., Medical Officer of Health by the Milford Haven Urban District Council.

JEPSON, E., M.D.Durb., M.R.C.S., Honorary Physician to the Durham County Hospital.

MARSHALL, W. L. W., M.R.C.S., Surgeon to the Huddersfield Infirmary.

MARTIN, SIDNEY, M.D., F.R.S., Professor of Pathology in University College, London.

MENZIES, J. ACWORTH, M.D., C.W.Edin., Junior House Surgeon to the Manchester Royal Eye Hospital.

MORRISON, C.S., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Medical Superintendent of the County and City Asylum, Hereford.

PATON, E. PEROT, M.D., M.S.Lond., F.R.C.S., Surgical Registrar to the Westminster Hospital.

SELLERS, A. E., L.R.C.P.Lond., M.R.C.S., Medical Officer of Health for the Thornhill Urban Sanitary District.

THOMPSON, PETER, M.B., Ch.B.Vict., Senior Demonstrator in the Department of Anatomy at Owens College, Manchester.

YOUNG, ROBT., M.B., C.M.Aberd., Medical Officer of Health for the Rochford Rural Sanitary District.

Births.

MARTY.—May 15th, at 8 The Beacon, Exmouth, the wife of Reginald Martyr, M.R.C.S., of a daughter.

ROBINSON.—May 16th, at 1 Upper Wimpole Street, London, the wife of H. Batham Robinson, M.S.Lond., F.R.C.S., of a son.

SHADWELL.—May 11th, at Lynhurst, Walthamstow, the wife of St. Clair B. Shadwell, M.D.St. And., of a daughter.

SMART.—May 12th, at Needham Place, Newry, the wife of Henry W. Smart, L.R.C.S.I., of a daughter.

STEPHENSON.—May 8th, at Welbeck Street, London, the wife of Sidney Stephenson, M.B.Edin., of a daughter.

USHER.—May 14th at Laurel Lodge, Dundrum, County Dublin, the wife of Isaac William Usher, L.R.C.S.I., of a son.

VACHELL.—May 11th, at Charles Street, Cardiff, the wife of Charles Tanfield Vachell, M.D., of a daughter.

WARD.—May 14th, at Wokingham, Berks, the wife of Ernest Ward, M.R.C.S., L.R.C.P., of a son.

Marriages.

BLAKE-HARRIS.—May 11th, at the City Temple, Victor John Blake, M.B., B.S.Lond., M.R.C.S.Eng., L.R.C.P.Lond., of Elnore, Ventnor, I. of W., to Amy Katharine Harris, eldest daughter of B. Harris, of Wrexham.

COLEMAN-SCOTT.—May 14th, at St. James's Church, Gravesend, Percy Coleman, M.B., B.S., of Clacton-on-Sea, son of E. H. Coleman, of Trevena, Forest Hill, to Florrie, youngest daughter of the late James W. Scott, of Poota.

CRAMER—MACNAUGHTON-JONES.—May 13th, at St. Marylebone Church, London, by the Very Rev. the Dean of Norwich, assisted by the Rev. W. H. Macnaughton-Jones, M.A., brother of the bride, Captain Jocelyn Henry Cramer, son of the late John Cramer, Esq., of Ballindinisk House, Kinsale, formerly of the 7th Dragoon Guards, to Edith May, only daughter of H. Macnaughton-Jones Esq., M.D., F.R.C.S.I. and E., of London.

Deaths.

BALL.—May 10th, at Crosby House, Hounslow, William Montague Ball, M.B.Aberd., aged 61.

GARDNER.—May 10th, at Mustapha Supérieure, Algiers, Richard C. Gardner, M.D., late of Paiswick, Gloucester, aged 68.

MOXEY.—May 9th, in Paris, David A. Moxey, M.D., M.R.C.P.Lo. Fulton Lecturer, New College, Edinburgh.

STATTER.—May 9th, at Snapethorpe Hall, near Wakefield, William Statter, J.P., F.R.C.S., in his 90th year.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXII.

WEDNESDAY, MAY 27, 1896.

No. 22.

Original Communications.

THE VARIOUS MANIFESTATIONS OF EYE-STRAIN UPON THE EYE ITSELF AND THE BEARING THIS HAS UPON TREATMENT. (a)

By ERNEST CLARKE, M.D., F.R.C.S.,

Surgeon to the Central London Ophthalmic Hospital, &c.

I SHALL not refer here to ocular pain, headache, and the remoter effects of eye-strain. These I and others have dealt with elsewhere, and they are more or less known to all of you. In passing I would briefly call your attention to a paper I read before the British Medical Association two years ago, (b) in which I showed that *blepharitis* was invariably associated with an error of refraction, and that 65 per cent. of the cases were astigmatic. A longer experience has only served to confirm the views expressed in that paper, and I consider that the treatment (although not the only treatment) for *blepharitis* is the proper correction of the error of refraction and the wearing of glasses. Now here, as all through my paper, I do not want you to understand that I consider eye-strain to be the only cause of *blepharitis*. A strumous diathesis, dirt, and many other causes may exist, but the eye-strain, I maintain, is the cause that determines the attack on the eye or on the eyelid. You may cure the disease for a time, by active local and general treatment, but if the strain is not removed, you will sooner or later have a recurrence.

Conjunctivitis.—We may divide this disease into five groups:—

1. *Purulent Conjunctivitis* (gonorrhœal or ophthalmia neonatorum).
2. *Muco-purulent* (catarrhal ophthalmia, spring catarrh, &c.).
3. *Granular* (trachoma, follicular conj., granular ophthalmia).
4. *Phlyctenular*.
5. *Diphtheritic*.

Only in the phlyctenular variety do I suggest that there is any marked association with ametropia, but in other forms, which have become chronic and resist treatment, I strongly advocate that the refraction should be tested, and if any refractive error be discovered, it should be corrected. I am confident that you will then find the disease much more amenable to local and general treatment.

Keratitis.—You know how frequently children suffer from phlyctenular keratitis. A phlyctenule forms in the middle of the cornea, more often than not over the pupil; this breaks down, and an ulcer results, photophobia is intense, the ulcer is neglected, and a general keratitis ensues, and when, finally, the disease is cured (?) a dense corneal opacity is left as a scar that interferes with vision for ever afterwards. You know

how useful atropine is in such cases, and how, if properly put into the eye, the child will, in a few days, be able to open its eye, and in a very short time be well. Why is atropine such a useful agent? *because it puts the eye at rest*. Follow the history of that child, the eye gets well, you cease using the atropine, and all goes on well for some time; in the course of, say, a year or longer it has an attack of measles, or in some way the system gets lowered, and the child is brought to you again. I have scores and scores of old hospital letters with the records of such cases. A year's interval and then the word *relapse* occurs on the patient's letter; a few weeks of treatment and well, another, or, perhaps, two years, and another *relapse*, and so on. When the child is well, and before ceasing the atropine, test the refraction; you will find an error, and, in most cases, a considerable amount of *astigmatism*. Put that child into glasses and you prevent the relapse. I think the eye-strain determines the attack on the eye, say, in a strumous child, and one recovery from an illness in exactly the same way that an unhealthy joint will determine an attack of gout in it. When we realise the enormous number of people whose vision is permanently lowered through these scars, the result of, in many cases, recurrent corneal ulcers, we cannot help feeling that the old adage, "Prevention is better than cure," was never better applied.

Scleritis.—Inflammation of the sclerotic is in many cases a very painful complaint, it is exceedingly obstinate, and sometimes appears quite unamenable to treatment. It is associated very often with the rheumatic diathesis. Leeches, blisters, atropine, fomentations and internal exhibition of salicine may ameliorate matters and the disease settles down into a chronic or subacute state, or may get well only to reappear again some time later. In a large percentage of cases that have been under my care during the last few years I have found a marked error of refraction, and on correcting this with glasses the various remedies have acted like a charm. Some cases that have resisted treatment for months have been cured in a week or ten days.

Iritis.—The intimate association of the iris with the ciliary body and muscle would lead us to expect that strain would have a perceptible effect on the causation or aggravation of this disease, and so it has. It is in recurrent iritis that I would specially draw your attention to this association. You know what an annoying disease *recurrent iritis* is, how it recurs in one or both eyes, or alternately year after year, or with longer or shorter intervals, and how, from the deposit of lymph and pigment on the anterior capsule, or from the delay of treatment with atropine, from the adhesions formed, the eye is left worse off after each attack. You know that the treatment has been *iridectomy*, but an operation is always looked upon as a very serious thing, and it is, in fact, a serious matter, but the worst is that *iridectomy* does not always prevent a recurrence. During the last three years I have attempted to determine the refraction of any iritis, and where I succeeded I have found in every case a serious error, and I believe the first, if not the best treatment for *recurrent iritis*, is the correction of refractive errors. In this way I have, in many instances, prevented a relapse in patients who were constantly suffering

(a) The Presidential Address delivered before the West Kent Medico-Chirurgical Society, May 1st, 1894.

(b) *Ophthalmological Review*, November, 1894.

Glaucoma.—You know that the fluid secreted by the glands of the ciliary body nourishes the various structures in the eye, notably the vitreous and lens, and that the greater part of the fluid passes from the posterior chamber through the pupil into the anterior chamber, and thence out at the filtration angle into the choroidal veins. The tension of the eye is raised by this increase of fluid in the eye, either (1) by its hypersecretion, or (2) its obstructed exit at the filtration angle due to its increased viscosity or to actual obstruction at this spot, or both, and we get glaucoma. Now irritation of the fifth nerve and dilatation of the ciliary vessels will cause hypersecretion, and although Priestley Smith says "the hypothesis that glaucoma is the expression of a persistent hypersecretion remains a hypothesis" (a), still I want you to bear in mind that it is a hypothesis, and withal a very reasonable one.

But let us pass on to the real cause of primary glaucoma—obstructed excretion. We find, according to Priestley Smith, three important facts (b):—

1. The size of the lens increases throughout life, and the liability to glaucoma increases throughout life.

2. The liability to primary glaucoma is greatest in exceptionally *small* eyes.

3. Hypermetropia is the commonest refractive state in eyes affected with primary glaucoma.

All these three factors tend to block the filtration angle.

Now with reference to hypermetropia, I want you to recognise three important facts:—

1. The ciliary muscle is always enlarged in hypermetropia, and with it very often the ciliary body is also hypertrophied; this tends, of course, to obstruct the filtration angle, and might also lead to hypersecretion.

2. Hypermetropia uncorrected always means considerable eye-strain, because the eye is never at rest, except during sleep.

3. Hypermetropia in a large number of cases is associated with astigmatism, which would, of course, increase the strain.

Walker ("Trans. of Int. Med. Congress, 1881") and Shoen ("Trans. Int. Oph. Congress, 1888") both put forth the contention, that hypermetropia might probably start glaucoma through the excessive strain in the accommodation, but Priestley Smith answered this by asserting that, according to his tables, the liability to glaucoma is greatest at a time of life when the accommodation is in abeyance. My answer to this is that by his own tables he shows that, although the liability reaches its maximum at 60, it begins to rise rapidly after 30, and that its most rapid rise is about 40, just at the period when the accommodation may be taxed to its utmost, and certainly is not in abeyance. Again, as I have said, astigmatism is in a large number of cases associated with hypermetropia, and this of itself must, if uncorrected, cause strain.

I have several patients under my care who have had one slight attack of primary glaucoma, and who, by wearing correcting lenses, have succeeded in warding off another attack; this may be a coincidence, but if it is, it appears to me to be a very remarkable one. Please quite understand me. I do not suggest for a moment that every case of glaucoma is due to eye-strain, but I do maintain that, from what we know of eye-strain, it is highly probable that, given other conditions, it may start an attack, and thus form an important factor in the causation of this dire disease.

Cataract.—Although for some time past I have fully recognised the important part that *astigmatism* plays in the causation of cataract, I confess I was very surprised at the result of the investigation I made for this paper. I have taken 200 cases of cataract eyes from my private case-books, beginning with my last cataract patient and ceasing when I reached the two-

hundredth. In a large number of these cases the cataract was incipient and often only discovered when the pupil was dilated, and consequently the patient had no idea of the presence of the disease.

I have only considered such cases as cataract when the lens showed opaque striæ or patches in its substance, and have excluded all cases of opacities on the capsule the result of inflammation. In almost all the cases the examination was made, and the refraction worked out under homatropine. Those cases in which the density of the cataract prevented the estimation of the refraction were excluded. Counting an error of refraction to be any astigmatism over 25 D., any hypermetropia over 1 D., and any myopia, I found ametropia present in every case, and astigmatism present in 150, i.e., 75 per cent.

The refraction of 200 cataracts.

Astigmatism.			
Hypermetropia...	...	...	48
Myopia"	c. presbyopia	...	17
"	...	...	64
"	c. presbyopia	...	15
Mixed	...	...	3
"	c. presbyopia	...	3
			150
Hypermetropia.			
Simple	...	...	4
"	c. presbyopia	...	16
			20
Myopia.			
Simple	...	...	14
"	c. presbyopia	...	13
			27
Presbyopia.			
Simple	...	...	3
			200

Astigmatism present in 75 per cent.

What is the percentage of astigmatism present in all eyes? Work Dodd (a) found on examining 50 people with apparently normal sight, that 9 of them, i.e., 18 per cent. were astigmatic. Contrast this 18 per cent. with 75 per cent. shown in the above table and surely these figures indicate a distinct association between astigmatism and cataract.

If astigmatism may lead to cataract you may very naturally ask, what is the *modus operandi*?

With few exceptions, the seat of regular astigmatism is in the cornea, due to a difference in the curvature of the different meridians; added to this there is sometimes found a "static crystalline astigmatism," due to a difference in the curvature of the different meridians of the lens, and the two together make up the total astigmatism of the eye which is revealed under an ordinary examination. But most frequently, although astigmatism of the eye is suspected, where it is of low degree it may be impossible to detect it without resorting to a mydriatic. Donders, in 1864, first drew attention to this, and he pointed out that the corneal astigmatism was masked and corrected by an inverse astigmatism of the lens. Dobrowsky, in 1868, asserted that this crystalline astigmatism was produced by an unequal contraction of the ciliary muscle; and Hensen and Voelckers later have shown by experiments upon animals that this unequal contraction is possible. They showed that when a filament of the ciliary nerve was divided the portion of the muscle supplied by it was relaxed, and that on stimulating the cut end a local contraction took place.

But, quite apart from the physiological proof, the clinical proofs are, to my mind, so perfectly conclusive that, in spite of the fact that many ophthalmologists decline to accept this theory, I myself thoroughly believe it.

(a) "Glaucoma," 1891, page 39.

(b) *Ibid.*, p. 84.

(c) "Trans. Oph. Soc.," vol. xiii, p. 206.

Let me take a typical case. A patient complains of headache accentuated by near work. Examination reveals no refractive error. The ciliary muscle is paralysed by a mydriatic, and astigmatism is discovered. This is corrected by cylinders, the glasses are ordered to be worn always, and in a short time the patient is cured.

Again, very often when the effect of the mydriatic has passed off the patient refuses the cylinder that improved his vision under atropine. He tells you that it makes his vision worse. In spite of this you prescribe it, and—this is a very important point—you insist on the glasses being worn always. He returns in a month or two, assuring you that his headaches have entirely disappeared, that he has become accustomed to the glasses, but that he cannot now see as well without them as he could before using them.

What has happened? At first, when the effect of the mydriatic has passed off, the ciliary muscle returns to its old habit of unequal contraction, and consequently the correcting glasses, instead of helping, make matters worse; but by constantly wearing them the necessity for this unequal contraction disappears, the muscle resumes the normal condition and allows the glasses to do the work. Vision is apparently worse without the glasses because the muscle has forgotten its bad habit; but, of course, like all bad habits, it can be easily re-acquired. The patient has lost nothing but his headache. What stronger proofs could one have that this unequal contraction does occur?

What is more likely to interfere with the nutrition of the lens than this unequal contraction of the ciliary muscle, producing an artificial lenticular astigmatism, and constantly taking place?

It is interesting to note that in the cases I examined where the strain was more in one eye than the other, that eye showed greater changes, and in some cases was the only one affected by cataract.

The practical deduction from all this is that by correcting the error of refraction and so removing the strain we ought to be able to arrest or retard the development of cataract, and I fully believe that this is the case. The patients I have under treatment at present most certainly illustrate this, but as the longest period of observation is only four years the time is at present too short to enable me to use them as convincing proofs of the above theory, time alone will show this, and I shall hope at some future period to bring the subject before you again.

ABDOMINAL SURGERY—NOTES OF CASES.

By RUTHERFORD MORISON, M.B., F.R.C.S.,
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(Continued from page 420.)

In the previous portions of this paper the deaths that occurred after my abdominal operations during 1895 have been recorded in detail. It now remains for me to fulfil the rest of my promise, and to report such cases of special interest as were operated upon by me during the same period.

Perhaps the subject most engaging at present the attention of abdominal surgeons is the surgical treatment of appendicitis, and it is one well worthy of study. Knowledge of it is only to be added to by the making of accurate clinical and pathological records. Symptoms and signs should be carefully observed. Then the pathological conditions found should be carefully noted. The present prognostic uncertainties, on which depend the differences of opinion as to treatment, are the result of insufficient pathological information, and will be overcome. It is impossible

for me to deal in the space at my command with so large and important a subject, even if it were useful that I should do so, but there are one or two points I would like to emphasise.

The first is one on diagnosis. It is safe to say that appendicitis is by far the most common cause of acute abdominal pain accompanied by rise in temperature, and that the appendix should first be excluded in dealing with such cases.

The next, also on diagnosis:—A considerable tender swelling round the appendix, not diminishing under careful treatment, and of over four days' duration, contains pus, even though the temperature and pulse be normal, and other symptoms are not aggressive. The diagnosis of pus carries with it, of course, the recommendation for operation.

The third:—That a case with a history of two or three days of abdominal uneasiness, followed by a sudden attack of "agonising pain," is one demanding operation, at the earliest convenient time, for there is a large perforation in the appendix, and the grave risk of diffuse peritonitis, should be anticipated.

The last on treatment. That repeated doses of opium may be relied on to relieve all the symptoms to such an extent as to mislead the most watchful practitioner. Possibly it would be well to add my belief that the operation for removal of the appendix by a competent surgeon is one involving so small a risk, that if there is any doubt as to whether it should be undertaken in any particular case, the benefit of the doubt should be given in favour of operation.

CASE I.—*Severe Relapsing and Recurrent Appendicitis—Large Mass Remained in Right Iliac Fossa—Operation After Fourth Attack—Cavity Outside of Cecum packed with Gauze and Drained.*

Mrs. D., æt. 54, sent to me by Dr. Thompson, Gateshead. During the last eleven months the patient has had four attacks of severe abdominal pain, terminating in an illness of some days' duration.

The first attack began on a Wednesday evening, in April of last year (1894), while the patient was in church, with pain chiefly round the navel. She was able to sit out the service, and walk home alone, though with difficulty. Soon after getting home she went to bed, and vomited, was in pain, and slept very little all night. The matter vomited was dark-coloured, and the doctor said it was blood. The pain increased during the next day, and lasted for a week, after which it gradually subsided. During the first few days the pain was all over the bowels, after which it settled in the right side. The bowels were much constipated, but no swelling was noticed till Dr. Thompson discovered it last December. The second attack began in July, the third in November, and the fourth in December, 1894. Each was similar to the first, with the exception that the vomited matter was never dark except the first time.

After the last attack in December the patient did not regain her strength, and never became entirely free from pain, as she had usually done. After six weeks' rest in bed she still continued ill, and the lump remained tender. On February 5th her condition was as follows:—The abdomen was not distended. In the right iliac fossa there was a distinct feeling of resistance.

One-third of the distance between the anterior superior spine of the ileum and the umbilicus a hard rounded tender mass the size of a large filbert was felt. Extending upward from it there was a less firm, less tender mass for two inches, the upper end of which was gradually lost above. The harder nodule seemed to be fixed on a less-defined underlying mass, the lower end of which ended abruptly opposite the centre of Poupart's ligament.

Operation, 6th Feb., 1895.—An incision was made in the right linea semilunaris, extending from the right

umbilical level to immediately above Poupart's ligament. The cæcum was adherent to the parietal peritoneum and omentum, and a doubled-up inflamed portion of the omentum had caused the knob felt before operation. A second incision was now made commencing at the centre of the first and running obliquely back in the middle of the iliocecal space. The abdominal cavity was packed with sponges, and the outer side of the cæcum stripped from the parietal peritoneum. A small quantity of purulent fluid and a considerable quantity of dirty granulation tissue was found locked up between the two, and at the bottom of the cavity the appendix firmly bound down by adhesions. It was separated up to its cæcal attachment, when a small perforation was exposed at the junction of the cæcum and the appendix. The latter was ligatured and cut off, and the stump burned with the thermo-cautery. The former was carefully sutured with silk, after tucking into it the charred and ligatured stump of the appendix. After draining the cavity it was packed with iodoform gauze, and a full-sized india-rubber drainage-tube inserted. The abdominal wound was closed with three layers of specially prepared cat-gut sutures, except at the posterior and dependent end of the oblique incision, where the ends of the gauze and drainage-tube projected into the loin. Here the wound was temporarily closed by two silkworm-gut sutures tied in a bow knot, to be untied for the removal of the gauze plug, and permanently tied afterwards, as described in a paper of mine on "The Use of the Tampon and Temporary Suture in Abdominal Surgery," published in *Northumberland and Durham Medical Journal*, January, 1893. The operation lasted one hour and a quarter, and the patient was put to bed in good condition.

Pathology.—The appendix removed was two inches long and thickened. Near the centre, where it had been specially adherent, the thickening was most marked. There was a small perforation. On slitting it up, the mucous membrane lining it nearly filled the lumen in which was some mucus. Two perforations had occurred, one at the junction of appendix and cæcum, the second in the middle of the appendix.

After Progress.—On February 8th, forty-eight hours after operation, the gauze strip was removed, and the silkworm gut sutures were permanently tied. February 10th.—Wound dressed the second time and tube removed. February 16th.—Wound dressed for third time and was healed, except where drainage-tube had been, and the silkworm-gut sutures were removed. Four days later she went home healed. There is no weakness, and no bulging of the scar, though a segment of the lower end of the rectus muscle is paralysed.

CASE II.—Appendicitis in Female with Pelvic Peritonitis—Dermoid Ovarian and Parovarian Cyst—Appendix Abscess drained through Loin—Ovariectomy—Pelvis drained per Vaginam.

Mrs. M. P., æt. 31, patient of Dr. Davies, of Sunderland. On April 4th, 1895, felt a pain in abdomen but not severe. She took a purgative pill, and at 2.30 a.m. was awakened with severe pain. A dose of saline aperient and hot flannels relieved her. In the morning she took a cup of tea which she vomited. She had hiccough. Her bowels were not moved. On April 5th, at 10 o'clock a.m. she was seen by Dr. Davies, who found her with a pulse of 80 and temperature 100°, complaining of general abdominal pain. Her cheeks were flushed, feet cold, knees drawn up, mouth dry and she had thirst. Abdomen generally tender, but mostly in the hypogastrium. Enema given in the evening had no apparent effect, but was followed by intense pain, and feeling of faintness, vomited once. Temperature 101° 2', pulse 90, feels occasional chills. On April 6th pain became more distinctly referred to right side of the abdomen, which was swollen. On April 14th Dr. Davis found a lump in the right iliac fossa

On April 18th a consultation with Dr. Drummond was held, and a pelvic swelling was found in addition to the tumour in right iliac fossa. I saw the patient first on April 19th (fifteen days after illness commenced). Previous to her present illness she had always been in good health. She was now pale and ill-looking, her tongue was red and moist, pulse 100 temperature 100°. In the right lumbar region and extending into the right iliac fossa, a tender resisting ill-defined swelling was felt.

Per vaginam.—The pelvis was filled with firm exudate, fixing the uterus. Her temperature chart, kept since the commencement of her illness, was strongly suggestive of the presence of pus.

Operation, April 20th.—The abdomen was opened by an oblique incision in the direction of the external oblique fibres over the cæcum. The cæcum was found glued down over a mass in the right iliac fossa. In the pelvis, and filling the pouch of Douglas, and covered by adherent intestines, a fluctuating swelling was felt. The intestines above the pelvis, with the exception of the cæcum, were free from adhesions. The abdominal wound was packed with sponges, and covered with an antiseptic towel, and the patient was placed in the lithotomy position. After vigorous cleaning of vulva and vagina, an incision was made in the posterior vaginal fornix, close behind the cervix uteri. About 3j of purulent fluid escaped. A pair of forceps pushed close into the opening and drawn out open led to no further result. Between one hand in the abdomen above, and finger in the vaginal opening below, a cystic swelling could be distinctly felt. The patient was now placed on her back, with an antiseptic towel over the vulva, and the abdominal wound was prolonged backwards to the loin, and forwards to the middle line, the deep epigastric artery being secured before its division. After separating the adherent intestine, the cystic swelling in the pelvis was now seen to be ovarian. The tumour was turned out whole, and the oozing bed in which it had been adherent, was immediately packed with sponges. The remainder of the abdominal cavity was also packed off with sponges, and the separation of the cæcum from the parietes on the outer side undertaken. On separating the outer layer of the meso-colon, an abscess containing at least two ounces of stinking pus was evacuated. The appendix was searched for by raising the whole cæcum from the outer side. It was seen and felt firmly adherent to, and flattened on, the under surface of the exposed cæcum, where it was left after an attempt to separate it had shown that this could not be done without tearing the intestine. The abscess was sponged dry and carefully packed with iodoform gauze strips, the ends of which were left hanging out from the loin end of the wound behind. The abdominal and pelvic sponges were next removed, and all oozing found to have ceased. A second cyst, the size of a turkey's egg, was now found in the pelvis, and was removed. The left ovary and tube were found in their normal position, and seemed healthy, though adherent, they were left. A pair of long clamp forceps were introduced from the abdominal wound down to the opening in the upper part of the vagina, and guided by Dr. Davies' finger in the vagina were led outside of the vulva, when they were opened, and made to seize a thick strand of iodoform gauze, the upper end of which was drawn on so as to just reach into the pelvis, the lower lying within the vulva. The entire abdominal wound was closed with silk, except where the gauze drain and an india-rubber drain were left projecting at the loin. The vulva and the wound were dressed with antiseptic dressings.

The first cyst removed was an ovarian dermoid, the size of a cocoon; the second a parovarian cyst, the size of a turkey's egg.

After Progress.—April 24th, 1895 (ninety-six hours after operation), the gauze was removed from both

vaginal and lumbar wounds. April 26th, the vaginal discharge was noticed to be offensive, and irrigation with iodine water brought away a quantity of foetid matter. All the stitches were removed on the fifteenth day; the wounds were entirely healed in the early part of June. Convalescence was uninterrupted, and the immense cicatrix has been so carefully looked after that it has shown no tendency to bulge.

CASE III.—Acute Appendicitis—Large Localised Collection of Fluid in Peritoneal Cavity Simulating Diffuse Peritonitis—Drainage—Recovery.

Miss G. M. C., æt. 11, a patient of Dr. Macaulay's. On Thursday morning, Feb. 21st, 1895 (six days before operation), the patient was slightly sick after taking some tea. Again on the following morning (Friday) she was sick, but got up, and then complained of some pain and feeling sick. A little brandy was administered, but she vomited it, and complained of feeling alternately cold and hot. On Saturday morning an aperient was given, which she vomited two hours afterwards. At 2 o'clock p.m. some senna was administered, after which she slept for two hours, but woke screaming with pain in her bowels, which was so acute that she became unconscious for five minutes. For the first time her illness was now recognised as serious, and the doctor sent for. At 6 p.m. she vomited. She passed a restless night, and on Sunday morning her abdomen was swollen and tender. She had an easy day after 5 p.m., when she vomited and complained of pain. Another restless night was followed by no improvement. On Monday afternoon I saw the patient with Dr. Macaulay. She was the most philosophical young person I have ever known, for though desperately ill she made no complaint, and took everything as it came. Her face was pinched and gray, with large black rings round her eyes. Temperature 100°, pulse 128. Abdomen considerably distended, and there was some tenderness, best marked on the right side, and in the right iliac fossa. Both flanks were dull on percussion, especially the right. The dulness of the left side receded with change of posture, but not so that on the right. Dr. Macaulay and myself took the most unfavourable view of the case, for we made a diagnosis of acute perforating appendicitis with general peritonitis, and thought an operation might only hasten the end. The measurement of the abdomen round the umbilicus was 23½ inches, and the following morning, February 26th, 1895, we met again, and the only change recognisable was that the abdominal girth had now increased to 25 inches. In a few hours 1½ inches of increase was recorded. The same afternoon we had the advantage of a consultation with Dr. Drummond, who urged operation, as offering the only chance, though a very poor one. At 3.15 p.m., operation. An incision was made in the right linea semilunaris, opening the abdomen, and about half a pint of stinking purulent fluid gushed out. My finger introduced into the cavity, and gently run round, led me to believe that the cavity might be shut off from the general peritoneum by surrounding soft intestinal adhesions. From the upper end of the first incision a second was made back into the ileocostal space to the loin. The cavity was sponged dry, and the appendix looked for, but without disturbing any adhesions. It was not seen. The dry cavity was lightly dusted with iodoform, and drained by a large india-rubber drainage-tube, coming out at the loin end of the wound. The remainder of the wound was closed in three layers with specially prepared catgut.

After Progress.—With the exception of some suppuration in, and fecal discharge from, the wound, which caused an occasional rise of temperature, recovery was uninterrupted, and the wound healed entirely by April 11th. No yielding of scar or hernia.

(To be continued.)

NOTES OF A CASE OF PULMONARY EMBOLISM; RECOVERY WITH SOME REMARKS UPON PERIPHERAL VENOUS THROM- BOSIS. (a)

By JOHN H. GLENN, M.D.,

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MRS. J., was delivered of her second child, a large, healthy boy, on December 9, 1895. The patient was a tall, exceedingly stout, young woman; the labour was natural and not prolonged. When I arrived the head was born and the perineum required two sutures, which were of silk. She had both before and since her marriage suffered from varicose veins of both legs, and these caused her considerable pain after her first child and also when carrying the second. Her temperature remained normal, and the perineal wound healed kindly, but on the third day my attention was called to the left leg, where I found the internal saphenous vein thickened and inflamed, with a distinct area of redness about the size of a florin. The usual treatment was resorted to, namely, elevation of the limb, suitable posture, lotion of lead and opium, covering with cotton wool, and even bandaging.

The case for three weeks displayed some unusual features, as the temperature in the evening remained below 100° F., and the leg displayed none of the usual hard œdema met with in the so-called "white leg." At this time I felt justified in regarding the case as one of simple venous thrombosis, my only anxiety being presence of obstinate constipation with white-furred tongue, the well-known recognised prodromata of phlegmasia alba dolens. With this in mind careful abdominal palpation was practised, but no effusion was to be detected on either side. During the fourth week the vein was to be felt as a distinct, hard cord, but the leg, though painful at night and feeling heavy to the patient, was still quite soft, it was slightly larger than the right on measurement.

Patient and her friends were warned as to the grave dangers incurred by sudden movements, and she was progressing well, if slowly, up to the 17th of January, 1896, or thirty-nine days after her delivery. On the 18th of January she had some visitors, and, feeling so much better, probably rather over-exerted herself, for immediately after, when having her leg dressed, she suddenly became faint and breathless, and I was sent for in a hurry. My friend Dr. Flynn, who was kindly doing duty for me, saw her at 9.30 p.m., and found her lying with anxious aspect, rapid breathing, and tumultuously beating heart. Her brother, who is a senior medical student, had, on auscultating before Dr. Flynn's arrival, distinctly heard a systolic murmur, but this disappeared, only, however, to return again with increased volume on her second attack, which took place at 5 a.m. So serious had the case become that Dr. Flynn sent for Dr. Parsons at 6 a.m. Dr. Parsons has very kindly furnished me with the following notes:—"I saw Mrs. J. about six o'clock, she was then rather pale and anxious looking; there was no distinct cyanosis, or marked distension of the jugular veins; her temperature was slightly elevated; pulse about 110; respiration somewhat increased in frequency, but there was at the time of my visit certainly no dyspnoea. So far as an examination of the front and sides of the chest was concerned, I could detect nothing abnormal in her lungs. I did not care to move her as I thought doing so might be attended with some danger. As regards her heart, there was no thrill or friction palpable, nor was there any marked

(a) Read before the Royal Academy of Medicine, Ireland, April 10th, 1896.

displacement of the apex beat. A rather rough murmur, apparently systolic in time, was audible over the mitral area, but was heard with the greatest intensity in the third left intercostal space, about an inch from the left margin of the sternum, and could be traced downwards and inwards towards the end of the sternum. The murmur was loud, single, and had not any of the characteristics of a pericardial friction sound. I recommended digitalis and diffusible stimulants, so as to keep the blood flowing actively, and thereby diminish the tendency of a clot to increase in size."

I myself saw the case at eleven, and found her with a full pulse, beating at 140, temperature 101°, respirations 40. I made a careful examination of her chest and found a well-marked systolic murmur, with its point of greatest intensity over the tricuspid area. The heart beats were regular, but afterwards became intermittent. She was slightly cyanosed when I saw her, but not the livid purple considered as a proof of spontaneous coagulation rather than embolism. The air was entering the lungs, but not easily, as her attention was concentrated upon the act. She was in a most highly nervous state, and had quite made up her mind to die. There was no bronchitis nor pneumonia. I quite agreed with the diagnosis arrived at that it was a case of pulmonary embolism. I have twice before met with it after coeliotomies during my service in the Rotunda Hospital.

The treatment was spts. amm. arom. and spts. ætheris co., with hypodermic injections of morphia to allay her restlessness, which was extreme. Digitalis was exhibited later, and the morphia was changed first to paraldehyde and then to sulphonal, which proved the most serviceable. The murmur persisted for four days, and gradually diminished, while the temperature rose until, on the 22nd, it was 103·4°. Now occurred the most interesting feature of the case; as the murmur passed away a localised area of pneumonic consolidation appeared at the back of the right lung, corresponding to the middle lobe, while at the same time she began to expectorate rusty-coloured sputum. I submit a chart of this local pneumonia, by which nature expelled this embolus; the amount in the twenty-four hours never exceeded half a spitting-cup. Care was taken to keep her off her back, and the case went on from this time favourably; It is interesting to note that the right leg became affected after this attack, but in merely a slight degree. Dr. Parsons saw her on February 20th, 1896, and writes:—"Her heart seems perfectly normal, but there is still some dulness over the lower portion of the right lung at the back." This dulness has since cleared up, but I believe the pleura is still thickened.

I have brought the above case before the Obstetrical Section, not only on account of the interest which must necessarily attach to a recovery from pulmonary embolism, but also because I regard it as an example of thrombosis apart from sepsis. As long ago as 1877, Spiegelberg stated "that puerperal thrombosis has been far too much mixed up with those complications, and it is desirable that we should study simple uncomplicated thrombosis." An interesting discussion on this point is published in the last volume of the Obstetrical Society of London's Transactions, and the bulk of opinion favoured the non-septicity of peripheral venous thrombosis. In the case here before you I fail to see how it could be included under septic, but should like to hear the opinions of those better qualified to judge.

It must, I think, be allowed to be one of two conditions—either spontaneous coagulation in the right heart, and extending into the pulmonary artery, or an embolus detached from a peripheral thrombus, probably floating out of the femoral vein into the vena cava. I have already mentioned why it is not likely to

have been spontaneous coagulation. The great majority of emboli found after death come from the systemic veins, and notably from the internal saphenous and femoral veins. The reason of coagula forming most commonly in these situations being—first, that the action of the vis a tergo and thoracic aspiration is scarcely at all felt; and, second, the lying-in state is exceedingly favourable to this condition on account of the state of the blood, the dilated pelvic and femoral veins, and the diminution of the heart's action; while, if we consider these same causes as provocative of varices before delivery, we must add the general rise of abdominal pressure consequent upon the increased dimensions of the uterus. In this puerperal complication it is satisfactory to note that many more recoveries are reported than perhaps is generally recognised, and it is a great satisfaction to me to be able to add yet another.

NOTES ON A CASE OF CHRONIC ULCER TREATED BY OXYGEN.

By ROBT. J. HARVEY, L.R.C.S.I.,

Assistant Surgeon, Richmond Hospital.

THE patient, a woman, æt. 58, was sent up from the country about two-and-a-half years ago for treatment of an ulcer on her leg. The ulcer, situated on the outer surface of the lower third of the left leg was of some months' duration, ovoid in shape and measured two-and-a-half inches in the long diameter, by two inches transversely, the edges were rounded and elevated, the base quite insensitive and devoid of granulations, the surrounding skin was pigmented and infiltrated and in an eczematous condition. Active treatment for chronic ulcer was adopted, rest and elevation of the limb with pressure applied by an ordinary wet bandage. The eczema, which was very troublesome, was treated with lead and tar lotion. The ulcer healed in three months time. A great deal of infiltration and solid œdema persisted in spite of the rest and bandaging. The eczema had subsided but was not completely cured when the patient was allowed to go home.

On September 25th, 1895, patient was readmitted to the Richmond Hospital. An ulcer had formed near, but not in exactly the same situation as the one previously mentioned. Measurements, 2·5th by 2·15th inches. The limb was greatly congested and infiltrated, the skin in an acute eczematous condition from the ankle to the tubercle of the tibia, some varicosity of the internal saphenous vein existed, but not to a marked extent.

The circumferential measurements of the diseased limb as compared with the sound one may be of interest.

	Diseased.	Sound.
Round calf ...	17½ inches.	14½ inches.
" level of ulcer	13½ "	11 "
" ankle ...	12½ "	10 "

Dr. George Stoker's oxygen treatment was adopted. A 50 per cent. oxygen was kept constantly applied to the limb for nearly eight weeks. At the end of the second week the ulcer was looking healthy, firm, and florid granulations covered the surface, the thickened and elevated edges seemed to have melted away, and the eczema had completely subsided.

October 14th, viz., about a fortnight under the oxygen treatment, nine skin-grafts taken off the same limb above the knee were put on, only five of these were visible on the sixth day; they made very little progress during the treatment and showed no sign of spreading and coalescing.

The ulcer gradually diminished in size from day to

day, though towards the end of the healing process the diminution became less marked, and, finally, appeared to be at a standstill, when the ulcer was only two-fifths of an inch in diameter.

November 22nd.—Oxygen treatment was discontinued, a dry pad of boric lint and bandages applied.

On December 1st the ulcer was completely healed.

What can be claimed for the oxygen treatment in this case is :—

1. The good firm cicatrix that resulted, and which showed no tendency to break down.

2. The improvement that had taken place in the skin and infiltrated tissues : the eczema had completely subsided in less than a fortnight, the skin had regained in most places its normal appearance, though pigmentation still persisted in the immediate vicinity of the cicatrix.

3. The marked diminution in the size of the limb speaks for the absorption that had taken place from the infiltrated tissues. The measurements of the limb now are, round calf, 16 inches ; round level of cicatrix, 11½ inches ; round ankle, 11 inches.

4. The length of time under treatment was shorter than before, when the ulcer was treated on ordinary principles, though the ulcers were practically the same size.

The patient now (six months after) writes to say she is in excellent health ; the ulcer has not broken down, and the eczema which she dreads most has not made any appearance.

I am gratefully indebted to Sir Thornley Stoker for allowing me to publish these notes.

Spanish Prescriptions.

Translated for THE MEDICAL PRESS AND CIRCULAR

By GEORGE FOY, F.R.C.S.,

Surgeon to the Whitworth Hospital, Drumcondra ; Hon. Fellow of the Southern Surgical and Gynecological Association, U.S.A.

PHARYNGEAL SPRAY.

Iodine, 25 centigrammes ;
Carbolic acid, 25 centigrammes ;
Potassium iodid., 25 centigrammes ;
Glycerine, 5 grammes ;
Distilled water, 30 grammes.

Mix.

To be sprayed on the inflamed tissues occasionally. — *El Eco del Consultorio.*

MOUTH WASH.

Saccharine, 1 gramme ;
Soda bicarbonate, 1 gramme ;
Salicylic acid, 4 grammes ;
Alcohol, 200 grammes.

Make a solution.

A few drops in water to be used as a gargle.

ANODYNE OINTMENT.

Hydrochlorate of cocaine, 30 centigrammes ;
Eucalyptol, 20 drops ;
Lanoline, 30 grammes.

Make an ointment.

Recommended for a nose pigment in hay fever and before minor operations in the nose.

NASAL OINTMENT.

Eucalyptol, 1 to 4 grammes ;
Lanoline, 30 grammes.

Mix.

A useful application in rhinitis sicca.

SYRUP OF EUCALYPTUS.

Dried leaves of eucalyptus, 30 grammes ;
Water, 690 grammes ;
Loaf sugar, 1,240 grammes.

Make an infusion ; strain it through serge with slight pressure ; allow the sediment to subside ; add the sugar and dissolve by heat of a water bath.

SYRUP OF RHATANY.

Extract of rhatany, 12 grammes ;
Water, 115 grammes ;
Loaf sugar, 220 grammes.

Dissolve the extract in water ; filter the liquid ; add the sugar, and make the syrup without heat.

SYRUP OF COMFREY.

Prepared from the root of the comfrey in the same syrup of marshmallow.

SYRUP OF COLTSFOOT.

Prepared with the dried leaves of the plant.

SYRUP OF RASPBERRIES.

White sugar, 1,000 grammes ;
Raspberries, 520 grammes ;
Water, 345 grammes.

Dissolve the sugar in the water with a gentle heat ; add the raspberries ; and after a slight simmer, strain, without pressure, through serge.

Syrup of Strawberry is prepared in the same way.

SYRUP OF GUM.

White gum arabic, 90 grammes ;
Water, 90 grammes ;
Simple syrup, 600 grammes.

Dissolve the gum in water ; strain through serge ; mix with boiling syrup.

SYRUP OF CINCHONA.

Cinchona loza in powder, 115 grammes ;
White wine, 1,035 grammes ;
Alcohol, 90 per cent., 85 grammes ;
Loaf sugar, 1,550 grammes.

Macerate the quinine for twenty-four hours, in the mixture of wine and alcohol ; filter ; add the sugar, and dissolve without heat.

Syrups of gooseberry, lemon, quince, mulberry, and pomegranate are prepared with juice of the fruit as verjuice syrup.

Syrup of the blue violet, syrup of heartsease, syrup of ground ivy, and syrup of sarsaparilla, all find a place in the Pharmacopœia.

These syrups are stocked by Messrs. Hamilton, Long & Co., Dublin. — Ed.]

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, MAY 22ND, 1896.

The President, Dr. BUZZARD, in the Chair.

TYPHOID FEVER WITH HYPERPYREXIA ; ACUTE CARDIAC DILATATION ; VENESECTION ; AND RECOVERY.

Dr. A. H. WEISS CLEMON read notes of the case of a patient, Mr. A. H. A., æt. 25, who became ill on Wednesday, Nov. 13th, 1895, and when first seen on the 18th his temperature was 104° F. (although he had been taking antipyretics for two days or more), and fine crepitations were audible at the base of the right lung. On the 19th epistaxis occurred, and the following day after a dose of calomel (gr. iii) typhoid stools were passed. He was placed upon an appropriate dietary of milk (two and a half pints per diem) and beef tea (one and a half pints) and brandy, and ordered cold or tepid sponging at frequent intervals as the temperature might indicate. During the next four days the temperature ranged between 102° and 104°. Retention of urine occurred during the night of the 25th, and was relieved by a gum elastic catheter on the morning of the 26th, and again at 9 p.m. His condition at the time was otherwise satisfactory, pulse 90, tongue moist and not excessively furred, and no abdominal distension. At 10 and 11.45 p.m., epistaxis recurred. Temperature at midnight 103.4°. Two hours later there was a severe rigor, he became wildly delirious, and the axillary temperature rose to 106.7°. Vigorous iced sponging reduced this to 103°, and he became quiet, though he continued unconscious. At 7 a.m. his temperature was normal, but at 7.30. there was another rigor with delirium, and the axillary temperature rose to 107°. Iced sponging again lowered the tempera-

ture and quieted the delirium. At 9.30 a.m. he was seen in consultation by Sir William Broadbent, who advised the subcutaneous injection of 1.3rd grain of morphia. Between 11 and 11.30 a.m. a rapid change for the worse occurred, and Dr. Clemow was requested by the nurse to come at once, as Mr. A., was sinking rapidly. On his arrival the patient was found to be apparently in *articulo mortis*, the face deeply cyanosed, the jaw dropped, conjunctival reflex absent, and respiration consisting of almost futile inspiratory efforts. Examination of the heart revealed a very considerable distension of the right side of acute onset. Venesection from the left median basilic vein was at once resorted to, eight ounces of blood being removed, and subcutaneous injections of digitalin (gr. $\frac{1}{100}$) and strychnia (gr. $\frac{1}{10}$), and brandy administered. The cyanoses then gradually diminished, the pulse, although very feeble and irregular for a few minutes, became fuller and less rapid, and shortly the respiratory movements improved, air entering the chest more readily. An hour later, and subsequently every three hours for the next twenty-four hours, the injection of digitalin and strychnia were repeated, and were supplemented by enemata of peptonised milk, beef tea and brandy. About 5 o'clock he regained consciousness and was able to take some nourishment. The next day considerable hypostatic congestion of the lungs manifested itself, but passed off under appropriate treatment. During the remainder of his illness, rigors threatened on two or three occasions, the temperature rising to 103° or 104°, but the patient ultimately made a complete and perfect recovery.

Dr. CHAPMAN said it was worthy of note that the venesection was not only successful in reducing the temperature but that this effect was brought about after the usual antipyretics had failed.

Dr. F. L. BENHAM said it was an open question how far the reduction in the temperature was due to the venesection *per se*, for this conceivably might have produced its beneficial effect by its influence on the pulmonary complication. He recalled a case of rheumatic hyperpyrexia which proved refractory to ordinary antipyretic measures such as cold, &c., in which he employed venesection as a last resort, but without any benefit.

Dr. S. WEST pointed out that rigors not unfrequently followed hyperpyrexia. Bleeding was a great relief to the overdistended right ventricle, acting in a mechanical way. The amount of blood to be let would be dependent on the size of the individual. He did not think as a rule that it would of itself reduce pyrexia. There were comparatively few cases in which blood letting was admissible, but in these it was often not performed when it ought to be.

Dr. CLEMOW, in reply, said he regarded the rigors as consequent on the intensity of the fever. The venesection was done solely to relieve the over-distension of the right heart. He recalled the case of a lady suffering from uremia within a few weeks of delivery. She had marked orthopnea, and was deeply cyanosed. Venesection to the amount of 12 oz. was practised, and was followed by rapid and complete relief, delivery being afterwards effected, and the patient recovered.

Dr. H. D. ROLLESTON and Mr. WARRINGTON HAWARD on a case of

CHRONIC DILATATION OF THE COLON.

A boy, *æt.* 12, had been subject to constipation since six months of age. He came from Inverness, and porridge had formed a considerable part of his diet. From time to time he had attacks of vomiting and complete inactivity of the bowels; on one occasion having gone for nine weeks without an evacuation. On admission to St. George's Hospital, he was seen to be emaciated, the eyes sunken, and the complexion of a bistre tint. The abdomen was enormously distended, and through the stretched abdominal wall peristaltic contractions of the intestine could be seen. The front and upper part of the abdomen were resonant, no fecal masses could be felt. Palpation of the abdomen usually gave no pain, but sometimes, on deep pressure, he complained of tenderness, the situation of which varied. The rectum was natural, and there was no spasm of the sphincter. During the three months that he was under observation his condition varied, often very suddenly. [He would

improve for a time, the bowels acting daily and the abdomen becoming soft. Then suddenly constipation and vomiting would come on without manifest cause. These attacks usually subsided in a day or two, but in one of them he died. There was never any obstruction, the bowels acting nearly every day. The treatment was varied, but, with the exception of calomel, nothing seemed to do any material good. *Post-mortem*.—Great dilatation of the colon was found; the ascending colon passed up to the hepatic flexure, from which point the transverse colon descended to the neighbourhood of the cæcum; the descending colon occupied the greater part of the right half and upper portion of the abdomen, it passed out of sight in the left lumbar region, and then joined the dilated sigmoid flexure. No stricture or cause for obstruction could be found anywhere. There were numerous ulcers in the colon, due, presumably, to distension. The muscular coats were hypertrophied. Cases of dilatation of the colon were divided into acquired and congenital, and reference was made to nine cases, eight of which were fatal. The etiology and pathology of the condition were discussed, and it was shown that neither mechanical cause nor an inflammatory origin was borne out by facts. The high mortality and the unsuccessful results of treatment were pointed out, and the danger of massage insisted upon. The question of colotomy or of opening the small intestine was considered, and it was advised that, having regard to the abnormal mobility and change in the position of the bowel, any operation should include as its first step the ascertainment of the anatomical relations of the parts involved.

Dr. HALE WHITE observed that the acquired form due to constipation was well known, and did not possess much importance. Several cases of the congenital form were found scattered throughout medical literature, and of these no satisfactory explanation had, as yet, been offered, the constipation being the result rather than the cause. Some of the cases of dilatation of the colon, particularly of the sigmoid, occurring in adults, were not associated with sufficient constipation to account for the dilatation. These cases appeared to be comparable to cases of paralytic distension of the stomach. The cases were equally distributed between males and females. Treatment by opening the large bowel above the distended part had been practised, so as to allow any fæces to pass, the affected portion of bowel being regularly washed out and left at rest.

Mr. BRUCE CLARKE said that, in addition to the case recorded by Dr. Herringham, he was enabled to give a further example of one which he regarded as belonging to the same category. It was that of a man who had obstruction of the large intestine which was thought to be due to carcinoma. Colotomy was performed, and the patient improved and lived for four years, dying ultimately of a condition not connected with the bowel.

Dr. ROLLESTON said the case recorded by Osler appeared to be the only one which had not proved fatal. As in this case the colon was so movable, it was suggested that an exploratory laparotomy should be first done, as otherwise, when lumbar colotomy was performed, the surgeon might fail to find the bowel.

CENTRAL SARCOMA OF FEMUR.

Mr. BALDWIN read a paper on a case of central sarcoma of the femur with early dissemination. The patient was a man, *æt.* 35, admitted into St. George's Hospital on September 3rd, 1895, with a central sarcoma of the femur. The thigh was amputated, and the man discharged on October 2nd. Soon after leaving the hospital he suffered from pain in the right arm which subsequently became stiff and weak. On November 1st he found on waking that he was paralysed over the lower part of the trunk and lower limbs. He was readmitted on November 8th the trunk, left lower limb, and stump being paralysed and devoid of sensation. He was suffering from incontinence of urine and fæces. The right arm was completely paralysed and the left partially, both upper extremities were without sensation, save over the deltoid muscles. He died two days after admission. A *post-mortem* examination was made, and widely disseminated growths were found. Of these, the largest was one growing from the 7th cervical vertebra, and extending upwards and downwards in front of the lower cervical and

upper dorsal vertebrae, the lower cervical nerves being embedded in its substance. Other growths were present in both lungs and in the right kidney. Both primary and secondary growths were mixed-celled in nature. The reader of the paper also referred to a second case in which a central sarcoma of the femur became disseminated. Unfortunately there was no record of the nature of the growth, and no post-mortem examination was made.

OPHTHALMOLOGICAL SOCIETY OF GREAT BRITAIN.

MEETING HELD THURSDAY, MAY 7TH, 1896.

The President, Mr. NETTLESHIP, in the Chair.

CLINICAL EVENING.

RECOVERY FROM SYMPATHETIC OPHTHALMIA.

Mr. ANDERSON CRITCHETT showed a man, *set.* 55, who received an injury to the right eye on Jan. 30th, when he was struck with an iron nail, no part of which remained inside the organ. Two days later the lens was seen to be swollen and opaque, and secondary glaucoma resulted. The lens was, therefore, removed, a small amount of vitreous escaping. The case progressed favourably until Feb. 20th, when the eye became painful and inflamed. Vision was lost, and the eye was excised five weeks after the accident and two weeks after the sudden return of the pain. On March 22nd he was brought to the hospital practically blind. The left eye was red, the affection having come on two days previously, twelve days after the excision of the right eye. The pupil was contracted and motionless, and the tension was notably increased. Under atropine most of the adhesions gave way. He was ordered mercurial inunctions daily. On April 2nd the inunctions were discontinued for awhile on account of stomatitis. He complained of severe pain in the head relieved by phenacetine. The details of the fundus could not be made out. On April 15th the inunctions were resumed, $V = 6/36$. The patient denied having had syphilis, and there was no signs of his having had it. Vision with weak convex spherical glasses was now $6/6$ J. I. The fundus appeared healthy. He pointed out that the injury was cortical and did not directly involve the usual tract. The supervention of inflammation twenty-two days after, when the eye was apparently doing well was suggestive of the influence of some micro-organism. He remarked, also, that excision of the disease-injured eye did not avert sympathetic ophthalmia, and the restoration of vision showed that sympathetic ophthalmia might be recovered from, it also showed that in sympathetic ophthalmia subsequently to excision of the injured eye the prognosis is less grave.

Mr. CRITCHETT also showed a woman, *set.* 42, who came to St. Mary's Hospital with almost complete loss of sight in September last. She stated that twenty-three years previously she had received an injury to the left eye from an umbrella, and iridectomy was subsequently done on that eye. Vision was much impaired and had been getting worse ever since. The right eye became inflamed shortly after the accident (? sympathetic ophthalmia), but vision was not impaired until twelve years ago, when it became suddenly worse. He performed iridectomy. Last summer the sight of the right eye was much worse, and when seen, the patient could only count fingers with difficulty. He removed the cataract in the left eye, and in January this year, she was discharged, vision in the left eye with I D spherical being $6/60$. He was careful to make his incision within the cornea, being anxious not to lose any vitreous, and none escaped. He did not lacerate the capsule, but used a vectis. He made the incision with a Graefe knife set at an angle of 45 degrees.

The PRESIDENT observed that the second case, as well as the first, would seem to be an instance of recovery from sympathetic ophthalmia, for the patient seemed to have had an attack of iritis shortly after the injury to the first eye. The question before them was, had the removal of the injured eye any influence upon the degree and duration of the sympathetic ophthalmia. He would like to hear of any cases within the knowledge of Fellows in which recovery has followed without the offending eye having been removed.

Mr. SPENCER WATSON said that in a case on which he had operated some years ago, the lens was either dislocated or there was a very weak suspensory ligament. He got the lens with its capsule away without any difficulty. The patient before operation was highly myopic, and after removal of the lens she had good vision without the aid of glasses.

OPTIC NERVE DISEASE IN A MOTHER AND THREE CHILDREN.

Dr. A. D. BATTEN showed a patient, with her three children, who presented herself with them the same day complaining of their failing sight. She was anxious, she said, because the failure of sight had come on at about the same age as in herself. Her own parents appeared to have had good eyesight, but the patient herself had begun to lose sight at 12 years of age, the affection rapidly increasing to its present condition, when it remained stationary. She had one sister, *set.* 33, with worse vision, which also commenced in late childhood. She also had a brother, now 51 years of age, whose sight had undergone rapid failure at the age of 11. The boy, *set.* 12, showed a certain amount of optic neuritis, the girl, *set.* 10, had distinct optic atrophy, and the youngest, *set.* 8, had some hypermetropic astigmatism, and the discs were hyperæmic and congested with, possibly, commencing optic neuritis. There was no constitutional taint or history of other nervous disease in the family. The mother's vision was R $1/60$, left $2/60$, not improved by glasses. The discs were pale, atrophic, the margins hazy, and marked central cupping, the outline being irregular.

The PRESIDENT asked if there was a history of anything of the kind in members of the family further back than the mother's own generation.

Dr. HABERESHON observed that the interest of these cases lay in the early age at which the visual failure began. Most of the recorded cases of Leber's disease had commenced between 14 and 16 years of age, and in the female subjects puberty and the menopause seemed to have been the commonest periods. He asked whether anything was known as to the children of the uncles and aunts?

Dr. BATTEN replied that there were no cousins.

CASE OF SPURIOUS OPTIC NEURITIS.

Mr. HOLMES SPICER showed a patient, *set.* 9, who was seen in April, 1893, when he complained of pain in the eye with blinking, of six weeks' duration. Both eyes were emmetropic, vision being $6/6$. Both optic discs were pale, swollen, and indistinct at the edges. In November, 1893, vision was still $6/6$ in each eye. He was seen at intervals ever since. In February last he still complained of headache and pain in the eye, but he went to school. He has had one or two attacks of coloured vision. There was no contraction of the visual fields. The appearances were those of optic neuritis in the early subsidence stage. The interest of the case lay in the long period during which the patient had been under observation, the persistence of the appearances without visible change, and the occurrence of optic neuritis apart from hypermetropia.

Mr. HARTIDGE said the case ought really to be described as persistent optic neuritis, and not as "spurious." Most of them had seen such cases lasting long periods of time with tolerably good vision.

Dr. BATTEN, in reply, said the appearances suggested that the retina had been pushed through too small a hole, and this might explain the constriction of the vessels and the swelling. These cases had some resemblance with the hypermetropic cases, except that they lacked the fine striation.

Mr. MARCUS GUNN asked whether anyone had seen such a case as this get all right again? He had watched one in a boy of this age for four or five years, when unfortunately he lost sight of him. During this period, at any rate, his sight remained unaffected. He was hypermetropic 4 or 5 D. Correction of this had no influence on the condition of the discs.

Mr. QUARRY SILCOCK pointed out that in this particular case there had never been any signs of coarse inflammatory exudation, nor any hæmorrhages. He remembered the case of a young woman whom he had under observation for two years. She suffered from headache, vomiting, and other obscure symptoms, and trephining had even been proposed on the assumption of her having a cerebral tumour. Ultimately, however, they came to the conclus-

sion that she was suffering from functional disease. These cases sometimes presented considerable difficulties of diagnosis.

Mr. ADAMS FROST said he could certainly call to mind several cases of optic neuritis which had undergone subsidence as in this case. The fact that the discs had remained unchanged was not *per se* evidence of the condition not being really one of optic neuritis.

Mr. HOLMES SPIORER, in reply, said he had called the case one of "spurious" optic neuritis because he looked upon it as a physiological condition. Optic neuritis of this apparent degree of severity and lasting so long would have led to some impairment of vision whereas by all the tests he could apply the visual function was normal.

LYMPHANGIAECTASIS OF EYELIDS.

Dr. D. MOWAT showed a lad who presented a swelling of the lower lid of the right eye. When pressure was applied to the lower lid the fluid passed into the upper lid, and when the pressure was applied to both lids at the same time the fluid passed across the right side of the face, through several ducts, into a swelling behind the right ear, and *vice versa*. The lid was first affected three years ago, and the swelling behind the ear since 18 months. The swelling of the lids had steadily increased, and at times was so pronounced as to completely hide the globe of the eye.

ONE-SIDED SIXTH NERVE PARALYSIS, RETRACTION OF GLOBE AND CONTRACTION OF THE ORBIICULARIS ON ROTATION INWARDS.

Mr. MACLEHOSE showed an example of an interesting group of cases showing associated movements to which, he believed, attention had not hitherto been drawn before the Society. The essential points were paralysis of one sixth nerve, or, at any rate, inability to move the eye outwards. There was pronounced narrowing of the palpebral fissure on the same side when the eye was moved inwards as well as defective retraction of the eyelids. The temporal retraction was so great that one could see a definite space between the inferior surface of the globe and the lower eyelid. In a private case of his own with the same symptoms there was, as well, a permanent degree of exophthalmos. In some of the recorded cases there appeared to have been weakness of the internal rectus.

The PRESIDENT asked whether there was any peculiarity of vision in the affected eye, such as diplopia?

Mr. HOLMES SPIORER said he had recently had a case which might throw some light on this one. A lad came to him whose eyes were on a different level causing very troublesome diplopia. This he attempted to remedy by division of the superior rectus which he only made out with difficulty, and it was found far to the outer side near to the external rectus. If the same condition of obliquity existed in the inferior rectus the effect would be to pull the eye backwards. The diplopia was not improved by the operation.

HÆMORRHAGE INTO THE ORBIT.

Mr. MARCUS GUNN showed a woman, æt. 67, who came to him a week since with the eyelids swollen and œdematous, the right eyeball being proptosed. Ocular movements were limited in all directions, the pupil was dilated and insensible to light. Tension normal. Eight weeks ago the right eye and right side of face became suddenly greatly swollen, the eyelids being closed so firmly at first that even with force they could not be separated. Her doctor described it as a hæmorrhage. The disc was atrophied, and on gently pressing the globe distinct pulsation was perceived. There was no paralysis of the fifth nerve, but the third was affected as also the fourth and sixth to some extent. He thought at first it might be thrombosis, but with the history of hæmorrhage and the pulsation it occurred to him that it might be aneurism of the ophthalmic artery. It might, however, be a malignant growth which had given way.

The PRESIDENT observed that the blood effused into the orbit might perhaps explain the limitation of the muscular movements. He asked how the author accounted for the involvement of the optic nerve?

Mr. EVE recalled the case of a girl who came to him with proptosis and immobility of the orbit which had existed for a considerable time. There was atrophy of the optic nerve. On removing the eye he found a sarcoma at

the back of the orbit, which contained a cavity filled with blood. If this had given way, the result might have been as in the author's case.

Mr. MARCUS GUNN replied that possibly the sheath of the optic nerve had been involved by the hæmorrhage. He could not imagine that the mere pressure of the blood would be sufficient to determine atrophy.

DETACHMENT OF RETINA TREATED BY DRAINAGE.

Mr. F. EVE showed a patient whose sight was first affected just before Christmas. He saw him in January when there were numerous opacities in the vitreous as evidence of the past choroiditis. On February 6th, he suddenly lost the sight of the left eye. There was extensive detachment of the retina involving its lower half, and an obscured optic disc. He was given iodide of potassium, and was put to bed for a fortnight, during which time he had daily injections of pilocarpin. This treatment had no effect whatever. On March 3rd, he exposed the sclerotic and made an incision into its lower part, inserting a cannula to let out the fluid, and then, through the cannula, he inserted a small bundle of horse hair. The drain was removed three days later, rather earlier than he had intended, on account of the conjunctivitis to which it gave rise. A few days later, the field was found to be normal, but opacities were still present as bands in the vitreous. On April 20th, vision was 6/24, but a week later it had declined to 3/36, on account of an increase in the opacities. At the present time, the field was normal. He could detect no detachment of the retina, but above the disc was a fine grey fold running towards the yellow spot, probably connective tissue formation lying upon or just in front of the retina. It was unfortunate that the results of the treatment were obscured by the opacities in the vitreous, but these existed before the operation.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF OBSTETRICS.

MEETING HELD FRIDAY, APRIL 10TH, 1896.

The President, DR. LOMBE ATTHILL, in the Chair.

EXHIBITS.

DR. ALFRED SMITH showed—(1) A hydrosalpinx of the outer third of the Fallopian tube, which he removed from a young married woman who was sterile. She had complained of constant pain in the left side, with unbearable dyspareunia. There was no history of any inflammatory trouble. The tube was embedded in adhesions. Recovery rapid.

(2) Another example of complete hydrosalpinx, which he removed from a married woman, æt. 35. The history was well-marked of inflammatory trouble following the birth of a premature child six years ago. Since that time she had become almost a permanent invalid, and spent her time in various hospitals without benefit; dyspareunia intense. On examination the palpation gave uterus slightly dextro-posed, with a mass which gave the impression of an adherent intestine to the left Fallopian tube, so soft and elastic did it feel. This, on operation, proved to be the distended Fallopian tube embedded in adhesions. Recovery.

(3) A solid myoma of the ovary the size of a goose egg, which he removed from a woman, æt. 45. Her climacteric was passed, having seen no menstruation for twelve months. She had a fibro-myoma of the uterus, which never gave her any trouble except the inconvenience of getting properly-fitting corsets. For the past year a lump on the left side became very painful. She could not tighten her corset, and had a dread, while walking the streets, of anyone jolting against her, so painful did this lump become. Under ether the tumour was diagnosed solid ovarian. The operation proved the diagnosis correct; the large myoma, which was giving no trouble, was not removed. Recovery.

Dr. GLENN asked whether there were any adhesions in either of the two cases of hydrosalpinx? Hydrosalpinx was usually painless.

Dr. SMITH replied that there were very extensive peritoneal adhesions in both cases. The pain was probably due to the local peritonitis.

Dr. JOHN H. GLENN read notes of a

CASE OF PULMONARY EMBOLISM,

with remarks on Peripheral Venous Thrombosis; this case will be found in another column. In the discussion that followed:—

Dr. PARSONS said the characters of the friction sound were endocardial and not pericardial. Thrombosis might have occurred in the right auricular appendix, and have produced the murmur. He thought that more probably it was due to an embolus. It was very remarkable that in a month afterwards the heart sounds were perfectly normal. He saw a post-mortem on a woman in Vienna who had got up three days after confinement. A large embolus was found completely obstructing the pulmonary vessels.

Dr. TWEEDY said pulmonary embolus was a very rare affection. He did not think it would be commoner if women got up six hours after confinement. The orthodox treatment was to give plenty of stimulants, as the patients generally died of shock. In this case, as the woman was not suffering in any way, large doses of ammonia and digitalis might have done harm by washing away the clot into some more dangerous situation.

Dr. DOYLE said that some years ago he had brought a patient to the Obstetrical Society who had several attacks of severe dyspnoea after confinement. She was treated with carbonate of ammonia and ether, from which she derived the greatest benefit, and finally made a good recovery.

Dr. KIDD had met with only one case of pulmonary embolism. It occurred a few hours after delivery. The patient died in spite of treatment by stimulants. Some time ago five cases of pneumonia occurred in the Coombe Hospital; three of them died, but no trace of septic trouble or of embolism could be found as the cause of the pneumonia. He thought one of the cases was saved by oxygen inhalation.

Dr. WINIFRED DIXON thought that inhalations of oxygen would be of more use in combating shock and dyspnoea than stimulants. It could be given more quickly. It was very good for relieving dyspnoea in pneumonia and heart cases, and it might be of use in embolus.

Dr. SMITH said the chief point of interest was whether this phlebitis was septic or not. He classified thrombosis under two forms. First, passive thrombosis; it frequently occurred in persons of feeble circulation; the temperature was rather subnormal. Second, where a local inflammatory trouble was found, there was a rise of temperature, and it was generally associated with some form of septic organism. Dr. Glenn's case was not one of passive thrombosis. The septic organisms, however, were not streptococci, or staphylococci, for then the woman would never have got well.

Dr. GLENN, replying, said that only 10 minim doses of digitalis were given twice a day. He gave diffusible stimulants, especially ammonia, because ammonia was supposed to have some efficacy in preventing coagulation of blood, and in helping the resolution of blood clots already formed. Oxygen would act quickly, but would not assist the resolution of blood clots. The temperature in this case never rose above 100° F.

Dr. JELLET read notes on a

RECENT METHOD OF PREPARING CATGUT SUTURES.

The method described is a modification of Dr. Fowler's method. He stores lengths of catgut in glass tubes containing alcohol, and then boils them in water or places them in a steriliser. This is the best way of preparing gut, but cannot be carried out by a surgeon. Catgut is difficult to prepare owing to its nature, and must be absolutely aseptic in consequence of its being absorbed. Gut can be rendered aseptic by means of antiseptics, or by heat. The former are difficult to manage, as the bacteria lie encased in fat, which is with difficulty penetrated by any antiseptic. Heat is more certain, but is difficult to apply without spoiling the gut. Gut can be boiled in alcohol, which boils at 173° F. This heat is not sufficient, it must be superheated. This is Dr. Fowler's method. The modification consists in using a cylindrical brass box with a screw top instead of a glass tube. The gut is immersed in alcohol in the box and boiled for fifteen minutes. It is essential, in order that the gut may be

strong that it should be absolutely dehydrated, and that it is rolled very loosely on the plates on which it is kept.

The method recommended is as follows:—1. Roll the gut very loosely on glass plates. 2. Place it in a jar in absolute alcohol, and let it lie there for three or four days. 3. Place the plates in the brass steriliser just covered with alcohol. 4. Place the steriliser in a saucepan containing cold water, and keep it in for fifteen minutes after the water begins to boil. 5. Remove the gut and place it in a mixture of glycerine and alcohol, which should be changed every ten days. The steriliser can also be used to render aseptic any substance which cannot be exposed to boiling water as tests and also to resterilise the glycerine and alcohol in which the gut is stored.

Dr. TWEEDY said he had himself been working by different methods at sterilising catgut. Catgut could be boiled without rotting, provided it was dehydrated. It was very difficult to dehydrate catgut in alcohol. It could be easily dehydrated by keeping it in sand, at a temperature of 80°, for three days. He had had a tin steriliser made; the top of it screwed on and had a cock in it. A little alcohol was first put in, and then the dehydrated catgut; the top was screwed on and it was boiled in boiling water. A coil was attached to the cock, which was turned on, and the alcohol evaporated, being caught in the coil, and the catgut was left dry.

Dr. GLENN congratulated Dr. Jellett on the simplicity of the apparatus. He wished to know what was the advantage of it over sterilising in envelopes by dry heat. He found Fowler's tubes very good. Had the catgut been examined bacteriologically? Would chloride of calcium dehydrate catgut?

Dr. SMITH used catgut pretty extensively and never had any trouble with it. He dehydrated it with alcohol, then boiled it in alcohol, and left it in oil of juniper. Chloride of calcium had been used for dehydrating catgut.

Dr. JELLETT, in reply, said he kept the steriliser separated from the bottom of the saucepan, as he had once found the catgut scorched. A dry steriliser had always to be watched. Dr. O'Sullivan had examined the catgut a couple of times and had been unable to grow any cultivations from it. Dr. Smith boiled the catgut in alcohol; but in an open vessel there was not sufficient heat. Kylol and cumol had not the same germicidal power as water or other substance at 212° which penetrated more.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD WEDNESDAY, MAY 20TH.

The President, Dr. ARGYLL ROBERTSON, in the Chair.

DEMONSTRATIONS.

Dr. NORMAN WALKER demonstrated a handy and cheap method of using the flash-light in photography. A small quantity of a powder composed of magnesium and chlorate of potassium was placed on a small bit of gun-cotton, and ignited with a match. The resulting flash was of great brilliancy.

Dr. GILES also showed a method of using the magnesium light. The powder was placed in the bowl of a small clay pipe and blown, by means of an indiarubber ball attached to the stem of the pipe, into the flame of a spirit lamp in position just in front of it.

PATIENTS.

Mr. JOSEPH BELL brought under the notice of the Society a young man, who had managed to discharge a rook rifle close to his wrist, both the powder and the bullet entering the forearm. The radius was splintered near its lower end, and several bits of bone had been removed. Part of the bullet had also been recovered, but part could not be found. Two skiagraphs of the arm were shown, in which small portions of the bullet could be discerned lying in close proximity to the radius, while the callus thrown out round the splintered part was readily visible.

Dr. GEORGE T. BEATSON read a paper entitled

ON THE TREATMENT OF INOPERABLE CASES OF CANCER.

Since he had been appointed Surgeon to the Glasgow Cancer Hospital he had seriously endeavoured to ascertain

if there was no cause for cancer through which the disease might be attacked when operative interference was out of the question. Shortly after he passed he had worked up the subject of lactation with a view of writing his thesis on it. Ultimately, however, he wrote it on another subject, but the facts which he had observed made a strong impression on his mind. The chief point to which he alluded was the similarity which existed between the mamma in lactation, and that organ when the seat of a cancerous affection. In both the epithelium proliferated, becoming in health a constituent of the milk, in disease a cancer cell. In Australia the ovaries were removed from cows which had just calved, they gave after this operation a continuous supply of milk for an indefinite period. In this country to obtain the same object the cows were covered soon after calving. In both cases the ovaries were rendered inert. He had removed the ovaries of suckling rabbits and they continued to give milk until the young were taken from them, however long that might have been. These rabbits got very fat, perhaps from the mamma continuing to secrete milk which was used up in the body. The nervous system had little influence over lactation, the organs of generation had much. Arrest of lactation was dangerous and might start the cancerous process in the mamma. The opinions at present held concerning cancer might be divided into two classes, the first on which all were agreed, the second on which there was some dubiety. They were all agreed that: (1) it was epithelial in origin; (2) that it was due to an overgrowth of this epithelium; (3) that no treatment could do good, short of the knife; (4) that microscopically, certain cancer bodies could be identified; (5) that the younger the patient the more acute was the disease; (6) that it was invariably fatal; (7) and that the only hope of cure was a clean sweep of the surgeon's knife. The origin of the process, however, was ascribed to different causes: (1) from nervous causes, due to local irritation; (2) from the blood; (3) from local injuries. The cancer bodies had been described as coccidia by some. Russell had found that they stained well with fuchsin, and thought them nearly related to the yeasts, others had identified them with inactive leucocytes. He was opposed to the parasitic theory, and inclined to regard them as degenerated cells.

Case 1. E.B., female married, *æt.* 33. She had borne two children whom she nursed herself almost entirely on the left breast owing to suppuration in the right one during the first lactation. During the second period she noticed a hard lump in the left breast, which, however, did not increase much until ten months after she had weaned the second child. She went into hospital, where the mamma was excised, together with the axillary glands and a part of the pectoral muscle. Three months later the wound opened and the scar became hard. On May 11th, 1895, he saw her for the first time; weight, 9st. 9lbs.; when the affected area proved to be too large for any operation. A small portion of the tumour examined proved it to be undoubted carcinoma. Thyroid tabloids were given till their full physiological effects were produced, but with no benefit. He then removed the ovaries and tubes, recommencing the thyroid treatment shortly after. No local treatment was applied. On July 19th, she was better, and October 12th, the cancerous tissue was yellow and fatty. At the present time there were no traces of cancer remaining.

Case 2. M. R., female, *æt.* 40, with a large tumour of the right breast, which proved to be cancerous. Owing to the great involvement of the skin and glands an operation was impossible. As the disease was progressing and causing much pain she consented to have her ovaries and tubes removed. This was done on October 3rd. Three weeks after the skin was less red, and the nipple, which had been retracted and fixed, was larger and more prominent. Thyroid treatment was also begun, and now, although not so well as the first case, she had not lost flesh, and the tumour was not nearly so prominent.

Case 3. A woman, *æt.* 39, whose left breast had been entirely eaten away by an ulcerating cancer, which had lasted for six or seven years. The glands were not involved, nor was there any evidence of secondary disease anywhere. It was not tuberculous. The thyroid treatment had been begun on February 7th and fully pressed, but with no result. As she had passed the menopause, it was a question whether he should attempt the same operation

as in the other two. He did not care to attempt removal, as he had so often seen the disease set up much more acutely in a case like this by operation. The first case seemed to be cured, the second relieved, while the third remained for treatment. The ovaries and testicles exercised some subtle influence over nutrition. He believed that the special cancer cells would be proved to be ova, the epithelium taking on characters like the germinal epithelium of the ovaries and testicles. Klebs had come independently to the same conclusion. The three conclusions he had come to were:—(1) The ovaries and testicles had some influence over epithelial cells in the body. (2) Their removal had an effect on epithelial overgrowths. (3) This was especially the case in nursing mothers.

The PRESIDENT conveyed the thanks of the Society to Dr. Beaton for his remarkable paper. He thought that perhaps the theory was rather a big one to swallow all at once.

Prof. SIMPSON was rather inclined to think that disease or removal of the ovaries conduced to the onset of cancer, such at least had been his experience. That the ovaries had some potent effect was shown by the result obtained by giving ovarian extract for climacteric troubles.

Prof. CHIENE said that the theory was beyond him, but that the evidence afforded by the first case showed them that here was an instance in which cancer had been undoubtedly cured, a fact which was enough for him.

Mr. BELL agreed with Mr. Chiene that the first case had been cured.

Dr. J. RITCHIE said that cases of osteomalacia had been cured by removal of the ovaries even after the climacteric.

Mr. STILES was sure that all traces of cancer had disappeared from the first patient, the one or two nodules remaining he looked upon as of the nature of keloid. He did not believe in the parasitic origin of cancer, nor in the ovaries having anything to do with its outbreak. Ova was a bad word to use in this connection, embryonic cell was better. In all cancers the rate of growth depended on the birth and death-rate of the cancer cells, removal of the ovaries might check the birth-rate and gradually lessen the process.

Dr. LUNDIE spoke, and Dr. N. WALKER said that he thought the third case to be one of rodent ulcer which might safely be removed.

Dr. BEATSON replied.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.

THE LAST MEETING OF THE SESSION WAS HELD AT THE MILLER HOSPITAL ON FRIDAY EVENING, MAY 1ST.

The President, ERNEST CLARK, M.D., F.R.C.S., in the Chair.

THE PRESIDENT delivered his Annual Address the title of which was "The Various Manifestations of Eye Strain upon the Eye itself, and the bearing this has upon Treatment." This address will be found fully reported at page

Mr. THOS. MOORE, and Mr. WEBSTER gave a demonstration of the Röntgen Rays.

Messrs. JOHNSON and JOHNSON gave an exhibition of Surgical Dressings, &c.

Messrs. MAW, SON and THOMPSON exhibited Surgical Instruments and Appliances.

There was a good attendance of members and visitors, nearly forty being present on this occasion.

THE annual meeting of the Irish Medical Association will take place on Monday, the 1st of June, and it is expected that it will be largely attended. The dinner on the same evening, under the presidency of Dr. Meldon, is also likely to attract a large number of members and guests, among whom will be the heads of the departments which are associated with the medical profession, as well as the leaders of the Profession in Ireland.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, May 23rd, 1896.

COCAINE.

At the meeting of the Académie de Médecine, M. Reclus made some remarks anent cocaine. He said that local anæsthesia by injections of cocaine, of which he has been a strong partisan for the last ten years, has not yet found many adherents. He thought it necessary, consequently, to recall in a few words the principles to be observed in its employment, and to explain at the same time the reason why accidents have been reported from time to time from its use. At first he would affirm once more the eminent anæsthetic properties of cocaine, which he considered to be superior to all those used with the same therapeutic object, and in particular to guaiacol, that had recently been warmly recommended by one of his colleagues.

He (the speaker) had made a comparative study of both of these agents, employing them in the region he was about to operate, one on either side; he found that anæsthesia was complete in the part which had received the injection of cocaine, while the sensibility was not entirely abolished in the region submitted to the guaiacol. The accidents attributed to cocaine were due to the operator, and not to the drug, and could have been easily avoided if the indications he had repeatedly laid down had been followed, and which consisted in employing only 1 per cent. solutions, and never to exceed the total dose of three to four grains of cocaine, to always place the patient in a recumbent position, and to avoid penetrating a vein.

It was by observing these rules that he was able to practise 3,500 operations without one accident, not even did he once observe an attack of syncope or vomiting.

He employed cocaine exclusively in cases where the field of operation was not too extensive. That was to say, he did not use it in abdominal surgery nor in amputations of the limbs. However, in two cases, where he was not able to give chloroform by reason of cardiac trouble, he used with success cocaine in amputating the arm.

CEREBRAL TUMOUR.

M. Broca presented to the Société de Chirurgie a man, æt. 31, on whom he operated for a cerebral tumour. The patient entered the hospital in March last, with the fundamental symptoms of a tumour in the brain; violent headache localised in the left parietal region, insomnia, vomiting, progressive amblyopia. A month before he had had an attack of epilepsy. This fact decided M. Broca to operate, and applying the trepan a little above the mastoid process, he removed a piece of bone, and subsequently enlarged the opening to an extent of three inches, and passing in the finger he felt in the temporal lobe a tumour of considerable size, apparently situated about half an inch beneath the surface of the brain. The operator cut down on it, and removed the neoplasm in pieces with the curette. The loss of substance was filled with iodoform gauze, and the scalp wound sutured, except in one corner, for drainage. All the former symptoms rapidly disappeared, so that the patient was, on that day, in an excellent condition.

THYROID MEDICATION.

Prof. Lepine, of Lyons, reports a case of progressive myopathy treated successfully with the thyroid gland. A man, æt. 44, suffering from the above affection was sub-

mitted, without result, to every kind of treatment recommended for that malady. M. Lepine, as a last resource, prescribed a half drachm doses of the fresh thyroid gland in wafers. In this way the patient took about two ounces a week. At the end of a month, under the influence of this treatment, a considerable improvement took place, so that the man was able to return to his work.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, May 22nd.

THE VALUE OF THE DIPHTHERIA BACILLUS.

At the Medical Congress Hr. Hennig, Königsberg, read a paper on the above subject, in which he concluded that the diphtheria bacillus was of no diagnostic value, as it was present in many cases where there was no diphtheria, and absent throughout the course in many cases followed by paralysis. In Königsberg it was present in only 15.5 per cent. of the cases, and in the remainder streptococci, staphylococci, and diplococci were found. This being the case, any treatment based on the specificity of the diphtheria bacillus must fall to the ground. The results of serum treatment as published by the Imperial Health Office were not very imposing. Since 1868 he had treated 1,970 cases of diphtheria by a method of his own, viz., lime water and ice, with a mortality of only 3.06 per cent. In Egypt also, where the mortality from the disease was from 80 to 90 per cent., since the introduction of his method of treatment, it had fallen to 3 per cent.

At the same meeting Hr. Mannaberg, Vienna, described A NEW DISCOVERY IN LEUCÆMIA BLOOD.

In a typical case of lymphatic leucæmia in the plasma of the leucocytes he found small uncoloured bodies with a sharp outline and of various forms, sometimes roundish, sometimes oval, sometimes forked. In an unheated object glass their shape changed slowly but distinctly in an amœboid manner. When the glass was warmed the changes took place somewhat more rapidly. On staining, he could exclude the usual degeneration form of the cells. He failed to find the form in all cases of lymphocytosis, and also in the freshly extirpated lymph glands and in the lymph glands of animals and the thymus of cats. The body was either a known cell degeneration or a protozoon. He remarked on the occasion the value of quinine as a remedy whilst Liq. Fowleri had failed.

Hr. Pässler, Leipzig, read a paper on

THE HEART AND VASO-MOTORS IN INFECTIVE DISEASES.

The speaker had studied the subject along with Romberg. In the case of Frænkel's diplococcus and the bacillus pyocyaneus the blood pressure fell through paralysis of the vaso-motors. It could be determined, however, that the vaso-motor centre in the oblongata was principally damaged; the peripheral vascular nerves and Golt's centres in the spinal column preserved their normal function up to death. In relation to the heart, the two forms of bacteria showed a noticeable difference. In Frænkel's diplococcus the vaso-motors were sooner or later affected according to the severity of the infection. But increased activity of the heart for a time kept the blood pressure up to the height required for existence. But with further advance of the vaso-motor paralysis, the blood pressure sank. But even now the power of the heart was not diminished. With bacillus pyocyaneus there was no increased cardiac activity but rather a striking disturbance

of the rhythm, slowing and irregularity, without any loss of power however. Only in individual cases were there any pronounced symptoms of cardiac weakness in connection with numerous emboli in the endocardium after intravenous injections of bacteria. But even here the symptoms were dominated by the vaso-motor paralysis.

Other experiments were made in relation to Löffler's diphtheria bacillus. The experiments were carried out in the same way as the others. Sixty-five rabbits were inoculated and the blood pressure estimated in thirty-four. The development and course of the disease were thoroughly typical in all the animals. The symptoms were identical whether the infection lasted one, two, or nine days, whether the fever rose rapidly and fell quickly, or oscillated for days together. The blood pressure sank in proportion to the duration of the illness quickly or more slowly to the lower level. In rapid cases the pressure fell in an hour, or even less, in less rapid cases its fall was less rapid. There were individual differences however. The lower the blood pressure was the less it rose after sensible stimulation until it did not take place at all. The cardiac activity was not diminished. The gradual falling off and final disappearance of the normal reaction to stimulation showed that the cause of the circulatory disturbance was paralysis of the vaso-motors. The final fatal failure of the circulation did not, therefore, depend on injury to the heart, but to paralysis of the vaso-motors. Injections of chloride of barium considerably increased the blood pressure. The peripheral vascular nerves, therefore, and the vaso-motor muscles were intact. The power of the heart remained normal, the cardiac rhythm, however, changed, the frequency sank to 175, 150, and occasionally as low as 120, and then irregularity was observed. The cause of the slowing was in the heart itself, a vacuolar degeneration of the muscular substance of the auricle supported the view that the diphtheria poison affected the auricle more than the ventricle. The fatty degeneration of the heart met with in diphtheria, was of surprisingly less importance as regarded functional power. It was not to be held responsible for the slowing. It did not lead to any determinable injury or weakening of the heart, and it appeared to develop immediately before death.

It appeared proper to apply the results obtained to human pathology, although the frequent complication of diphtheria with micro-organisms rendered the relation rather mixed. In diphtheria of the human subject also, a gradual fall of the blood pressure had been noticed, slowing of the pulse had been frequently hidden by manifold influences on the heart. But in spite of this a striking slowing of the pulse had been noticed now and then, and a moderate slowing of the pulse in about one-third of the cases. And then in diphtheria of the human subject the disturbance of circulation, the so-called cardiac weakness, could be traced to paralysis of the vaso-motors. At its origin the heart was unaffected so long as the right ventricle was not injured by distension through extensive disease of the respiratory tract. Post-diphtheritic cardiac death was to be strongly distinguished from disturbance of circulation in the course of the disease. Two conceptions stood opposed to each other. The one considered the symptom in re-convalescence as directly due to the poison still present in the system, the other attributed it to anatomical changes in the cardiac musculature. Against the first view it might be said that the diphtheria poison in longer or shorter durations of the illness always

damaged the circulation in the same way, and the anatomical changes were the same. He also did not consider it likely that the diphtheria poison continued to circulate for weeks, that could cause such severe disturbances. It was rather to be assumed that it passed away or lost its activity. He held to the view represented by Romberg, that in many surviving cases the heart had been injured by the diphtheria poison in such a way that a diphtheritic myocarditis was set up. The kind of injury was yet to be determined. A vaso-motor stimulant must yet be sought after, that acted with more certainty and greater safety than those hitherto known.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 22nd, 1896.

LÖFFLER'S BACILLUS.

BERNHHEIM exhibited a few microscopical preparations to the Gesellschaft showing Löffler-diphtheritic bacilli at different stages of development direct from the membrane. He distinguishes two distinct species, one in which buds form the parent cell, thus increasing by germination; the second where a dichotomous ramification occurs. The latter not infrequently divides into three branches, making long even threads, which are nevertheless sometimes pear-shaped. This, he concluded, was at variance with the received opinion, which was that these varieties were obtained only by cultivation, and were thus only one and the same family of bacteria, whereas it would appear from these facts, that we can hardly place them in the same order, as the one resembles the Schizomycetes, while the other evidently belongs to the Hyphomycetes.

FRAGMENT OF GLASS PASSED THROUGH BOWEL.

Fein brought forward a piece of glass measuring 3.5 centimetres by 1.5, or 1.385 inch long by 0.585 inch broad, which a soldier had passed through his anus. The history was that the soldier had got up during the night and drank beer from a broken glass which contained the fragment exhibited. Immediately it got beyond the fauces the pain commenced, as the angles and sides were very sharp. Large quantities of potatoes were at once prescribed, with the happy result that the fragment was passed *per anum* within forty hours after deglutition.

DISLOCATION OF ELBOW-JOINT.

Albert showed a case of incomplete dislocation of the elbow-joint which had every appearance of fracture of the epiphysis of the humerus.

MOLLUSCUM CONTAGIOSUM.

Kaposi showed a child at the breast with an accentuated form of this affection, which he was inclined to designate molluscum contagiosum gryanteum. Both cheeks were covered with a black or dark brown deposit, two to three centimetres thick. The head, forehead, shoulders, and upper arms were similarly affected, giving the peculiar appearance of a hood on the child. The first thought in diagnosis was bromide-acne, which is often caused by solicitous nurses giving this drug to restless children. Closer examination of the morbid deposit revealed a palatinoid formation of the growth with sharp edges, which had an opaque lustre. In the region of the throat, neck, &c., there were many isolated parts that more correctly revealed the schistic nature of the disease, although the more recent of these contained a clear fluid resembling miliary eruptions in the limbs or agg ravated pemphigus.

The microscopic examination of these cuticular excrescences, when taken in section, revealed an acinose arrangement of the sebaceous glands enormously hypertrophied; the dissections extending far into the surrounding tissue. At an early stage of this rare affection the epithelium of the gland begins to multiply and distend the fibrous capsule till it appears above the surface of the cuticle, when the clear glittering margin can be distinctly seen, and is characteristic of the disease. Subsequently the epithelium contained becomes cloudy and degenerates into a fatty granular mass, finally forming the distinctive qualities of molluscum corpuscles. This latter retrograde property is not a constant factor in the disease. Sometimes acute inflammation in the general surroundings occurs when pus is formed and a diffuse discharge is the result. The rational therapy of the usual form would be an early opening and cleansing of the primary nodules to check the spread of the infectious matter.

THE ORIGIN OF SYPHILIS.

Different authors have attempted to solve this problem with varying success, but none seem to establish the true source of the evil, though the presumption may be strong in the various arguments adduced. Italy, Spain, and America have alternately been blamed, but no satisfactory testimony is yet forthcoming to locate it anywhere till the pandemic appeared in Europe.

Puschmann brought the question before the Gesellechaft in an exhaustive paper, in which he asserts that syphilis was certainly present in Europe before the discovery of America in the Fifteenth Century. The oldest documents on the subject that we possess are those of Petrus Machir, a practitioner of Salamanca, written in the year 1488. We have also poetic references on the subject even earlier than this, which, if not scientific, go far to prove the presence of the disease prior to 1492, when Columbus set sail from Spain on his first expedition of discovery. Besides this proof, we have chronicles of personages in high positions dying from the disease, one of whom was Ladislaus, of Anjou, who died of syphilis in 1414. Thomas, of Oxford, relates several cases, among which he specifies the Duke of Lancaster, who died in 1399 from ulcers on the genitals, presumably syphilitic. There is another very probable case of syphilis recorded of Nicolaus, Bishop of Posen, who suffered from ulcers on the genitals and tongue, and who died in 1382.

These cases must all be received with a certain amount of reserve, as the chroniclers were not medical men, but in some instances only local historians, probably writing from hearsay. In other cases the ulcers referred to may have been simple phagedænic venereal sores and not syphilis at all, although at the time it appears that a distinction seems to have existed for the secondary development of the disease. The ulcers on the genitals arising from female contact were usually designated morbus gallicus, while the later syphilitic phenomena on the skin, &c., termed "Aussatz," or rash that has often been confounded with lepra, and seems to have yielded readily to mercury, which appears to have favoured the too general use of salivation as a curative agent at a later period of our history.

STENOSIS OF THE AORTA.

Schlesinger showed a young man, æt. 23, to the Medical Club, with a few singular phenomena in the diagnosis of aortic stenosis. The patient had enjoyed excellent health till he was eighteen years of age, but after this time

his work appears to have been laborious. He was received into hospital on account of hæmoptysis, &c. On examining the lungs nothing could be found to account for the hæmorrhage. The patient said that he had periodically suffered for two years past with palpitation and asthma after any great effort. The apex beat lay in the fifth intercostal space outside of the median line; the cardiac dulness not being increased outwards nor ascending to the margin of the sternum internally. A whirring vibration could be felt with the hand over the apex, which increased towards the base and could also be felt over the jugular at every systole; its greatest intensity was heard in the second right intercostal space as a rough protracted murmur, ceasing to be heard during diastole. The arteria radialis was feeble and the tension low. In the carotid, aorta abdominalis, and femoral, the pulse was only perceptible. The character of the murmur and its site pointed to the diagnosis of aortic stenosis. Now this is a general term. We have stenosis of the aortic isthmus, stenosis of the conus arteriosus, stenosis of the aortic valve, as well as a general stenosis of the whole curve. The former is negatived by the absence of any collateral circulation which would be present if the arch alone were affected; the latter is disproved by the absence of any contractions or narrowing of the peripheral vessels which might be expected to accompany any general narrowing of the vessels. We are, therefore, left to decide between conus arteriosus or the aortic valve. The former is a rare lesion, and would, therefore, point to stenosis of the aortic valve by the law of exclusion, but the position of the murmur is rather against this conclusion, as the sound is usually loudest at the lower part of the sternum, which was not so in this case. Again, if the lesion were in the aortic valve we would expect valvular insufficiency, but this was also absent. It is, therefore, difficult to say whether the lesion is stenosis of the conus, or aortic valve.

The etiology is equally obscure. Whether the stenosis be congenital or acquired cannot easily be determined.

The Operating Theatres.

MIDDLESEX HOSPITAL.

CASE OF ACUTE CARCINOMA BEGINNING IN THE UTERUS AND INVOLVING MANY ORGANS.—This interesting case, under the care of Mr. HENRY MORRIS, was one in which no operative interference was ever possible. The patient, a woman, æt. 34, was admitted complaining of a vaginal discharge, a lump in the right breast, and one or two small, but excessively painful, lumps in the neck on the right side: hitherto she always had enjoyed good health; she was regular till the present illness; of late the catamenia had been excessive; she had had no children, but several miscarriages. There was no family history of cancer. About two months before her admission she began to have aching pains in the loins, which she ascribed to a chill, but shortly afterwards, however, a yellowish vaginal discharge appeared; soon after this, she noticed a lump in the right breast; some six weeks after, the right side of her neck began to swell, and she found she had one or two small lumps in this situation. The lump in the right breast had been steadily growing since its first appearance. The vaginal discharge continued with slight remissions, but the patient never noticed any blood in it, nor was it ever noticeably offensive. On admission she appeared

to be a well nourished woman, in very fair general health. In the upper part of the right breast was a tumour the size of a walnut, hard and irregular, but not painful nor markedly tender; the skin overlaying it was natural and not adherent. Lower down in the breast, near its lower and inner margin, was a hard lump, the size of a filbert, the skin over which was purple in colour, and adherent to the underlying nodule. Other smaller lumps, four or five in number, were found in the breast. All these, apparently, were in the subcutaneous tissue. Over the left breast were one or two small similar nodules. The glands in both axillæ were slightly enlarged. A few smaller lumps could be felt in the left posterior triangle. Over the front part of the abdomen were about a dozen nodules in the subcutaneous tissue, most of them being about the size of a hazel nut; they were not tender nor painful and did not involve the skin. A further collection of three or four nodules was found in the right ilio-costal space, these were more painful than the others, and prevented the patient from lying on that side. Vaginal examination showed the cervix to be hard, but freely movable, its lower end presenting a hard, round-edged, excavated ulcer, which apparently affected the whole thickness of the cervix and extended in its substance as high as the finger can reach. The uterus itself was freely movable, and examination caused no bleeding; there were no glandular enlargements in the groin. The patient complained of a good deal of pain in the lower part of the abdomen. The vaginal discharge was slight, not offensive and free from blood. During the first six days in the hospital it was remarked that the nodules were steadily getting larger, those in the neck being very painful. Nausea was first complained of on the fourteenth day, when the patient actually did vomit several times; about this time, too, it was noticed that several new nodules had appeared in the breast, and on the front of the abdomen. Thirteen days afterwards, the woman in the interval having had a great deal of sickness, she was seen to be markedly jaundiced; this went on increasing, as also the growth and number of the nodules and the sickness. A vaginal examination made seven weeks after admission showed a large succulent growth of the cervix uteri and some enlargement of the fundus. The cervix projected an inch or more lower than normal; it was four or five times its normal thickness, and was ulcerated at the posterior left aspect, so that there was a V-shaped notch in its margin large enough to lodge the tip of the finger. The fundus was considerably, but not completely, fixed. A week after this the nodules had much increased in number and in size, those in the right breast being very painful and exquisitely tender; the patient could not lie in any position with comfort. A week later the nodules had still increased; the numerous ones in the right breast were to a large extent fixed together towards the central part of the gland into a large irregularly-outlined hard "hob-nailed" mass. The general distribution of the nodules was: *Face*, none. *Neck*, one below each ear, and in each submaxillary region; several in each supra-clavicular fossa, but especially in the right. *Axilla*, numerous in both, but most in the right. *Breasts*, very numerous, the right being most affected and its nodules larger; there were several between the breasts. *Abdomen*, 20 or 30 were scattered over the front of the abdomen; they were covered over by the natural skin and did not show the dilated capillaries that were present over many on the chest and back. *Back*, a group of fifteen

in the small of the back about the middle line covering an area about 4 inches long and 3 inches wide. Above the right iliac crest was a group of eight smaller than the foregoing. None in the same region on the left side. Between the scapulae there were twelve more and four over the left scapula. Ten days after, the sickness having continued, the patient could hardly be induced to take any food; the jaundice became deeper, and the nodules continued growing steadily; any movement caused intense pain. The woman got rapidly weaker, this being largely due to want of food; the symptoms increased, and she died a fortnight later, eighty-three days after her admission, the duration of the disease having been about four months. At the post-mortem the body was not found very much emaciated; of the subcutaneous nodules in only one near the umbilicus did the growth extend through into the peritoneal cavity. In the *thorax* there were numerous nodules of new growth in both the anterior and posterior mediastina, also along the side of the aorta, and in front of the base of the *pericardium*, which contained about two ounces of bile-stained serum and numerous nodules of new growth on its visceral layer, but there were no adhesions. Numerous nodules were found scattered over the *heart*. Both the *pleurae* contained a nodule of new growth. No deposits in the *lungs* nor in the *oesophagus*. The *peritoneum* showed some milky patches of new growth; the *omentum* and *mesentery* containing many. No new growth in the *stomach*, *pylorus*, *duodenum*, *intestines*, or *rectum*. Liver weighed 61 oz. No new growth in liver itself. *Gall bladder* distended by black, thick bile. No calculi. One nodule on its serous coat. The glands in the portal fissure were invaded by new growth. The *pancreas* was matted and infiltrated by new growth. The *supra-renal* capsules could not be made out in the infiltrated masses about the pancreas. No trace of new growth in the *spleen*. *Bile* and *cystic* ducts obstructed by the pressure of surrounding new growth. Numerous nodules in *each kidney*. *Bladder* not affected. The body of the *uterus* was not enlarged, but presented two sessile subserous nodules; the cervix enlarged, the margins of the os formed of softening, mucoid, pale, new growth. The walls of the *Fallopian tubes* were infiltrated by new growth. Extensive infiltration of the *right broad ligament* with new growth. The *breasts* were so thoroughly infiltrated that no breast tissue could be made out.

THE *Daily Telegraph* in a recent issue stated that Sir William Savory was present at a special gathering of the friends of the National Health Society. Sir William may have been present in the spirit, but he could scarcely have been at the meeting in the flesh, for as most persons know the distinguished surgeon died more than a year ago.

THE post of Professional Assistant to the Director-General of the Army Medical Department, which Surgeon-Major-General Jameson vacates on his appointment as Director-General, is to be conferred on Surgeon-Major-General William Taylor, M.D., who was principal Medical Officer of the recent Ashanti expedition.

It was stated in the House of Commons last week that the total cost of the Vaccination Commission up to March 31st last had been £16,792.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 27, 1896.

THE CENTRAL CONTROL OF HOSPITALS.

THE question of the advisability of some system under which the medical charities of any particular district should be controlled by a central body is by no means new. Eight or ten years ago, for instance, it was answered in the affirmative by Birmingham, although, as yet, there appears to be no prospect of their abstract resolution being reduced to practice. A short while since the subject was once more prominently brought before the notice of the public, by the Charity Organisation Society. Its subsequent discussion seems to have left matters very much as they were. The arguments in favour of centralisation, as we take them, appear to be unanswerable. As things stand the interests of rival institutions are conflicting, and the results disastrous, so far as economy is concerned. The latter statement can be verified by a glance at the comparative cost per bed of the various charitable hospitals throughout the country. Indeed, the most successful management appears to be the one that has the greatest expenditure and the largest debt, which is wiped off or reduced from time to time by an *ad misericordiam* appeal to the generosity of the public. This state of affairs was fully commented upon and discussed some twelve months ago in the columns of the MEDICAL PRESS AND CIRCULAR, the matter having been initiated by the vigorous letters of a correspondent who wrote under the title of "A Young Man from the Country." What we then chiefly insisted upon was the extravagance and selfishness

directly fostered by the almost absolute isolation which is the amazing and unfortunate rule among institutions conducted in the great cause of humanity. One of the most deplorable results is an absence of due regard for the interests of the medical profession, upon whose gratuitous services the whole charitable edifice is erected. In some cases wards are opened for paying patients, who are thus taken away from their outside medical attendants, and nursed out of funds originally subscribed for the use of the sick poor. Yet the protests of medical practitioners against this invasion of their field are disregarded. One notable instance of the kind, which occurred lately in the North of London, will be fresh in the minds of many of our readers. Then, again, in the matter of the indiscriminate relief granted to hospital applicants, especially in the out-patient departments, there can be no reform until some common plan of action is adopted amongst the various charities. Some of these abuses, it has been suggested, might be checked by conferring central authority upon the Hospital funds. The history of those bodies, however, excellent as it has been in many respects, does not offer any very hopeful prospect of a just and final settlement of the vexed question of centralisation. Hitherto their tendency has been to give money to the institutions that show the largest debts and deficits and the greatest number of patients, without regard to economy of management or to the guidance of its alms to worthy recipients. Nay, more than that, the fact that any particular institution is labouring under unanswered public charges of dishonest management does not debar it from receiving the grants of the hospital funds. These criticisms, be it noted, we offer in no spirit of unfriendliness, for we fully believe that a field of vast and progressive usefulness lies before both bodies. As to the Charity Organisation Society, in our opinion it has hardly justified its existence sufficiently to warrant any expectation it may entertain of being made the nucleus of the proposed body of control. This Society was originated in order to see that the money of the charitable went to deserving persons. It has created a large organisation of its own, with many costly offices and officers. Many complaints have been made of its harsh treatment of the deserving poor, although on the other hand there can be no doubt that it has done much excellent service to the public in the detection and exclusion of rogues. In the opinion of many persons, the Society has never altogether disproved the truth of the old sarcasm, that it spends so much of its energy in organisation that there is little or none left for charity. While it has so large a legitimate field of its own, we fail to see what it has to do with the pay system, or the central control of hospitals. That some central board is required in the interests alike of the hospitals, of the medical profession, and of the public, seems fairly evident. The task before such a body is simply gargantuan. To evolve system out of chaos; to establish financial unity where now is fantastic, haphazard expenditure; to minister to the deserving poor, and at the same time to exclude the well-do-to parasite; to avoid injury to the medical practitioner; to make

dishonest management impossible; in short, to lay down and enforce principles in a region that knows no written laws; such are a few of the knotty problems awaiting solution, not only in the metropolis, but also throughout the length and breadth of the United Kingdom.

AUTOTOXIS IN THE CAUSATION OF INSANITY.

WE are so much accustomed to regard insanity in its various forms as the outcome of hereditary influence *plus* special strain that it is useful to be reminded occasionally that mental disturbances are not always so strictly constitutional, and that mental aberrations may, in a certain proportion of the cases at any rate, owe their origin to such ephemeral and preventible causes as functional disorder of the intestinal canal. A paper on this subject was read by Dr. Hamilton, of New York, at the last meeting of the Medical Society of London, and although we are by no means prepared to admit the accuracy of all his deductions, it may fairly be asserted that he has succeeded in demonstrating that certain varieties of insanity are the direct outcome of the action of poisons elaborated in, and absorbed from, the intestinal tract. Years ago, Dr. Lauder Brunton directed attention to the phenomenal activity of the toxic products elaborated in the course of an ordinary attack of indigestion, and although he does not appear to have included the production of even temporary insanity among the troubles to which they may give rise, he established a striking analogy between their action and that of curare. The intestinal tract is the habitat of an almost incredible number of bacteria and fungi which, or some of them, assist in the process of food disintegration, preparatory to assimilation, and under normal circumstances they hold each other in check. It is easily conceivable that under altered circumstances, either in the direction of a change in the composition of the fæces or an altered environment such as would be afforded by a condition of chronic catarrh, the balance of bacterial power may be disturbed, the beneficent microbes taking a back seat while the more virulent species, temporarily at any rate, gain the upper hand. If we add to this an unduly prolonged retention of the abnormal fæces in the intestines, we have all that is required to provide, and permit of the absorption of, soluble toxic products capable, as laboratory experiments have repeatedly shown, of exerting marked pathogenic effects on the nervous system. Under ordinary circumstances, in the healthy animal organism, the liver acts the part of a chemical filter, eliminating from the blood all such toxic products which are thus prevented from entering the general circulation. When the liver function, for any reason, is imperfectly performed, these products are permitted to pass, and are left free to work their effects on the delicate tissues of the central nervous system. In persons who have acquired the habit of periodical evacuation of the intestines, it is surprising what an amount of discomfort and inconvenience is entailed by even a moderate delay in the accustomed rite, and it

cannot excite surprise that the systematic neglect of the intestinal function should give rise to more permanent and more serious manifestations. According to Dr. Hamilton's observations, it seems that a fair indication of the condition of the intestinal canal can be obtained from a careful examination of the urine. He confessed that he had been unable to discover any definite standard of abnormal urine which could be held to be characteristic of insanity, or of any particular form of insanity, but he pointed out that intestinal putrescence determines the presence in the urine of an appreciable quantity of indican, and when indican is present there is also a more or less marked alteration in the ratio of præformed sulphates. These indications, he stated, are generally found in acute insanities, especially those characterised by rapidly developing symptoms. Changing illusions, hallucinations of unsystematised delusions, in association with insomnia, pallor, constipation, and rapid exhaustion, are, in his opinion, generally due to autotoxis of alimentary origin and this condition is also responsible for various post-febrile, traumatic, alcoholic, and drug insanities. It is worth while recalling, while dealing with this subject, that the same effects have been attributed by various observers to the presence of uric acid in the blood, and as the effect of an excess of uric acid in the production of certain forms of mental disturbance is generally conceded, it is a difficult and a delicate task to distinguish which is primary and which secondary. The worst of the "professors of uric acid," is that they ride their hobby to death or as near death as common sense will allow of. To listen to them, when they condescend to impart their views, uric acid is the *fons et origo mali* in most of the diseases, apart from the specific fevers, to which human flesh is heir. If the treatment based on the autotoxis hypothesis is shown to be successful in a certain class of cases we are assured that it is because this very treatment has incidentally for effect to favour the elimination of the surplus acid, and so on. Another class of critics object that the intestinal irregularity is the result, and not the cause, of the central nervous trouble, though, if treatment directed to the supposed intestinal focus proves successful it is not easy to understand their process of reasoning. Under these circumstances it is well to go on broad general principles. We may take it as proved that a certain proportion of cases of insanity not obviously due to cerebral degeneration or other toxic influences may be immensely improved and even relieved, by measures having in view the antiseptics of the intestinal tract. The washing out of the large bowel and the administration of antiseptics, such as naphthaline or salicylate of soda, certainly seem to be attended by marked and favourable effects in these cases, and this is enough for the practitioner who may not have leisure to enter upon the judicial consideration of questions of etiology and proximal therapeutics. The success of the treatment shows that, contrary to the dictum of Shakesperian sceptics, medicine can, under certain circumstances, "minister to a mind diseased." It may lessen the anxiety of the Government at a time when the increase of insanity is excit-

ing dismay to be told that one of the most fertile causes is chronic constipation or intestinal catarrh. In any case the thoughtful and suggestive paper which Dr. Hamilton brought before the Medical Society of London ought to have for effect to direct the attention of those in charge of the insane to an important department of clinical observation hitherto comparatively unexplored, which may possibly in the near future give a rich harvest of therapeutical results in a whole category of mental diseases usually assumed, on insufficient data, not to be amenable to medicinal treatment.

LADY DOCTORS AND THE MEDICAL SOCIETIES.

HAVING cast their eyes around *quærens devorent* the lady doctors recently decided to try their luck at the Pathological Society with a view to breaking down the boycott which has so far been successfully maintained in respect of their admission as Fellows or Members of the medical societies, and the matter came forward on a motion by Mr. Stanley Boyd, at the annual meeting on the 19th instant. It appears that an application, or applications, for admission had been made in the usual way, but in the absence of any precise rule bearing on the subject, the President (Mr. Butlin) cautiously decided that silence did not mean consent, and threw the responsibility of deciding the matter on the annual meeting, at which there was an unusually large attendance in consequence. Mr. Boyd introduced the subject in a quiet, argumentative fashion, and for a time it seemed as if the adversaries of the motion were not going to place their archaic views on record. Before the discussion closed, however, one or two of them plucked up courage to utter the tiresome old platitudes concerning the indelicacy of discussing certain subjects before women, launching off now and again into diatribes against the impious trespass of women in the domain of medicine. The arguments were all on the side of the innovators, but the votes remained with the conservatives, and the proposal was ultimately rejected by a substantial majority. One would have thought that of all societies, the Pathological, which deals with objective specimens, and euphemistically described as "fresh," was the one at which the least inconvenience could result from the presence of ladies. But the bogey of feminine indelicacy proved too much for the fellows in conclave assembled, though we shrewdly suspect that the younger men either voted with the majority, or abstained from voting, more in deference to the bias of their seniors than to their own views on the matter. How anyone can maintain that it is indelicate to discuss certain subjects before a fellow-practitioner, female though she be, passes our comprehension, bearing in mind that all sorts of operations and all sorts of remarks and directions are hourly given to nurses whose sex exposes them to the same objection. He must, in deed, be supernaturally fastidious who could not discuss a strictly medical, or surgical, or pathological subject before a mixed audience of duly qualified practitioners, indeed, there is a certain prurieny in the very sug-

gestion of an inability so to do. It cannot be hoped that the boycott will be indefinitely maintained, for it is contrary to justice and common sense. There was an appearance of logic in refusing women admission to the profession, but once that line of defence was abandoned it is mere professional jealousy and petty rivalry that underlie the refusal to admit our female associates to the privilege of availing themselves of the knowledge which is to be obtained at the medical societies, and at these societies only. We had hoped that the Pathological Society would rise superior to such considerations, but the sexual hyperæsthetics had it all their own way and as they are impervious to reason and argument the ladies must e'en wait until these become too infirm to attend the meetings or until they are old enough to be superannuated. It is worthy of remark that Fellows whose voices are never heard and whose forms are unknown under ordinary circumstances within these hallowed precincts invariably turn up to defend the society which they profess to cherish, but which they never frequent, from the moral contamination involved by the presence on terms of scientific equality of the new order of practitioners. Science is asexual, and the relief of human suffering knows no distinction of persons. Women, as practitioners of medicine, labour under many inherent disadvantages, but this is not a sufficient reason for refusing to the more diligent and gifted among them free scope for their unemployed energies. Just as we naturally respect the man who has fought his way to the front in spite of opposition and difficulties, so we ought to regard the woman who, in spite of physiological burdens and social discouragement, has acquired the right to be enrolled a member of an honourable and humane profession.

Notes on Current Topics.

A Lady Examiner in Gynæcology.

THE Dublin newspapers state that a meeting of students connected with the Schools of the Irish College of Surgeons and Catholic University has been held for the organisation of action to protest against the recent appointment by the College of Dr. Winifred Dickson as Examiner in Midwifery and Gynæcology. It is stated that it is intended that a petition for the appointment of a male examiner shall be presented to the Council of the College with the threat that, if Dr. Dickson is not superseded, they (the students) will "go elsewhere for their lectures." It does not publicly appear what are the grounds of the objection to Miss Dickson as an examiner. Incompetency or want of knowledge of her subject cannot, certainly, be alleged, considering that the lady is Assistant Physician to the Coombe Lying-in Hospital and Gynæcologist to the Richmond Hospital, and has had a most distinguished career during the studentship which has now culminated in her receiving the Fellowship of the College of Surgeons and the M.D. of the Royal University with highest honours. Nor can there be any complaint of partiality or of her method of examining

because she has not yet had the opportunity of showing her capacity for the duty. In any case, the Council of the College has simply discharged the obligation imposed by the Charters of the College in electing Dr. Dickson. The lady is duly qualified by her Fellowship for election, and, on the occasion when she was chosen, each member of the Council took a declaration that he would, "without hatred, evil will, partiality, affection, favour, or fear," elect the candidate who had shown the highest attainments in the subject in which he (or she) would be called upon to examine. It will be obvious that, being thus bound, the Council could not allow any sentimental consideration to prevent it making the selection dictated by its chartered obligation. As we can conceive no objection against Dr. Dickson on these merits, we have difficulty in imagining what the ground of such objection may be. To say that the sense of propriety and modesty of the medical students of Dublin is shocked by the appointment of a lady to examine on obstetric subjects sounds more like a joke than a reasonable objection. But if such examination involves an outrage upon the too susceptible feelings of our student friends we would suggest that they have not found it necessary to blush or to hold meetings in vindication of their religious propriety, for all these years, while male examiners were engaged in examining lady candidates on the same subjects. In any case we venture to observe that it is quite a new departure that medical students should seek to exercise a selection of the examiners who are to test them, and it is a grave question for those who have the regulation of such examinations whether they can accept dictation from the students on such a matter.

The Deadlock at the Liverpool Lying-in Hospital.

No new development has taken place in the matter of the above institution and its medical officers. A compromise with kindly intent was proposed by Mr. W. Rathbone and accepted by the Board of Management, but rejected by the medical staff. The compromise proposed was, in fact, no compromise at all, but apparently a trap to catch the doctors. The first sentence appeared to concede something, but the next took it completely away, still leaving the matron midwife master or mistress of the situation. A number of letters have appeared in the daily papers on the subject, and one in the papers of the 23rd inst., by Mr. James Lister, a member of the Board of Management, or rather mismanagement, put the matter in a perfectly clear light, and show that the Board are as far off making concessions as ever. In this letter, Mr. Lister, amongst other things, says:—

"The doctors claim that every case that comes into the hospital is theirs *ab initio*, and that it lies with them to decide whether it is for them or for the midwife. This we resist, as it places the institution absolutely in control of the Medical Staff, and the Board would be false to their duty, and to all the traditions of the charity, if they admitted this change in its working."

This makes it clear that all so-called concessions and compromises have been illusory, and intended

only to throw dust in the eyes of the medical staff and the public, and that the Board do not recede from their position in the slightest. Such being the case, it is a satisfaction to learn that not only the late staff of the Hospital, but the whole profession in Liverpool, have stood firm, and that not a single doctor has shown himself willing to take office under the conditions imposed by the Board of Management. This is as it should be. We also understand that the lady doctor, whose services the Board had obtained as lecturer to the pupil midwives, withdrew her services as soon as she became acquainted with the position of affairs. It is clear things cannot always continue as they are, and the only course now open, as far as we can see, is for the Board to resign and make way for one endowed with a clearer perception of the fitness of things.

Legislation for Barmaids.

THERE is probably no class of workers in more urgent need of legislative help than that of barmaids. The time for work, as a rule, is outrageously long, twelve or fourteen hours, or even longer, being a common daily average. So far as one can see, there is no particular reason why a ten-hours limit should not be fixed for the barmaid as readily as in most other occupations. We suspect, however, that the semi-domestic nature of her position offers one of the greatest difficulties in the way of reform. At present, the control of licensed houses is in the hands of the police, and any further regulations as to the hours of barmaids would probably be best also entrusted to the same authorities. It seems fairly evident that to send the average sanitary inspectors on such a mission would be unwise from several points of view. Meanwhile, the barmaid waits. During long and weary hours of overwork she has to stand patiently at her post; she has scant time for exercise, sleep, and meals; and in too many cases she turns to alcohol to recruit her exhausted physical energies. Constant standing makes her prone to varicose veins and uterine disorders, and her constitution often breaks down under the ordeal. Moreover, it not infrequently happens that she sleeps in unsuitable and insanitary quarters. We are glad to see that a Bill has been introduced into Parliament with a view of emancipating this terribly overworked class from a portion, at least, of its exacting burden. Why do not some of the women's societies take up the subject? They would find it hard to discover any of their sisters more sorely in want of a helping hand.

The International Congress of Dermatology.

As already announced, the third International Congress of Dermatology will this year be held in London. Beginning on August the 4th, it will last five days, each of which presents an attractive programme. The chief features are the presidential address by Mr. Jonathan Hutchinson, the exhibition of clinical cases, and the reading of various papers. There will be also four formal discussions on the following subjects:— "Prurigo"; "The Etiology and Varieties of Keratosis"; "The Connection of Tuberculosis with

Diseases of the Skin other than Lupus Vulgaris"; "The Nature and Relations of the Erythema Multiforme Group." Many distinguished foreigners will take part in the proceedings. Among them Dr. Besnier, Profs. Fournier, and Letour, from France; Profs. Lassar, Unna, and Neisser, from Germany; Prof. Petersen, from Russia; Drs. Duhring, White-Bulkley, Keyes, and Fox, from America; and Drs. Shepherd, and Graham, of Canada. There are special reception Committees for reception, museum, and bacteriological arrangements. Altogether, there is every prospect of an important and brilliant international meeting of medical men interested in this progressive specialty. The Secretary-General is Dr. J. J. Pringle, from whom any further details may be obtained.

The Medical Defence Union and the Appeal in the Cardiff Case.

It will be remembered that the Medical Defence Union prosecuted at Cardiff a person named Bridgewater, for the assumption of titles implying that he was a registered medical practitioner. The magistrate, however, dismissed the case on the ground that the defendant held himself out to be a Doctor of Medicine of the United States of America only, thus implying that he could not be registered under the Medical Act. The titles assumed were the now familiar ones of "M.D., U.S.A." The Union, dissatisfied with this decision, appealed against it, and the case was heard last week. Mr. Justice Grantham held that the magistrate had found that there was no intention on the part of the defendant to deceive. The real question involved was whether the fact of a practitioner using the letters "M.D." after his name was evidence that he intended to hold himself out as a registered doctor of medicine. No case, the judge contended, went so far as to say that it was, and that although the letters U.S.A. were added, the person so doing was nevertheless guilty of a false pretence. Mr. Justice Collins also held that the magistrate was warranted in finding that the defendant had no intention to deceive. But he admitted that although it was impossible to say in the present case that an offence had been committed, yet the law on the subject was in a fog, and it could not be determined what were decisions of law and what were decisions of fact. In consequence of these conclusions, both judges agreed that the rule should be discharged, and thus the Medical Defence Union have failed in their application. We shall refer to this case again next week.

American Dentists in England.

QUALIFIED English dentists appear to want just as much protection as the medical profession against unqualified practice. At every turn they find themselves pitted against men who practice dentistry without the desirable authority of a dental diploma. In many cases these free lances are ignorant and unprincipled adventurers who have failed in other pursuits. Of late years, however, the United Kingdom has offered an attractive hunting ground to the unqualified American dentist. This class of practitioner

invades our shore and advertises himself with brazen front in every way that an exuberant ingenuity can suggest. He is by no means backward as regards the amount of his fees, and in some instances he extorts excessive payment from his victims. At times he takes the title of "Dr.," a fact to which one may well draw the attention of the medical defence societies. An unqualified dentist assuming a false title and supplying materials to a patient under that cover lays himself open to the law equally with the medical pretender. At any rate, it is doubtful whether victims could be compelled to pay for his services by legal process. With regard to the question of unqualified dental practice generally there can be no doubt that some good sweeping legislation is needed both in the interests of the public and of a profession that within the generation has shown marvellous powers of development and consolidation. The dentists will do well to join one or other of the qualified medical defence societies.

The Election of Councillors at the Irish College of Surgeons.

THE ballot for President, Vice-President, and Council of the College will take place on Monday, the 1st of June. The list of candidates for Councillorship closed last Saturday, and in addition to Mr. Sherlock, whose candidature we announced the week before last, Sir William Stokes, Mr. Broomfield, a former Councillor, and Mr. Harrison Scott have offered themselves, besides the whole of the outgoing members of the Council, including Sir Thornley Stoker, who now vacates the Presidential chair and is certain to resume his seat on the Council. Thus there are four competitors and no voluntary vacancy in the ranks of the present Council, and, obviously, if one or more of the new aspirants succeed they will displace one or more of the outgoing Council. On Saturday evening last the Councillors entertained the President, Sir Thornley Stoker, at dinner at the Shelbourne Hotel, Dublin, on his retirement from the Presidential chair. The banquet was presided over by Mr. Thomson, the Vice-President, who will be President in a few days.

Army Morality.

THE lax sexual morality of military men is more or less proverbial. However, lapses of the kind have not hitherto appeared to interfere in any way either with the social position of an officer or with his professional prospects, that is to say, if he does not happen to belong to the medical branch of the Service. Within the last year or two we have the amazing instance of an Indian Army surgeon actually dismissed the Service for offering to kiss a married woman. It is not even asserted that he attempted to carry out the proposal. If one were to judge from the cashing of this unfortunate officer, the moral standards enforced in the British Army must be exceedingly high. But the most superficial acquaintance with the inner conditions of army life will speedily prove the exact opposite. Last week, in the divorce courts, the judge made some strong comments upon the conduct of a respondent, who he pointed out had

broken up the home of a brother officer and made his life miserable. Now, the point is this, will the authorities who punished the Indian non-combatant for a contemplated assault of a trivial kind, overlook what an English judge has pronounced a gross moral offence? We are strongly of opinion that the private morals of a paid public servant, such as an army officer, should have little concern for the authorities. But if the lash is to be applied only to the medical branch of the Service, we think it time to enter a vigorous protest.

A Midwife's False Certificate.

THE exact position of the midwife in relation to the public and the medical profession has of late attracted a good deal of attention. The interest in the subject has been intensified by the dramatic disclosures that have recently been made as regards the systematic barbarity to which many infants, especially when illegitimate, are liable to be exposed. In view of these facts the conviction of a midwife last week in a London police court of making a false statement about a child's birth has more than an ordinary significance. From the evidence it appeared that the prisoner signed a certificate of still-birth, although the child lived for nine hours. The only defence was that the parents urged her to give a false certificate so as to save the cost of a funeral. The Magistrate imposed a fine of 40s., or ten days' imprisonment, which appears to be a light punishment for so grave an offence. It is not necessary to point out to medical readers that in the absence of registration for still-births, an evasion of the kind here practised might readily be made the cover for serious crimes. Such occurrences emphasise the need of revising the powers of the midwife in granting any certificate at all for purposes of burial.

A Degrading Exhibition.

THERE seems to be no limit to the sensationalism sought after by variety show-mongers, in order to produce something which will be calculated to attract the public. The taste of the public, it must be confessed, is by no means what it should be in this connection, and this fact has just been amply proved by the crowds which have flocked to a degrading exhibition in Paris. A man undertook to hang by his neck for the space of fourteen days, under the following conditions:—He was to be allowed every hour a few minutes rest, to be obtained by standing on the steps of a ladder, holding on to the rope above the latter in order to relieve the swelling of his hands. Before the ladder is taken away he is permitted to inhale some chloroform or ether. While he is hanging he is practically semi-conscious, though there is some twitching of the feet and hands and some movement of the lips. Throughout the whole of the period during which he has undertaken to hang he will have neither food nor drink. Such is the exhibition which is now to be seen in Paris, and we learn that the showman in which it is held is full of visitors nearly all day and night. It is difficult to speak in strong enough terms of the repulsive nature of such a

sight. The "fasting" man has now been eclipsed by the "hanging man"; and naturally the question arises where will this pandering to the morbid public taste end?

The Dearth of Candidates for the Army Medical Service.

WE trust that the rumour is not true that the War Office, in order to obtain a sufficient number of candidates for the Army Medical Service, has decided to lower the standard of examination. No policy would be fraught with greater danger to the well-being of the Service than the adoption of this. Perhaps it is not generally known that just thirty-three years ago, when the Medical Department of the Army had fallen into disrepute in the Medical Schools, a large number of insufficiently qualified medical men were admitted into the Service with results which might have been anticipated. Thus, for obvious reasons, to meet the difficulty of the dearth of candidates by lowering the standard of examination, and by this means render it possible for a less qualified class of practitioners to enter the Service, is the worst plan to adopt. As soon as the grievances of the Service are removed, there will be no lack of candidates to fill the vacancies. The matter, therefore, rests entirely with the War Office. Let the War Office take measures to concede what the Officers of the Medical Department of the Army demand, and do their best to smooth away the differences which have arisen, and then they will find that some of the best young qualified men from the medical schools will not hesitate, as the occasion arises, to join the Service.

Workhouse Children's Teeth.

THE state of the teeth of the children in the workhouse in Beverley, Yorks, was recently the subject of a special report of the Local Government Board Inspector for the district, and the recommendation was made that a dentist should be instructed to attend to the children and examine their teeth. The Board of Guardians to whom the matter was referred adopted the recommendation, and the hope was expressed that a dentist in Beverley would perform the necessary duties without charge. It is impossible to dispute the importance of supervising the teeth of children, even of those in workhouses, but it is difficult to conceive why the services of a dentist should be expected to be given without remuneration under the latter circumstances. Perhaps, however, were expense to be incurred in the matter the alternative would be adopted of neglecting the children in this respect, a policy which would be quite in keeping with that pursued by many boards of guardians.

The Meeting of the General Medical Council.

THE Council will hold its spring meeting, commencing on the 2nd of June next. Mr. Pridgin Teale will present to the Council the renewal of his Commission as Crown Representative for England, and Mr. Thomson will take his seat, for the first time, as Direct Representative for Ireland, vice Dr. G. H. Kidd. The

affair of the Irish Apothecaries' Hall and its appeal to the Privy Council for a grant of additional examiners to permit it to discharge its examining and diploma-granting functions will occupy much of the time of the Council, and will, in fact, be the most important business for transaction.

The Conversazione of the Medical Society, London.

THE annual *conversazione* of the Medical Society of London, was held on the 18th instant, and was attended by a large number of Fellows and guests. The subject of the annual oration was "The Breaking Strain," of which an abstract appeared in our columns last week. Dr. W. H. Allchin was the orator, and much hearty applause was accorded him for his address. The purely business part of the evening having been disposed of, the company proceeded to indulge in light refreshments, smoking, and social intercourse. The *reunion* was a great success, and the proceedings were prolonged until close upon midnight.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

HOSPITAL ACCOMMODATION IN BRECHIN.—The Directors of the Brechin Infirmary at a meeting last week, after a protracted discussion, agreed to appoint a committee of their members to consider the question of the hospital accommodation for infectious cases. During the discussion it was stated that the proposals of the Medical Officers of Health were too magnificent for the funds available. The Directors were in favour of amalgamation with the Burgh and District Committee of the County Council. In view of the Public Health Bill it will certainly be advisable for the hospital authorities in all places such as Brechin to continue to keep up the Fever Hospital which they will be compelled to erect, with the Local Authorities, so that expense may be saved, and efficiency procured.

PUBLIC HEALTH BILL FOR SCOTLAND.—The Corporation of the City of Glasgow has memorialised for alterations in this Bill, which have aroused the righteous indignation of the Veterinary Surgeons in Scotland. The object of the memorial is to provide for the determination of disease in animals by Medical Officers, not by Veterinary Surgeons. The reasons given for this step are as follows: 1. That there is no justification either in necessity or expediency for the employment of a Veterinary Surgeon. 2. That medical men first pointed out the special diseased conditions in cows which entail grave risk to the consumers of their milk. 3. That it would be difficult, if not impossible, to find a properly qualified Veterinary Surgeon in many counties in Scotland. It seems to be hardly fair to so disparage the attainments of a profession which is now highly trained for its duties. The House of Lords in Committee rejected the amendments suggested, and it is not likely that in the Report stage any such alteration will be made.

TRAGEDY AT DUNDEE LUNATIC ASYLUM.—A lunatic who had been regarded as harmless, when working outside, suddenly, one day last week, attacked an attendant with a spade, inflicting severe injuries, while with the same weapon he attacked and killed an old patient, who had proceeded to the attendant's assistance. An inquiry is being held into all the circumstances of the case.

Obituary.

MR. ROBERT STUART.

It is with deep regret that we record the death, on the 21st inst., of Mr. Robert Stuart, the publisher of this

Journal for Ireland, which took place at his residence, 66 Dame Street, Dublin, as the result of cardiac disease, from which he has suffered for some time. Mr. Stuart was well known in the profession in Ireland, with whom he has been in constant communication for nearly a quarter of a century, during which lengthened period he has had in hand the chief business management of the **MEDICAL PRESS AND CIRCULAR**, as far as Ireland is concerned. His kindliness of disposition and unassuming manners, and his constant anxiety to meet the wishes of both subscribers and advertisers, earned for him universal popularity and produced a wide-spread regret for his loss on the part of all who have had business dealings with the Irish department of the **MEDICAL PRESS**. To ourselves the deprivation of his services, and of his personality, is a serious loss, and the occasion of deep regret. He has served us for nearly 25 years with unvarying industry and with anxiety for the good of the journal and all concerned in its management, and he has administered the finances of his department with scrupulously honourable integrity. He was a gentleman in mind and a true friend in spirit, and, for us, his loss involves a most unwelcome change in our arrangements.

THE POSTAL MEDICAL OFFICERS.

THE annual meeting of the Association of British Postal Medical Officers was held at the Hotel Metropole, in London, on the 19th inst. The President of the Association, Dr. Mathew Halton, of Barnsley, Yorks, occupied the chair. There were present a considerable number of Provincial Postal Medical Officers.

Dr. Henry FitzGibbon, of Dublin, was elected President of the Association, for the ensuing year, and Dr. R. Ritchie Geddings, of Nottingham, was re-elected as Hon. Secretary.

After the conclusion of routine business, the Secretary submitted to the meeting a very exhaustive report upon the sanitary condition of the Post Offices of the country, which he had prepared at the request of Lord Tweedmouth, President of the Special Committee upon Postal Establishments.

Subsequently, questions of interest were discussed; Dr. Ritchie Geddings initiated a debate as to, "How far heredity should influence medical examiners, in their examination of candidates for Civil Service appointments."

In the evening the annual dinner of the Association took place. Dr. Halton occupied the chair. Besides a large number of members there were also present, Sir Walter Foster M.P., Sir Dyce Duckworth, M.P., Sir Robert Hunter (Secretary to the Post Office), Mr. E. B. Lewin Hill (Assistant-Secretary Post Office), Dr. Farquharson M.P., Dr. Thorn Thorn, Dr. E. West Symes (Halifax), Captain Henry Berkeley, R.N., Surgeon-Major Murray, Mr. Thos. Baillie Gage, Surgeon-Lieutenant-Colonel Phillips, and about forty others.

The President proposed the loyal toasts, which were duly honoured.

Sir Dyce Duckworth proposed the toast of the Houses of Parliament. Sir Walter Foster in replying said, Sir Dyce Duckworth had thanked God we have a House of Lords. His feeling would have been considerably more intense if we had arrived at that period of civilisation in which we had life peerages and medical men, on account of their intellectual and social qualifications, and their self-sacrifice for the good of humanity, found a place in the House of Lords. The medical men connected with the Postal Service had done wisely and well in organising themselves, they have under charge in various parts of the Kingdom one of the most deserving class of public servants, they had grave and responsible duties to perform, and they should form such a policy for themselves as would tend to the better performance of their duties and the elevation of the class to which they belonged. (Hear, hear). They could then raise the Postal Medical Officers of the Kingdom to that position which they ought to enjoy as a very important part of the Civil Service. (Cheers.) No men in the Civil Service deserved higher honours than medical men when they did their work honestly and well.

Notices to Correspondents, Short Letters, &c.

63 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 twenty-six strings for holding the numbers 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.

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

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

DR. ERSKINE.—Your letter will appear in our next.

RED LAMP.—There can be no doubt whatever as to the best course for you to pursue. If the annoyance be repeated lay the whole of the facts, properly authenticated, before one of the medical defence societies. If you do not belong to one, the sooner you become a member the better. We consider it the duty of every member of the profession to take out the insurance policy obtainable by paying a half-guinea yearly to a defence society.

A FELLOW.—Certainly; send in an account at once, if, as you say, the attendance has been going on for twelve months and payment is doubtful.

SMART.—Consult some practitioner of good standing and long experience on the point. There is no definite law dealing with the same.

SKIN DISCOLOURATION.

SOME authorities state that corrosive sublimate is a valuable means of getting rid of skin discolourations. It is the basis of the numerous applications for freckles and other surface macules. It should, however, be used with caution. As to the blue marking mentioned by our Liverpool correspondent in our issue of the 26th, the discolouration is probably due to foreign matter from the cinderpath on which he fell. If so, there is little prospect of improvement. However, as the injury is on the face an attempt might be made by means of small incisions to remove the deep-lying particles by degrees, or a plastic operation might be performed if the surface be of moderate size and the disfigurement great.

J. H. AND J. F. S.—Your letters are unavoidably held over until our next.

DR. P. (Paris).—The MS. has been received and is undergoing revision. We hope to publish it as an early date.

F. M. D.—We have acceded to your request though we do not consider that your contention is based on an accurate appreciation of the importance of your particular branch of study.

ADMIRER.—The testimonial business is really overdone. Everybody cannot have statues erected to them, nor can every departed worthy have a corner in Westminster Abbey. With a few notable exceptions it seems best to "let the dead past bury its dead."

M. R.—Your suggestion comes at an inopportune moment seeing that most of the medical societies have closed, or are on the eve of closing, their seasonal doors. We will, however, bear it in mind.

FELIX.—We cannot deal editorially with such a matter, but if you care to embody your complaint in a signed letter we will consider the propriety of publication.

Meetings of the Societies

LECTURES AND DEMONSTRATIONS.
WEDNESDAY, MAY 27TH.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC (Bloomsbury).—8 p.m. Dr. Beavor: Paralysis of the Soft Palate.
HOSPITAL FOR CONSUMPTION, &c., (Rrompton).—4 p.m. Dr. Biss: Intra-Thoracic Aneurysm of the Aorta.

THURSDAY, MAY 28TH.

ROYAL INSTITUTION.—8 p.m. Dr. R. Munro: Lake Dwellings.
VICTORIA HOSPITAL FOR CHILDREN, CHELSEA.—4 p.m. Mr. T. Pickering Pick: On Operative Interference in Morbus Coxa.

FRIDAY, MAY 29TH.

ROYAL INSTITUTION.—9 p.m. Mr. A. Birrell: John Wesley; some Aspects of the Eighteenth Century.

SATURDAY, MAY 30TH.

ROYAL INSTITUTION.—8 p.m. Dr. E. Wallis Budge: The Moral and Religious Literature of Ancient Egypt.

THURSDAY, JUNE 4TH.

VICTORIA HOSPITAL FOR CHILDREN, CHELSEA.—4 p.m. Dr. Rolleston: Hepatic Disease in Children.

Vacancies.

Bedford General Infirmary and Fever Hospital.—House Surgeon. Salary £100 per annum, with apartments, board, lodging, and washing. Applications and testimonials to the Secretary not later than June 6th.

Bridgewater Infirmary.—House Surgeon. Salary £80 per annum, with board and residence. Applications with testimonials, to Mr. John Coombs, Hon. Secretary, Bridgewater Infirmary, Bridgewater, on or before May 30th.

Bucks County Lunatic Asylum.—Assistant Medical Officer (unmarried). Salary £100 per annum, together with board and furnished apartments in the Asylum. Applications and testimonials to the Clerk to the Visiting Committee on or before June 5th.

Govan District Lunacy Board.—Assistant Medical Officer for the Asylum at Hawkhead, near Paisley (unmarried). Salary £100 with board and apartments. Applications and testimonials to Andrew Wallace, Clerk, 7 Carlton Place, Glasgow, on or before June 10th.

Lambeth Workhouse.—Assistant Medical Officer and Dispenser for the Workhouse, Kennington. Salary £100 per year, rising to £125, with board, apartments, and washing. Printed forms of application is to be obtained at the Guardians' Offices, Brook Street, Kennington Road, S.E.

London Hospital, Whitechapel.—Medical Registrarship. Salary £100 per annum. Applications and testimonials to the Hospital not later than June 11th.

London Lock Hospital, Harrow Road, W.—House Surgeon to the Female Hospital. Salary £50 per annum, with board, lodging, and washing. Applications and testimonials to the Secretary not later than May 30th.

Metropolitan Asylums Board.—Assistant Medical Officer at the Fountain Fever Hospital, Lower Tooting. Salary £100 during the first year, rising to £200, with board, lodging attendance, and washing. (See advert.)

Stamford Hill, Stoke Newington, Clapton, &c., Dispensary, 189 High Street, Stoke Newington, N.—Junior Resident Medical Officer. Salary £50 per annum during the first quarter, afterwards at the rate of £75 per annum, with board and lodging. Applications and testimonials to the Senior Resident Medical Officer on or before June 3rd.

Sussex County Hospital, Brighton.—House Physician (unmarried). Salary commencing at £50 per annum, with board, residence, and washing. Applications and testimonials to the secretary on or before June 3rd.

Appointments

MACGREGOR, D. A., M.B., C. M. Edin., Medical Officer of Health by the Denby and Cumberworth Urban District Council.

MARSON, A. G., L.R.C.P., L.R.C.S. Ed., L.F.P.S. Glasg., Parochial Medical Officer by the Aberdour Parish Council.

MEYER, W. E., L.S.A., Medical Officer for the fourth Sanitary District of the Cuckfield Union.

MORGAN, T., L.R.C.P., L.R.C.S. Irel., Medical Officer for the Parishes of Forden, Llandysul, and Llanmerewig.

WORTH, H. E., L.R.C.P. Lond., L.S.A., Medical Officer for the Fifth Sanitary District by the Newbury Incorporation.

NICOLL, J. MACD., M.B., C.M. Edin., Medical Officer of Health by the Jarrold Town Council.

PRIDEAUX, C. S., L.D.S., E.C.S., Honorary Surgeon Dentist to the Dorset Council Hospital.

ROBERTS, L., M.D. Lond., L.R.C.P., M.R.C.S., Medical Officer for the Caserwa Workhouse.

SAUNDERS, A. L., L.R.C.P. Lond., M.R.C.S., Medical Officer for the First South-Eastern District of the Freebridge Lynn Union.

STRITCH, G. S. R., L.R.C.P., L.R.C.S. Ed., L.F.P.S. Glasg., Medical Officer for the Tudhoe Sanitary District of the Durham Union.

WOOLCOMBE, W. L., F.R.C.S.E., M.R.C.S. Eng., L.R.C.P., Senior Honorary Surgeon to the South Devon Hospital, Plymouth.

Births.

HARRISON.—May 21st, at North Walsham, Norfolk, the wife of Sidney H. Harrison, L.R.C.P., M.R.C.S., of a son.

JONES.—May 17th, at Ashton Old Road, Higher Openshaw, Manchester, the wife of Edwin E. Jones, surgeon, of a son.

MILTON.—May 20th, at Port Said, Egypt, the wife of F. R. S. Milton, M.R.C.S., of a son.

Marriages.

BARNARD ORFORD.—May 19th, at St. Peter's, Cranley Gardens, London, Edward Barnard, M.R.C.S., youngest son of the late William Barnard, of Harlow, Essex, to Jane, only daughter of the late John Orford, of Brooks Hall, Ipswich.

CLUTTON—YOUNG.—May 21st, at the Parish Church, Guildford, E. H. Clutton, F.R.C.S., of 2 Portland Place, London, to Margaret, daughter of the late Rev. Canon Young, Rector of Whitnash, Warwick.

Deaths.

GOODWIN.—May 29th, at 5 Macaulay, Bath, very suddenly, J. Medmer Goodwin, M.R.C.S., late of Ramsgate, aged 80.

GUPPY.—May 21st, at Guy's Hospital, whilst undergoing an operation, Mary Annie, wife of Hy. B. Guppy, M.B., of Matlock.

RUMBOLL.—May 12th, at his residence, Surrey Square, London, S.E., Walter Rumboll, M.R.C.S., L.S.A., aged 55.

STAPLETON.—May 14th, at Mossy Lodge, Upper Norwood, Joseph Whitaker Stapleton, M.R.C.S., aged 81.

NOTICE.—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXII.

WEDNESDAY, JUNE 3, 1896.

No. 23.

Original Communications.

ON INFLUENZAL ARTHRITIS.

By A. ERNEST SANSOM, M.D., F.R.C.P.,
Physician to the London Hospital, &c.

I DO not think that it is generally admitted that arthritis which may be with difficulty differentiated from the rheumatic form is sometimes intrinsic to influenza. I propose briefly to review the evidence which has come before me.

I. ARTHRITIS COINCIDENT WITH THE ACUTE STAGE OF INFLUENZA.

Case 1.—A case came under my observation in December, 1891, in which a young man, aged 20, became suddenly stricken down with fever, accompanied by sweatings, and by pains referred to knees, ankles and other large joints. There were some, but not considerable, swellings of these joints and a little evidence of effusion. Competent observers considered the case to be one of rheumatic fever. Complete defervescence and recovery occurred at the end of a fortnight. There were no cardiac nor other complications.

During the progress of this case the question occurred to me. Is the diagnosis of acute rheumatism in this case correct? The fever, the sweatings, and the quasi-rheumatic arthritis were present. On the other hand the patient had never suffered from rheumatism before, there was no family proclivity to rheumatism on the father's side, nor on the mother's. Of three brothers and three sisters, not one had ever presented the least trace of rheumatism. To my own knowledge the subject has never manifested any signs of rheumatism during the five years subsequent to the attack.

Influenza was rife at the time of onset of the illness, and there was a very near chance of infection. I had not, however, any precise experience of a form of influenza which in its early stages was so intimately associated with pain and swellings of the joints, though pains in the back and the limbs were very common. Severely acute articular pains, however, constitute an integral part of an analogous affection—dengue. Many cases of undoubted influenza have been recorded in which painful affections of the joints coincide with the febrile signs, but I am not aware that the difficulty of diagnosis from acute rheumatism has been discussed.

Case 2.—On March 22nd, 1894, I had the opportunity of seeing at one of the chief towns in the Riviera a valued friend, himself a highly esteemed physician, and to watch his case for the space of a fortnight. He had been stricken some weeks previously with fever, severe sweatings, pains in the joints, and pains referred to the muscles. The diagnosis made by himself and other physicians was "rheumatic fever." I found the larger joints, especially the knees, swollen and acutely painful, but evidencing little or no intra-articular effusion. Severe pain was referred to the axillary portion of the left chest. There was quickened breathing, but the ordinary signs of pneumonia were absent. There was neither cough nor expectoration. The patient knew that his condition was one of much gravity, but he

congratulated himself that there was no pneumonia. With much difficulty, on account of the pain on movement, I made a physical examination of the back of the chest and found dulness on percussion, the extreme of tubular breathing and all the signs of consolidation of the basic portion of the left lung. I thought it best to say no word to the patient of the existence of pneumonia, though of course it was a subject of anxious consideration with those physicians who were in assiduous attendance upon him. I found signs of moderate dilatation of the heart but none of pericarditis nor of valvular disease. The urine was alkaline and phosphatic. The painful conditions of the joints gradually subsided, and there was a gradual improvement in all respects, but the pulse remained quick and feeble, and during the protracted convalescence the rate did not become reduced below 100 per minute. Happily, recovery was ultimately complete and permanent. There was no doubt that the case was one of influenza, and that the severe pains in the joints as well as those referred to the muscles were in direct association therewith.

Case 3., was that of a gentleman, aged 44, who was seized in February, 1895, with pain in the back followed by extreme pain in all the large joints. The patient, who was himself a doctor, thought he had rheumatic fever. It was his first attack. I found some enlargement of the joints but little or no effusion, the suffering was intense. There was moderate fever and some sweating. No cardiac nor other rheumatic signs were manifested. The case was very protracted and was followed by deep jaundice, but ultimately a good recovery occurred. The evidence left no doubt on my mind that the case was one of influenza.

Case 4.—A young woman, aged 22, was admitted into the London Hospital under my care on January 1st, 1894, complaining of difficulty in walking, weakness of the arms and legs, and impairment of the finer movements of the fingers. Previous history unimportant. She had never suffered from rheumatism. The illness for which she was admitted, began about the middle of October, 1893, with shooting pains in both legs from the knees to the ankles, and some stiffness in the right hand. About a week afterwards she was seized with influenza when she had *pain in most of her joints; the right wrist and both ankles were swollen.* Four or five weeks after this attack she began to have a sensation of numbness all over the body, but more markedly on the right side. She then lost power in her legs, especially the right, and also in the hands and arms, so that she was unable to write or sew. Her condition on admission was that of a fairly well nourished young woman, rather anæmic, pulse, respiration, temperature, special senses, abdominal and thoracic conditions showing no abnormalities. Her walk was tottering, with slight tremor of the legs; the grasp of both hands seemed to be weak, the right perhaps weaker than the left; there was some tremor on movement. The finer movements of the hands were much impaired, so that she was unable to write or to pick up a pin. The arms showed much muscular enfeeblement and also signs, which were yet more marked, of inco-ordination. A spot was attempted to be touched, with much desultory movement of the muscles, and that attained was wide of the mark. The interossei and

thenar eminences of both hands were a little wasted, the right more markedly so than the left. The lower limbs showed less inco-ordinated movements, but greatly exaggerated deep reflexes, with patellar and ankle clonus and muscular enfeeblement. The wasted muscles responded fairly well to the faradaic current, but to the galvanic the reactions were not well marked. There was no reaction of degeneration. Muscular sense was good. There was no evidence of tenderness of muscles nor hyperæsthesia over the nerves, and no rigidity of muscles. Wrist and elbow-jerks could be easily obtained. Her hands and feet were usually cold, and often covered with a clammy sweat. For about three weeks she remained in much the same condition.

On January 20th it was noted that the knee-jerks were not quite so exaggerated; her walk was still weak and staggering. On February 1st her gait was much better; she was able to walk up and down the ward with slight support. On February 5th she could get along by herself: the knee-jerks were still exaggerated, and there were ankle and patellar clonus on both sides. On the 17th she was able to walk fairly well by herself; the hands remained about the same. She had complained lately of a tingling sensation in the spine. On March 19th it was noted that the grip of the hands was much stronger with more co-ordination of movement. She continued to improve, and on April 9th the clonus had disappeared though the knee-jerks were still excessive. The hands were much improved, she was able to knit and do needlework. She was discharged on April 23rd. She could knit and sew fairly well, there was no tremor, co-ordination was much better, the knee-jerks were somewhat brisk, but there was no clonus.

The treatment consisted of rest, the administration of bromide and iodide of potassium and liquor arsenicalis. Massage of all the weakened muscles was carefully carried out.

II. ARTHRITIS AFTER A THIRD ATTACK OF INFLUENZA, AND IN AN ACUTE FORM CO-INCIDENTALLY WITH A FOURTH ATTACK.

Case 5.—A man, aged 40, came under my care in October, 1894. He had been well until he had caught influenza. There was no rheumatic proclivity. He was seized with influenza at the end of 1889. He had a second attack in January, 1892, and a third in the spring of 1893. Four months afterwards he began to suffer from pain at the heart, and about the same time from swelling and pain in both ankle-joints and in the ball of the right thumb. The pain at the heart was of a dull aching character, with extension down the left arm to the hands and fingers. There was a recovery from these symptoms. Then during a sojourn in Cumberland, in September, 1895, occurred an attack which was considered to be one of acute rheumatism. There were swellings and intense pains in the larger joints and of the metatarso-phalangeal joints of the left hand. I saw the patient on his return to London. He was then in much suffering. I could detect no rheumatic association, and from all the evidence I concluded that there had been a fourth attack of influenza attended by acute arthritis which was not of the rheumatic form. He made a good recovery.

III. ARTHRITIS SUBSEQUENTLY TO INFLUENZA.

Case 6.—A woman, aged 51, was admitted into the London Hospital under my care in April, 1894. There had been an attack of influenza in 1892, and a second attack two months before admission. She manifested rigors and erratic temperatures, the latter varying between 97° and 102.5° F., the pulse-rate having a maximum of 96, a minimum of 72, and an average of 86. There was an eruption of pemphigus. Paralysis of arms and legs were then manifested; the deep reflexes were exaggerated. Then followed paralysis of the thoracic muscles, the breathing becoming wholly

diaphragmatic. Five weeks after the patient's admission marked arthritis of the left ankle occurred; no other joint was affected.

This was the most severe case of disease of the spinal cord after influenza which ever came under my notice. The lesions must have been profound and extensive. The disease commenced in a gradual manner some weeks after the attack, which I could not doubt was rightly characterised as influenza. At first the signs pointed to a lesion of the cervical portion of the cord. At this time the bullæ of pemphigus began to appear. I have had several examples of pemphigus as a sequel of influenza (see case of Purpura Hæmorrhagica with Acute Pemphigus, probably induced by Influenza—Treatment by large doses of Sodium Sulpho-carbolate; Recovery. Transactions of the Clinical Society of London, 1894, p. 239). There soon followed signs of commencing double optic neuritis. Then the cord lesion became more pronounced, and paralysis of limbs, and later, of thoracic muscles occurred. The patient died three months after admission. The case is recorded in detail in the *Liverpool Medical Journal*, 1896.

Case 7.—*Severe Osteo-arthritis after Influenza.*—A female patient, aged 37, was admitted, under my care, into the London Hospital on October 12th, 1895. She had had excellent health until an attack of influenza in June, 1890. There was no hereditary tendency to rheumatism. Subsequently to the acute attack of influenza, there occurred progressive loss of flesh. In July, 1891, she experienced pain and swelling in the left knee; the symptoms subsided in a couple of weeks; shortly afterwards, the right wrist, and subsequently the right shoulder were severely affected, and gradually other joints became enlarged, stiff, and painful. In April, 1895, she experienced a second and severe attack of influenza. Then all the joints became extremely painful and enlarged, and weakness and wasting were more and more manifest. The hands and wrists now became swollen and painful. On admission the patient was observed to be very emaciated, and showing signs of extreme osteo-arthritis. Both wrist-joints, the metacarpo-phalangeal and the inter-phalangeal articulations were enlarged, stiff, painful, and creaked on movement. The interossei and the muscles of the left thenar eminences were wasted, and there was deviation of both hands to the ulnar side. The elbow-joints, the shoulders, and knees were stiff and painful. The enlargements were chiefly shown in the ends of the bones; there was little or no effusion into the joints. The left ankle presented a swelling on the inner malleolus and internal lateral ligament. The patient's temperature was usually sub-normal, it rose to 100° on two occasions only, and the pulse varied between 76 and 88. Yet there were repeated sweatings on the surface, especially that of the palms of the hands, which were usually preternaturally moist.

The medicinal treatment was the administration of sodium iodide (gr. v) and arsenical solution (Mij) three times a day. Scott's dressing was applied to the knees, and massage of the limbs and the other joints was practised for half an hour every other day. There was much improvement and the patient went out after a stay of two months in the hospital, able to walk a little, though she had been perfectly helpless on admission.

The cases I have cited as examples, seem to me to form a chain of evidence to demonstrate that the *materies morbi* of influenza may produce in the early periods of its activity symptoms closely resembling those of acute rheumatism, that at periods remote from the original infection, it may give rise to painful lesions of the joints and that a new infection may be attended with an acute exacerbation of arthritis.

The cases in which the signs closely resemble those of acute rheumatism are to be thus differentiated from the latter. 1. Examination shows little or no evidence

of effusion within the joints. The *maxima* of pain are in the ends of the bones and these are enlarged and tender. 2. The disease is manifested in those who have no traceable proclivity to rheumatism, and sometimes at an age when a first attack of rheumatic fever is rare. 3. In some cases the manifestations are identical with those of a very acute form of osteo-arthritis (so-called rheumatic gout). 4. The morbid associations differ from those of rheumatism. These may be considered under two heads, 1, nervous; 2, cardiac.

In the influenzal cases the direct relation with induced disease of the spinal nervous system seems to me to be demonstrated by the cases I have recorded. In the early manifestations the articular inflammations may be considered to find their parallel with those, of limited duration, which occur in some cases of cerebro-spinal meningitis. In the more remote periods, and after repeated infections, the intense and protracted morbid changes in the joints resemble those of rheumatoid arthritis (osteo-arthritis, arthritis deformans), and have similar nervous associations. Cases of disease of the spinal cord induced by influenza have been recorded by many observers. (Althaus on Influenza. London: Longmans. 1892. Pp. 147, *et seq.*) I have met with several cases other than those I have mentioned.

The occurrence of peripheral (multiple) neuritis in relation with influenza, immediately or remotely, has been attested by a host of observers. In a case of acute arthritis resembling rheumatic fever the manifestation of symptoms indicating an unusual invasion of the nervous system, central or peripheral, is *primâ facie* in favour of an influenzal causation. In a case with undoubted rheumatic antecedents influenza may determine an arthritis widely differing from the rheumatic form, and having associations with profound changes in the nervous system. I have recorded such a case in a Clinical Lecture, published in the *Clinical Journal*, on January 9th, 1895. A woman, *æt.* 46, was admitted into the London Hospital under my care, after a febrile attack accompanied by arthritis, which was diagnosed by her medical attendant—I have no doubt rightly—as influenza. She had suffered, however, since the age of 16 from two well-marked attacks of rheumatic fever and repeated subacute attacks. Closely following the painful affection of the joints which accompanied the late febrile outbreak were signs not only of peripheral neuritis but of disease of the spinal cord. There were paralyzes of muscles in both upper and lower extremities. The symptoms indicated widely-spread lesions of the spinal cord—of the antero-lateral columns, for there were muscular spasms and contractions, cramps (reflexes were hindered by the pre-existing spasms, but clonic spasms of the muscles were easily provoked): the grey matter of the anterior horns was probably involved, for there were paralyzes and wastings; the posterior cornua, for there were no delay in transmission of sensations and of thermic influences and painful impressions with various interferences with sensibility. Perhaps also there was interference with the posterior columns, because there were inco-ordinate movements as well as interference with the due transmission of sensibility of touch, pressure, and temperature. The case was one of influenza in a rheumatic subject, but the influenza did not aggravate the rheumatism in any appreciable way. There was a systolic murmur at the apex of the heart, which I believed to be due to old-standing endocarditis, but there were no signs of cardiac dilatation.

Two months after her discharge from hospital, and six months from the commencement of her attack of influenza, the patient was again admitted into the hospital for mono-arthritis of the left knee. The signs were those usual in osteo-arthritis.

The cardiac associations of influenzal arthritis present questions of great interest and importance. Organic diseases of the heart and pericardium are

conspicuous by their absence, the only exception being cardiac dilatation.

In none of the cases I have cited in this communication, except the one in which there was undoubted evidence of the pre-existing rheumatism, did I find signs of organic valvular disease of the heart. I have never met with a case of influenza in which, without co-operating morbid agencies, pericarditis or endocarditis of the ordinary rheumatic form has been manifested. I have seen many cases, however, in which the disease has gravely affected the conditions of a pre-existing rheumatic endocarditis. A well-compensated lesion has after an attack of influenza shown all the usual signs of increased valvular imperfection, and in some cases there have been evidences of dangerous and fatal cardiac failure. I have also observed some cases in which there has been influenzal infection in the course of acute rheumatism; then there seemed to be a re-inforcement of all adverse symptoms. One such case was rapidly fatal; another went through a long course of pericarditis and endocarditis to a lethal issue.

It has been a general experience that pericarditis and endocarditis are rarely met with in influenza. Althaus says "Pericarditis and endocarditis have only rarely occurred as complications of the feverish attack. In the German Army where 55,263 suffered, altogether six cases of pericarditis and four of endocarditis have been noticed." (a)

In regard to pericarditis, however, I have observed that in more than one case there has been some difficulty in diagnosis. The following is an instance:—

Case 8.—T. T., a man, aged 40, was admitted into the London Hospital under my care, suffering from headache, abdominal pains, vomiting, and diarrhoea. He said that he had been quite well until three days before admission; then the symptoms above mentioned commenced and increased. There was no history of rheumatism. Undoubtedly, he had been accustomed to indulge freely in alcohol, especially beer. He said that during the past five years he had had occasional attacks of palpitation of the heart, and in the last three weeks there was occasional difficulty of breathing in addition. Yet he considered himself well till the commencement of this acute illness.

On admission, the patient was in an extremely critical condition. There were intense dyspnoea, with cyanosis and dusky pallor, and cough with blood-stained sputa. The pulse-rate was 200. The area of præcordial dulness was greatly in excess of the normal, extending about half an inch to the right of the right sternal border, and to the left a like distance from the vertical nipple line. The upper limit of dulness was also higher than the normal. My house physician heard rough sounds over the lower portion of the sternum, which he thought indicated pericardial friction. These sounds, however, had quite disappeared when I came to examine the case; they were probably extra-cardiac in causation (Potain's cardio-pulmonary murmurs). There was no doubt, great enlargement of the heart, both of right and left chambers. This enlargement, as indicated by the dulness on percussion, receded gradually, but in a comparatively brief period of time. On the sixth day after admission the left limit of dulness intersected the nipple. On the ninth day it was well within the nipple line. On the thirteenth the area of heart-dulness was normal.

The pulse rate during the four days subsequent to admission was 200, 190, 180, 106, on the sixth day it fell suddenly to 80, then 72, 56, 58, 72, 74.

The respiration rate during the first five days varied between 30 and 50. On the sixth day it was 34 (pulse 80) and gradually it came to the normal.

I regard this case as one of acute dilatation of the

(a) Althaus "on Influenza." London: Longmans and Co., 1892. P. 256.

heart in relation with influenza) the disease being rife at the time of the patient's admission, and the signs and symptoms conforming to those of a grave type of the disease. The associated tachycardia and tachypnoea suggested a paralytic lesion of the vagus. I had already noted the symptoms of neuritis of the vagus in other cases. It is probable that the dilatation of the heart had its cause in a disturbance of the trophic nervous mechanism.

Subjective pain ascribed to the heart and disturbances of the cardiac rhythm, are very common after attacks of influenza, whilst organic diseases of the heart are comparatively infrequent. I noted in a communication to the Royal Medical and Chirurgical Society, on June 12th, 1894, concerning 100 cases under my own observation, that there was pain referred to the heart in 23 cases; morbid accelerations of the heart's action (tachycardia) in 37 cases; pronounced irregularity (arrhythmia) in 25 cases; abnormal retardations, (bradycardia,) in 5 cases, and organic disease of the heart in 10 cases. (a) It cannot be doubted that disturbances of the nervous mechanism of the cardiac reflex are far more frequent in association with influenza than organic diseases of the heart. Dilatation of the heart, however, may occur in an acute or in a chronic form. From the series of cases which I have adduced in this and other communications as well from much extant evidence, the conclusion seems to be justified that the determining cause of the symptoms is a morbid change in the cervical portion of the spinal cord or in the vagi nerves at their origin or in various parts of their course.

It is important to remember that in an influenzal arthritis which simulates the rheumatic, the subjective signs as well as the physical evidences of dilatation of the heart may cause much difficulty in diagnosis. The subsequent history, however, of the cases of organic disease of the heart in association with influenza shows that these present marked differences from any rheumatic form of such disease. Excluding cases in which there was any evidence of pre-existing rheumatism I have notes of fourteen cases in which I have observed organic heart disease in clear association with influenza. These cases are thus distributed:—Dilatation of the heart, six cases. Mitral regurgitation without detected changes in the chambers of the heart, five cases. Aortic valvular disease, two cases. Tricuspid regurgitation, one case. In the group of six cases of dilated heart, three were unaccompanied by physical signs of valvular imperfection. In one there was marked cantering rhythm (bruit de galop): progressive heart failure ensued and death—(no autopsy). The other two were accompanied by forcible pulsations and pain at heart, but not by serious symptoms. In three cases of dilatation of the heart there was valvular imperfection. In one of them a musical systolic murmur of mitral regurgitation was found at the heart's apex. The second was a remarkable case. A lady, aged 61, suffered from an attack, which was probably influenzal, in October, 1890. Severe paroxysmal pain at heart followed. In October, 1891, there was a second attack of influenza, with pneumonia. Then followed dropsy and the signs of failing heart. A murmur of mitral regurgitation was heard, but this was singularly variable and sometimes absent. The signs of dilatation of the heart very slowly increased, and the patient died in November, 1894. The autopsy was made by my friend, Dr. Basil W. Walker. There was no notable change in the mitral valve, but the aortic segments presented small nodules of atheroma on their edges, and the aorta near the valves showed patches and plaques of atheromatous changes, in various stages, some of them being calcareous. I consider this to have been a case of subacute and chronic

endarteritis of the aorta (aortitis) having influenza as a primary cause. I have considered the evidence on which this view is based in my article on "Diseases of the Bloodvessels in the Twentieth Century of Medicine," published by Messrs. Wood & Co., of New York (Vol. IV).

The third was also a remarkable case of a female patient, aged 26, placed under my care at the London Hospital by Dr. Daly, of Hackney, as a well-marked example of Graves' disease initiated by influenza. All the usual phenomena of Graves' disease were present. There were also well-marked signs of mitral regurgitation with dilatation of the heart. About three weeks after her entrance into the hospital the patient manifested symptoms of ulcerative endocarditis; the case rapidly proceeded to a fatal issue, and the diagnosis was confirmed at the autopsy.

Several cases of ulcerative endocarditis have been recorded as following influenza. In this case I considered that there was a secondary cause of infection, for the patient had suffered from long-standing disease in the left ear. Acute disease supervened in the right ear, with perforation of the tympanum.

In the group of five cases, in which there were the systolic apical murmurs of mitral regurgitation without any signs of dilated heart, there is little to be said, except that, from the fact that the pulmonic second sound was not accentuated, it is probable that the valvular imperfection was very slight in degree. There were many associated nervous phenomena—vagus storms—and in one case the rate of cardiac pulsations was extremely variable, from 54 to 120 in brief periods.

In one case, that of a lady, aged 30, seen with Dr. Miller, of Amherst Road, Stoke Newington, we observed not only the systolic murmur in the tricuspid area, but the distinct venous pulsations of tricuspid regurgitation, though there were no signs of mitral disease, nor any to be detected of enlargement of the heart. The tricuspid imperfection seemed to be the direct effect of influenza, for the case was observed eleven days from the original disease.

Of the two cases of aortic valvular disease, one was in the case of an athletic young man of 22, in whom overstrain was probable. There were systolic and diastolic murmurs over the base of the heart, but these were singularly variable in quality, and on some occasions were quite inaudible. The pulse was irregular. Vertigo was a symptom.

The only other case of aortic valvular disease was that of a lady, aged 21, in whom a typical diastolic murmur of aortic regurgitation was found five months after an attack of influenza. There were none of the usually associated signs of aortic valvular disease, but much nervous disturbance, with attacks of diarrhoea and sickness.

I submit this brief review of cases manifesting organic diseases of the heart in association with influenza, and presenting no rheumatic antecedents, because, though the number observed is limited, the conclusion seems to be justified that the morbid phenomena differ widely from those met with under other circumstances.

Arthritis, which in some points resembles that of rheumatism, may occur in relation with influenza; there may be signs and symptoms of organic disease of the heart in cases which manifest such an affection of the joints; but there are sufficient data to completely differentiate the two forms of disease.

THE Canadian Medical Association meets in Montreal on August 26th next, and the two following days.

THERE are at the present time no less than 2,000 inmates in the asylum at Colney Hatch.

(a) A review of cases manifesting pain at the heart, or morbid acceleration of the heart's contractions (Tachycardia) subsequently to influenza. "Medico-Chirurgical Transactions, 1891, p. 287."

ABDOMINAL SURGERY—NOTES OF CASES.

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(Continued from page 549.)

CASE IV.—*Acute Perforating Peritonitis—Removal of Appendix on Third Day—Femoral Phlebitis during Convalescence.*

A MAN, *æt.* 28, over six feet high, and broad and strong in proportion, seen with Dr. Russell, of Heaton, gave the following history of his illness. On the 17th and 18th of December, 1895, he was troubled by diarrhoea and pain in his abdomen but was able to attend to his business. He went to bed at 10 p.m. on the 20th December and slept soundly till 11 o'clock, when he was awakened by a severe pain on the right side of his abdomen. The pain was so acute, that he felt faint and perspired profusely, and for the remainder of the night got no rest. Dr. Russell saw him on the 21st and diagnosed acute appendicitis. A hypodermic injection of morphia relieved the pain for that day. It commenced again towards evening and he had another bad night. On the evening of the 22nd I saw him, and agreed with Dr. Russell that the case was one of acute perforation of the appendix, and required immediate operation. The muscles on the right side of the abdomen were markedly rigid. There was great tenderness in the right iliac fossa, with a feeling of an indefinite mass there. His temperature was fluctuating between 102° and 104°, and his pale appearance, with profuse sweating, pointed to a very serious illness.

Operation, December 23rd, 1895.—The abdomen was opened by an incision in the right linear semilunaris and the outer side of the cæcum seen to be adherent to the parietal peritoneum. The general abdominal cavity was packed with sponges, and a second incision started from the centre of the first and carried well back into the ilio-costal space. The friable adhesions attaching the outer side of the cæcum to the parietal peritoneum were then torn through, and a horribly foetid dark fluid escaped. The appendix was lying pointing upwards between the cæcum and ascending colon on the inside, and the parietal peritoneum on the outside. It was ligatured at its base and excised. The stump was seared with the thermo-cautery and inverted into the cæcum by Lembert's sutures. The cavity in which it lay was cleansed, dried, packed with iodoform gauze, and drained. The wound was closed, except at the back, where the drainage-tube and gauze were left protruding.

The appendix had a gangrenous perforation near its centre as large as the tip of my little finger, and in the lumen of it opposite this spot an enterolith the size of a cherry-stone.

After Progress was satisfactory till December 31st, when the patient complained of severe pain in his left thigh. A severe attack of phlebitis in his left femoral vein developed, and the swelling consequent on this had not subsided when he went to the South of England, six weeks after the operation.

Of all abdominal operations the one which has so far given me the greatest satisfaction is that introduced by Heineke and Mickulicz, called pyloroplasty. My first case was published in the *Lancet* last year. The patient, who when operated on weighed 5st. 1lb., and so far as we could judge had only a few days to live, is now in perfect health, and weighs 9st. 7lbs. The second, the least striking of the series, is the case about to be recorded. The third was a young man who had postponed the operation till he was reduced by constant vomiting and starvation to a condition of

extreme weakness and emaciation, and who increased three stones in weight and regained perfect health during the two months following the operation. The fourth case was only operated on ten days ago, and has not yet been allowed full diet. These cases almost justify the popular belief in miracles, for they are veritable resurrections. The operation by which such results may be achieved is theoretically of the simplest character, and I was fortunate in having as my first case one in which no difficulties were encountered. If, however, as in my third case, dense adhesions have obliterated all anatomical landmarks, the operation is one presenting grave, possibly insurmountable, difficulties.

CASE V.—M. M., *æt.* 37, a patient of Dr. Dickie, Morpeth, who had consulted Dr. Drummond about her case, was sent to me in October, 1895.

She complained of vomiting and swelling of the stomach. Her trouble commenced between seven and eight years ago. After taking food she had a swollen uneasy feeling, and frequently vomited. Since then she has never been well, and has frequently been troubled with sickness though better at times. During the last seven months vomiting has been nearly constant, and three months ago she had bad pain in her stomach and it swelled. Owing to this she was confined to bed for three weeks. Both pain and swelling were relieved by vomiting. Five weeks ago her stomach was washed out daily, but this she thought aggravated all her symptoms. The vomited matter was sometimes black, latterly it has looked yeasty, and had a bad smell. There was nothing of importance to note in her previous health or family history.

The patient was a sallow anxious-looking woman, evidently much reduced in condition, though she still weighed 8st. 12lb. Percussion and auscultation showed considerable dilatation of the stomach which reached downwards as far as the umbilicus. No tumour or thickening could be felt.

Operation, Oct. 17th, 1895.—The umbilicus was excised and the incision extended from below this to near the ensiform cartilage. On opening the abdomen the stomach was found to be adherent to the abdominal parietes, the most dense adhesion being towards the lesser curvature. The omentum was adherent to the right, and the duodenum bound down by adhesions, which blocked the foramen of Winslow. The walls of the duodenum were œdematous. With some difficulty the pylorus was discovered. It had a hard nodule in it, and was adherent everywhere. After separating these adhesions the pylorus was brought fairly into view, the abdomen was packed with sponges, and the stomach opened 1½ inches above the nodule in the pylorus. My finger, introduced through the opening entered a conical space, to the right of which the pyloric opening was found. It was represented by a sharp ring just large enough to engage the tip of my little finger. The incision in the stomach was continued through the middle of the anterior wall of the pylorus for one inch into the duodenum; and the nodule situated in the upper and posterior wall of the pylorus was seen to be due to cicatricial tissue. The cicatrix was adherent to the head of the pancreas, and this made the introduction and proper arrangement of the sutures somewhat difficult. The vertical wound was converted into a transverse one (see *Lancet*, 1895) by a continuous catgut suture through all the coats of the stomach and duodenum, which effectually closed the opening temporarily, and arrested all bleeding from the cut edges. A second row of interrupted Lembert's sutures of silk inverted and covered up the first, and outside of this a third line of continuous Lembert's sutures of silk was applied. The abdomen was closed without drainage.

After Progress.—During the first twenty-two hours nothing was allowed by the mouth, but nutrient enemata were ordered every two hours. During the next twelve hours 3xij of milk and soda were given

and retained. On the evening of the third day, 5 gra. of calomel were given by the mouth, and on the fourth day, the bowels were well moved after an enema. On the eleventh day, the dressing was taken off for the first time, and the wound was healed. By the twelfth day the patient was taking solid food, and got up for the first time. On the seventeenth day she went home. During the first month she was frequently troubled with "water-brash," and was dyspeptic and low-spirited, having gained no weight since the operation. A fortnight later she called and reported that she had gained 16lbs. in weight during the last fourteen days, and felt better than she had done for years.

Dr. Buncke, under whose care the patient is, writes, May, 1896: "The patient was well until Jan. 19th, when she was under treatment for twelve days with just the same symptoms as she had before the operation. I attributed this attack to indiscretion in diet. She was well for five weeks." Now "she has vomiting, evidently blood somewhat altered, circumscribed pain, and tenderness over the stomach, and is living on peptonised milk." It looks as if some fresh ulceration of the stomach had occurred, but this is not now likely to interfere with the lumen of the pylorus.

During last year I read articles which astonished me not a little, dealing with the surgical treatment of gall-stones by two distinguished London surgeons. The one (Mr. Treves) advocated in difficult cases merely opening the gall-bladder, and stitching it to the parietes, stating that stones which it would be too risky to remove would escape in time by the artificial opening; the other (Dr. Barker) suggested that gall-stone operations should be done in two stages, the first consisting of suture of the gall-bladder to the abdominal wall, the second, incision of the gall-bladder through this opening, after firm union had made incision of it safe, and removal of the stones. If it be true that the cystic and the common ducts will themselves evacuate stones through an opened gall-bladder, the operation for impacted gall-stones is at once reduced in most cases (because the gall-bladder can usually be drawn forward to the abdominal wall) to one of extreme simplicity and little danger. The statement, neglecting all considerations due to the eminence of its author, is, therefore, one necessitating the very gravest study, for operations on cases of impacted gall-stones are often difficult and consequently serious. The extrusion of them, *i.e.*, the stones, after the gall-bladder has been opened is not what one would expect, for it seems highly probable that the efforts of the gall-bladder are the main factors in their expulsion in an ordinary way, and a gall-bladder discharging externally has been deprived of all its former action on the stone or stones. The hypertrophy of the gall-bladder present in most gall-stone cases, and the histological structure of the bladder as compared with that of the ducts, are evidence in favour of this view. If the stones, however, are discharged externally in the conditions described, even in the majority of cases, no reason, however convincing, as to why they ought not to be so extruded, should or could have any weight. It has been my rule for some years to get out every stone, so that an insufficient number of cases, in which stones were left in one or other duct, have been observed by me to allow of a judgment based on extensive experience. My own cases in which stones were left are two in number. The first was a woman in whose common duct I left a stone impacted. When her biliary fistula closed, she had recurring attacks of gall-stone colic which were only relieved by the re-opening of the biliary fistula. Five years after my operation, another surgeon removed an impacted calculus from her common duct, resulting in complete relief of her pains and cure of her fistula. The second was a young woman with a single small stone impacted in her cystic duct. More than three years ago I opened her gall-

bladder and left the stone. She has either to maintain the patency of the fistula or to suffer attacks of gall-stone colic, and, needless to say, with neither is she content, nor will she let me try a further operation to remove the stone, which I can occasionally feel with a probe in apparently the same position as it was three years ago.

With regard to Mr. Barker's operation (and any suggestion of his cannot be neglected) I think his method can only be applicable to stones impacted in the neck of the gall-bladder. Through an incision a foot long, with fingers outside of the duct, and forceps and scoop in it, I have more than once failed to extract a stone impacted in one of the ducts, and cannot see how, by any possibility, stones impacted in the common duct can be ordinarily removed through a small opening in the gall-bladder.

My belief is that a complete operation can be safely performed at one sitting, if the principles I have advocated elsewhere (*British Medical Journal*, Nov. 3rd, 1894), and of which the following case will serve as an example, are carried out.

CASE VI.—*Gall-stone Impacted in Cystic Duct—Failure to Remove It by Ordinary Means—Excision of Gall-Bladder, Cystic Duct, and Stone.*

W. L., *æt.* 50, engineer, a patient of Dr. Drummond, South Shields, had his first attack of gall-stone colic fourteen years ago. It was a severe one, and was followed by five weeks of illness and jaundice, during which the patient was mostly confined to bed. About every six months he has had an attack more or less severe. One year and a half ago, he had a worse one than usual, and was confined to bed for a month. Ten days ago his last severe attack came on, and was attended by much vomiting, and swelling and tenderness of the bowels. The attacks have always been of the same character, commencing with pain over the liver and stomach, and accompanied by vomiting, sweating, and shivering.

There was nothing worthy of note in his family history. As a child he was very delicate, and had been subject frequently to bronchitis until quite recently. The patient was a man of fair, somewhat sallow, complexion, with a clean tongue, and sound except for slight bronchitis, and the exception noted below.

At the lower right costal margin, behind the edge of the rectus muscle, there was a rounded, resisting, tender swelling, which moved, but not freely, downwards, on deep inspiration.

Operation, June 18th, 1895.—The abdomen was opened by a transverse incision below the right costal margin, extending from the outer edge of the right rectus muscle in front to the outer edge of the right quadratus lumborum muscle behind, and packed with sponges. The omentum and the pylorus were firmly adherent to the gall-bladder, and were separated. On exposing the gall-bladder it was seen to be thick and contracted, and two movable stones could be felt near its neck. The gall-bladder was opened, and these stones extracted; a third stone was then felt in the cystic duct. It could not be dislodged either by pressure outside of the duct, or forceps or scoop inside of the duct, or by combined outside and inside manipulations. The gall-bladder was then detached along with the cystic duct from the under-surface of the liver, the cystic duct tied with catgut beyond the stone, and bladder, duct, and stone excised. There was no bleeding of any moment. The raw under-surface of the liver was packed with gauze, and a drainage-tube left in the liver pouch, both protruding from the wound behind. The remainder of the wound was closed with three tiers of specially prepared catgut sutures.

After Progress.—Was uneventful, and the patient went home with his wound healed three weeks after the operation.

A month ago he called to report progress. He looked

well and had gained flesh, and said he had never felt so well in his life as he had since the operation. There was no bulging, or weakness of the scar.

EXCISION OF THE CERVIX UTERI.

By J. O'CONNOR, M.A., M.D., B.Ch., T.C.D.,

Senior Medical Officer, British Hospital, Buenos Ayres.

DURING the past twelve months I have excised the cervix in eight cases, for hypertrophic elongation associated with prolapse, and in two cases for most intractable dysmenorrhœa.

The method employed was original as far as I am concerned, though probably to some it may be by no means new. Yet, as it is not mentioned in the textbooks at my command, Pozzi and Hart and Barbour, I venture to publish it.

Some days previous to undertaking this operation, if there should be any endometritis or endocervicitis, the uterus is curetted, and swabbed with pure carbolic acid. In all cases the vagina is irrigated twice daily for four days before operation with warm 1 in 2,000 corrosive sublimate.

On the day previous one ounce of sulphate of magnesia is given and followed on the morning of operation by a large soap and water enema; the bowels having been thoroughly cleared out, the patient has a warm sitz bath (1 in 5,000 corrosive sublimate) the urine is then drawn off, vagina irrigated, and external genitals washed with 1 in 2,000 corrosive sublimate before patient is brought into operating room. Chloroform having been administered, a Simon's speculum is introduced, and anterior lip is seized with a vulsellum, and the cervix drawn, if possible, outside vulva; at this stage irrigation with 1 in 1,000 corrosive sublimate is advisable.

One blade of a strong angular scissors bent on flat is introduced into cervical canal for a distance of a half to one inch (as may be deemed necessary), with one or two cuts half an anterior and posterior flap is formed, the scissors is then turned on itself, and a corresponding cut made on the other side. The cervix is thus split into an anterior and posterior flap, to the latter another vulsellum is attached. The bleeding from these incisions is trifling, and does not interfere with further progress.

At a point about one quarter of an inch from end of first incision, one blade of same scissors is entered, and pushed obliquely upwards into cervical canal to a point as near as possible to anterior fornix without opening it. A cut is then made; on the opposite side the same manœuvre is carried out. Thus a wedge is removed from anterior flap. The whole thickness of cut edges are grasped by a few Muzeux's forceps; there are usually two or three spurting vessels, but the bleeding can be conveniently arrested by applying the forceps just mentioned over them; with an ordinary curved needle four catgut (No. 2) sutures are passed from below upwards, the ends of which are caught in torsion forceps and handed to an assistant to hold; it simplifies the procedure to pass a suture behind a forceps controlling any bleeding point, so when the edges are approximated, and sutures tied, no hæmorrhage takes place. Out of the posterior flap an identical shaped wedge is removed, but it must be on a smaller scale than that of anterior in order not to open posterior fornix or Douglas' pouch; Muzeux's forceps are applied, and four catgut sutures inserted; these latter are at once tied; thus the posterior cut edges are drawn into apposition. A sound, or leaden probe, is next passed into uterine cavity and retained there, while the anterior cut surfaces are approximated; all the ends of sutures are then cut short.

The reason why the V-incisions are commenced on each side, one quarter of an inch from ends of primary

lateral incisions, is at once obvious, in that a slit-like orifice is left, thus the patency of the canal is secured. I usually make the opening oval-shaped, by snipping off with a scissors the corners of the four flaps; in order to be able to do this, the lowest of each of the anterior and posterior sets of sutures must not be inserted too close to margin of canal. A small conical stump is left, which by the fifth day has usually disappeared, involution having taken place; all that remains is a cicatrix flush with vaginal roof, in the centre of which is seen the patent canal.

Lastly, the vagina is again irrigated with 1 in 2,000 corrosive sublimate, and an iodoform and glycerine plug introduced, this is withdrawn by the nurse in the twenty-four hours, and part irrigated twice daily with Condy's lotion.

By the eleventh day sound union has taken place, and the catgut has generally disappeared.

The advantages claimed for this operation are:—

1. The ease with which it may be carried out, no special needles, no special anything (except cleanliness), are required, and it takes a shorter time to perform than any other method.

2. Hæmorrhage is trifling, the few spurting vessels are readily secured.

3. Primary union always takes place.

4. No danger of wounding rectum or bladder.

5. No subsequent removal of sutures.

6. A considerable amount of involution follows, and the primary object, "lightening the load," is thoroughly carried into effect.

If by accident the fornices or Douglas's pouch are opened, one or two catgut sutures promptly inserted make up for the mishap.

In operations for dysmenorrhœa, it must be remembered that the cervix is small and often conical, therefore this operation must be carried out in miniature, compared with that for hypertrophic elongation.

In the ten operations performed, no elevation of temperature or suppuration followed, and only during the first twenty-four hours was any pain complained of; all the wounds united by first intention, and no atresia of cervical opening supervened.

In the eight prolapse cases this treatment was supplemented by colpo-perineorrhaphy and ventro-hysteropexy.

In the two cases of dysmenorrhœa, the patient's report that they are free from pain at menstrual period.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD MAY 14TH, 1896.

C. H. F. ROUTH, M.D., Vice-President, in the Chair.

UNRUPTURED TUBAL GESTATION.

DR. F. F. SCHACHT showed a specimen of unruptured tubal gestation containing fetus of about six weeks' development. *History*.—Mrs. K., æt. 28, married three years, had had one child, now two years old, and no miscarriages. She went to join her husband, who was staying in Constantinople, in July, 1895. In August following had some pain in left inguinal region extending down to thigh. In October had first bout of sharp pain in mid-abdomen, with bearing down, necessitating her going to bed for three or four days. Later in October second bout similar to preceding. In November had third bout similar in nature, and also requiring her to stay in bed for four days under medical supervision. These bouts of pain occurred quite irrespective of periods, were accompanied by vomiting, and occasionally with pain in back as well as in localities previously mentioned. She was brought home to England in December, 1895. On her arrival just before Christmas she had a fourth attack of pain of the same

nature as the others. As regards the catamenia she was always regular, every four weeks. Period lasted eight days, loss was free. In November, 1895, that is about the time of the third attack of pain, there was a modification, the period lasted eleven days, but the loss was less than usual in quantity. In December, 1895, there was no show of any kind. Never missed before except in former pregnancy. I first saw her on January 8th. Examination *per vaginam* discovered general tenderness; uterus small in normal direction; right fornix free. To left of uterus was felt a rounded very tender mass separable from uterus, while a much smaller mass lay in Douglas' pouch. No pulsating vessel could be felt. The larger mass appeared to be about the size of a bantam's egg, and was diagnosed as a dilated tube; the smaller was thought to be the ovary. Very considerable tenderness and thickening prevented detailed manipulation. She was sent home to bed at once and watched. On Jan. 15th (one week later) period commenced, the loss was as usual. There was no pain, the loss continued till the 22nd (eight days). During this time, as all through the illness, the temperature was normal. On January 23rd, 1896, Dr. Travers very kindly examined her with me. The tenderness and resistance were so much less that bi-manual examination was easy. The dilated tube was found to be distinctly larger in size and slightly mobile. The smaller lump was as before. With the assistance of Dr. Travers and Dr. Patterson I operated six days later and removed the left dilated tube and ovary as seen in the specimen. The operation presented no special features beyond the fact that there were somewhat extensive but recent adhesions to be torn through. The patient made an uninterrupted recovery. Mr. Wood Smith, of St. Bartholomew's Hospital, has reported upon the specimen, and Dr. Kanthack has most kindly examined it and confirmed the report, which is as follows:—"The specimen consisted of the left ovary and left dilated tube and part of the broad ligament. The left tube was distended, forming a swelling about the size of a hen's egg. On section this mass was found to consist of old and recent blood-clot, in the centre of which was a small sac which also contained a blood-stained fluid and a fœtus (about the sixth week) attached towards the outer part of the sac, near the fimbriated extremity. Fimbriae were well seen. Left ovary contained a cyst on its posterior surface, no corpus luteum seen. Microscopic section showed blood-clot (mostly degenerated) and traces of chorionic villi undergoing mucoid degeneration." It is interesting to note in this case that the history was an unusual one for an extra-uterine gestation. There was no modification of the catamenia till November, about the time of the third sharp attack of pain. The December period was missed, but in January the usual loss occurred. The pathologist's report, when taken in conjunction with these facts, would seem to show that there was a hæmorrhage into the tube on each occasion that there was an attack of pain. But these hæmorrhages had not apparently obliterated the lumen of the tube. For the size of the fœtus corresponded with the catamenial history and would suggest that the patient became pregnant of this fœtus in November, *i.e.*, after her third attack of pain. At any rate, from a surgical point of view, the case is instructive as showing once more that the fact of a patient's having successfully tided over several suspicious bouts of pain must not be taken as presumptive evidence of the destruction of all chances of further developments in the tube.

Drs. HEYWOOD SMITH and MANSELL-MOULLIN made some observations on the specimen; and a Committee, composed of Drs. Heywood Smith, Mansell-Moullin and Schacht was nominated, to further examine and report upon it.

Mr. FRED. BOWREMAN JESSETT showed a

MULTILOCLAR CYST OF GREAT OMENTUM.

Mr. Jessett said he showed this specimen as he thought it was of some clinical interest. The case before operation was thought to be one of ovarian cyst, with a long pedicle, but on opening the abdomen and clearing out the cyst, it was found to be attached to the upper part of the great omentum and apparently between its folds. The cyst was enucleated, and the pedicle tied close to the transverse colon. The ovaries were examined, and found to be quite normal. The contents of the cyst contained a quantity of cholesterin and was highly albuminous, becoming quite solid by heat. The patient, who had been operated on only four days previously, was doing well. Mr. Jessett

said he thought, perhaps the chief interest of the case consisted in its rarity. On looking up the English literature, he could only find five cases recorded, one by Dr. Gooding in *Lancet*, Feb., 1887. In this case Sir William Jenner and Sir Spencer Wells saw the patient, and thought it was ovarian with long pedicle. This patient was successfully operated on by Dr. Gooding. Dr. Crosby, in 1883, records another case, and Dr. Waldy a case of suppurating omental cyst, in *Lancet*, 1889, and Sir Spencer Wells also recorded a case. The question had passed through Mr. Jessett's mind, whether this was a true omental cyst, or a vaginal ovarian cyst, which had taken root at the base of the omentum. The argument against this was, that the large vessels passing round the entire cyst, came direct from the omental vessels. A Committee, consisting of Messrs. Jessett and Plimmer, and Dr. Heywood Smith, was appointed to report upon the specimen.

Dr. ROBERT BELL (Glasgow) on

THE TREATMENT OF CARCINOMA OF THE UTERUS, CERTAIN FORMS OF OVARIAN DISEASE, AND FIBROIDS OF THE UTERUS, BY MEANS OF THYROID, PAROTID, AND MAMMARY GLAND THERAPEUTICS.

Judging from the beneficial effects which thyroid extract exerts upon the epithelium of the skin in psoriasis, the author was led to infer that epithelioma of the cervix uteri was partly due to the absence of some obscure catalytic influence of this gland; and that thyroid extract might consequently be useful in the treatment of epithelioma, and of other unhealthy conditions of mucous surfaces. True, unhealthy conditions of the thyroid did not invariably give rise to epithelioma, but they were frequently associated, in the author's experience, with metrorrhagia. Now, it would seem that the predisposing cause of epithelioma, and of other uterine affections of a less virulent type, was the presence of some lesion, such as laceration or hypertrophy, due to long-continued endometritis; and from his experiments, the author concluded that the exciting cause existed in an abnormal condition of the thyroid. Then it would appear that the parotid gland exerted a powerful influence upon the ovaries. He was not able to judge whether ovarian disease was superinduced by any lack of influence of the parotid; but he was able to vouch for the fact that ovarian disease could be brought under subjection by the administration of parotid glands of healthy young sheep, calves, and pigs. Again, he regarded it as beyond dispute that fibroid of the uterus, as well as hyperplasia and flaccidity of the organ, could be most beneficially affected by the employment of mammary glands of healthy animals. He had also ascertained that ovarian disease was beneficially influenced by the administration of mammary gland.

Summary of Cases.

Epithelioma of Cervix.—1. Patient, *æt.* 48; seen first in Summer of 1895. Cauliflower excrescence. Curetting: fuming nitric acid. Put on thyroid elixir. Subsequently two sloughs came away. Symptoms of local disease subsided. 2. Patient, *æt.* 65; seen December, 1895. Curetting: Stick of chloride of zinc inserted. Put on thyroid elixir. Her doctor (Dr. Donald, of Paisley) recently reported that the discharge had ceased; she was free from pain and discomfort, had gained in weight, and felt perfectly well. 3. Patient, *æt.* 31. Under treatment by thyroid elixir two months. Local treatment by ichthyol tampons. All symptoms of malignancy now disappeared, only a little erosion left.

Fibroid of Uterus.—1. Patient, single, *æt.* 48; first seen November, 1895. Fibroid of uterus size of seven months' pregnancy. Put on mammary elixir. April, 1896, tumour found not more than quarter original size. Feeling well. 2. Patient, *æt.* 33; seen January, 1896. Small fibroid in anterior wall. Mammary palatinoids. May, 1896, tumour small, menorrhagia less.

Menorrhagia.—1. First seen March, 1896. Applications of iodised phenol; mammary palatinoids. Seen again lately; discharge less; no pain. 2. Patient, *æt.* 34; seen March, 1896. Treatment and result same as in preceding case.

Ovarian Disease.—Four cases; treated by parotid palatinoids; three of them also had applications of ichthyol tampons. In all four cases, great improvement.

The CHAIRMAN thanked Dr. Bell for his paper, which opened up new views of treatment for these cases. The

effect of the administration of the products of some of these ductless glands was often very marked.

Mr. BOWKEMAN JESSETT said he was interested in the account of these methods of treatment. But he thought the comparison of epithelioma with psoriasis and with myxœdema had no rational basis. He noted that in all the cases of epithelioma curetting was done, followed by the application of such strong caustics as chromic acid and chloride of zinc; and he was inclined to attribute the improvement to the use of the caustic. If Dr. Bell had recorded cases in which the thyroid extract, and nothing else, had been used, they would have been more convincing. As regards the cases of fibro-myoma, the enlargement was reduced in three cases; but he would like to ask what was the age of the patients, and what other treatment was adopted. It was well known that fibroid tumours were apt to diminish in size, especially at the menopause, if the patient could be kept at rest. But all the cases were too recent for the deductions to be considered as trustworthy. The cases of ovarian disease were also treated locally, by applications of iodised phenol and ichthyol tampons; it was, of course, not uncommon for erosion of the os to be associated with enlargement of the ovaries and inflammation of the tubes; and these conditions were always found to improve under local treatment. He therefore regarded the local treatment as the more important factor in Dr. Bell's cases. No doubt, however, many would give these new methods a trial.

Dr. LEITH NAPIER said he had had no experience of this treatment; but he had recently read a translation of a paper by Dr. Jouin, who in one case was treating a patient for obesity, by means of thyroid extract. She happened to have a fibroid, and was under observation for twelve months. He discovered at the end of this time that the tumour had shrunk from two inches above the umbilicus to one inch above the pubes. This led him to try it in other cases. The second was a soft fibroid, and was benefited; the third was a hard fibroid, and no improvement was found. Three other cases were too recent to draw conclusions from. The recent views of the pathology of soft fibroids regarded them as associated with morbid glandular action, so it was quite possible that thyroid extract might exert an influence on them. He would ask Dr. Bell what was meant by mammary and parotid extracts; he hoped to give in an early number of the "Journal" an account of the therapeutics of some of the animal extracts; but he did not know the composition of these two.

Dr. HEYWOOD SMITH observed that Dr. Bell did not tell them what was the condition of the cervix in the first case, at the time of the last examination; but in all the cases there seemed to have been an amelioration of symptoms in a much shorter time than they were accustomed to. As regards the cases of fibroid, had Dr. Bell tried in any case a change of treatment, from one kind of extract to another? In a paper which the Chairman read before the Society some time ago there was reference to a substance called spermine, obtained from the ovaries. Had Dr. Bell tried ovarian extracts, and was there any evidence that giving this would restore the action of diseased ovaries? It would be useful also to know whether any of the cases were treated by animal extracts alone, and what led Dr. Bell to decide which extract he should employ in any given case. In view of the results recorded in the paper, he thought they should give the method a trial.

Dr. MACAN observed that in a recent paper on the treatment of bronchocele by thyroid preparations, the author stated that they were of no use in cystic bronchocele; he also found that in the cases where a good result was obtained, the English preparations were much more active than thyroidin.

Dr. BELL, in reply, said he thought Mr. Jessett was under a misapprehension in supposing that he compared epithelioma to psoriasis and myxœdema. It was rather that in view of the action of the thyroid extract on the epithelium in cases of psoriasis, and on the epithelium and subjacent tissues in cases of myxœdema, it seemed to him that it might have an action on the epithelium in carcinoma. For probably epithelioma was at first a benign disease, remediable by medical measures, if the cause of irritation could be removed. Mr. Jessett also thought that the curetting and caustics might have caused an improvement without the thyroid treatment,

but he had tried both of these in many cases, and had never had the same satisfactory results as he obtained from the thyroid extract; and since he began the treatment it had not been necessary for his hospital patients to return to him so often. He had often been disappointed in the effect of the menopause upon fibroids, indeed, he had never known it to act beneficially. The reason he used mammary gland extract for fibroids was that the uterus and mammae sympathise with each other; and he gave parotid extract in ovarian disease because physiologically these organs were related, as was shown by the frequency of metastases between the two. Others had now been using this treatment for some time, and had been very pleased with the results; in one of his cases there was no other treatment adopted. He had not tried ovarian tissue. He felt sure that those who tried the method would be satisfied with the results.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF STATE MEDICINE.

MEETING HELD FRIDAY, APRIL 17TH, 1896.

The President, DR. J. M. REDMOND, in the Chair.

Dr. WALTER BERNARD submitted models of portable apparatus for domestic disinfection of articles by heat and fumigation; one adapted for the sick room, the other for the doctor's and nurse's overalls, which are worn while attending the sick. He remarked that in our daily rounds we could in this way do battle against the spread of disease, but when we came to fight against other evils, which in all the social relations of life, tend to lower the workers physically and mentally, such as the building of houses on polluted subsoil raised by filthy rubbish and street sweepings, and with no concrete foundations, then indeed we are powerless.

Dr. DOYLE wanted to know the disinfectants Dr. Bernard used, and how long the process lasted.

Dr. BEWLEY asked whether a separate apparatus was supplied to each family where there was scarlatina.

Dr. BERNARD, replying, said the antiseptic he used was eucalyptus oil and carbolic acid. This was heated, and the articles were fumigated for a considerable time. The apparatus was 6 feet long and 13 inches wide, and 13 inches wide, and could be carried from one house to another after being rendered aseptic.

CRIMINAL RESPONSIBILITY IN THE INSANE

Dr. CONOLLY NORMAN read a paper on the above subject. He reviewed the history of the law on this subject, tracing the stages by which it arrived at its present position. He pointed out that the dictum of the judges in the MacNaughten case, which had often since been accepted as an authoritative statement of the law, had, properly speaking, no such character. Neither the House of Lords who asked the questions, nor the judges who replied, could be recognised constitutionally as having any power to make laws, and the opinion of a judge or all the judges, on an abstract point, has no more binding value than that of any other person, and does not constitute a precedent nor an authoritative interpretation of the law as it might do if enunciated from the bench on the trial of a concrete case. The speaker proceeded to point out the injustice and absurdity of the supposed legal tests of responsibility, as applied to the insane, since a strict application of the criteria of knowledge of the nature of the act done or of knowledge of right from wrong would lead to all the insane being held responsible, with the exception of low-class idiots and a few acute cases. At the same time, Dr. Norman deprecated anything like an attempt at present to substitute medical for legal definitions in this matter. Our knowledge of insanity is still so limited that we cannot define its conditions, and to endeavour to define that which is indefinable is to risk repeating the mischief already done and laying down criteria the validity of which will soon be as disputable as that of the former ones. Owing to a variety of circumstances with which the speaker dwelt in some detail, there is not, he thought, much, if any, practical injustice done under the present state of the law, however unjustifiable it may theoretically be.

Dr. BEWLEY was glad to hear that Dr. Norman could

not suggest any definite line upon which the law should be amended, and that it was a mistake to define insanity. Dr. Norman did not take up the question of self-control. He showed most persons knew whether a certain act was right or wrong. There were two other sets of circumstances to take into consideration. The intensity of the desire to do wrong, and the power or want of power to prevent themselves from doing wrong. There is no way of estimating the power of self-restraint. If a man wants to do right and his power of self-control is diminished or lost, he may still be unable to resist doing things which he knows perfectly well are wrong. Persons have put themselves into asylums to prevent themselves giving way to these morbid influences. Criminals who are not insane often, from education and surroundings, have diminished power of self-control. A little insanity and a great deal of wickedness, and a little wickedness and a great deal of insanity merge very much into one another. Medical men are not always the best judges of insanity. They are too much inclined to believe that criminals are to be treated and not punished. An ordinary jury, helped by a judge who is not influenced by the absurd statements of judges 50 years ago, perhaps would come to the right conclusion.

Dr. McWENNEY wished to know in what position, with regard to sanity or insanity, Dr. Norman would place habitual criminals who, from their very earliest days, have a tendency to the committal of crime.

Dr. DOYLE said that in the life of every individual there was a time in which he was insane. He often regretted that medical men went into the witness-box, in a case of lunacy, to give positive evidence. They should tell the judge that they could not define a case of lunacy. At one time he had charge of the criminals at Spike Island. He believed that one-third of them suffered from different forms of lunacy.

Dr. PARSONS said there was one point on which Dr. Norman did not touch, namely, how far a person could be held responsible for bringing about an attack of acute mania. A short time ago a doctor he knew, suffering from *delirium tremens*, shot a near relative. He barely escaped being hung. If insanity was pleaded would it not be better to have the person examined by four or five medical witnesses, and that the jury should be guided by them and not by the judge.

Dr. EDGAR FLINN said he heard a woman appeal to a medical man to send her to an asylum to prevent her murdering a deformed child, for whom she had an intense hatred. She was subsequently sent to an asylum.

Dr. NORMAN, replying, said he did not dwell on the question of control which Dr. Bewley raised. It was of immense importance. "Irresistible impulse" was a term too freely used by medical men. Nobody doubted that such a thing existed. But the word impulse was rather vague; and it is impossible to say what is irresistible, because that was only known to the man to whom the impulse occurred. It was better to look out for other signs of insanity than irresistible impulse. He thought the question of a criminal being insane should be left to the jury to decide. A question of life or death should not be left to a single expert or body of experts. The chief cause of complaint of medical witnesses was that one judge wanted nothing but facts, and another wanted one's opinions. The law regarding a lunatic giving evidence was much the same as that of a lunatic making a will. He could give evidence if he understood the nature of an oath and if he had not delusions on the point at issue. He can make a will if his memory is sound and in case he has not delusions which refer to his relations or others that would be benefited by the will.

VILLAGE WATER SUPPLIES IN IRELAND; PARKNASILLA AS A WINTER AND SPRING HEALTH RESORT.

Dr. EDGAR FLINN read two papers—one on "Village Water Supplies in Ireland," and the second on "Parknasilla as a Winter and Spring Health Resort." In the former paper he laid stress on the difficulty there existed in procuring a really pure and wholesome drinking water in the smaller Irish villages and towns, most of the wells being of a shallow character and liable to pollution from surface and drainage percolation—the contract for the sinking of wells being nearly always in the hands of totally inexperienced and incompetent persons, who may happen to have friends on the rural sanitary authority—no account apparently being ever taken of the site or the

configuration and condition of the soil in the immediate locality whence the supply is derived, the result being that in the majority of the villages the quality of the water supply is defective and below the standard, and the quantity in dry seasons scanty. The smaller class of hamlets suffered much in this regard, the inhabitants having often to take the water from obviously tainted sources. Sanitary reform in this question was much needed.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, May 30th, 1896.

PROSTATIC PATIENTS.

At the Académie de Médecine M. Gruessin spoke on the pain experienced by patients affected with enlarged prostates, and located in the neck of the bladder. The character of the pain was important to know, as an operation is frequently required to give relief. At the end of a miction, and especially a nocturnal miction, or under the influence of congestion provoked by cold, retention or imprudence in diet, a painful contraction of the urethra and the bladder takes place, simulating an imperious desire to expel the contents. After some days these painful spasms occur during the whole time of emission, and do not immediately cease after the evacuation, and finally retention results, requiring the constant use of the catheter. But this latter treatment seems to diminish the capacity of the bladder, and renders more frequent the desire to micturate. In such cases he found that placing of a catheter à demeure was the only treatment which relieved these painful vesico-urethral contractions. If, however, and the cases were rare, that the condition of the patient had not improved, a urinary fistula as a last-resource should be created.

TREATMENT OF NEURASTHENIA.

WHILE the term "neurasthenia" is a comparatively new one, and while the morbid entity for which it stands has only recently found its place in pathological nomenclature it must not on that account be supposed that the malady has only just made its appearance. Its constituent symptoms—the great merit of grouping them into an homogeneous complaint belongs to Dr. Beard, of New York—had been recognised by our masters who, for lack of a better classification, placed them under the general head of "nervousness," one of those expectant diagnosis to which science is only too often obliged to have resort. But while recognising that neurasthenia does not date from yesterday, it must be confessed that for some time past it has manifested itself so frequently that it may, perhaps, be regarded as the medical characteristic of our epoch. It is easy to understand the reason of this when we remember that this malady is principally caused by the excess of intellectual labour, by the cerebral overwork that result from the intense existence of our daily struggle for life. If mental fatigue develops neurasthenia in those who are free from all hereditary taint, *a fortiori* it will do so when the soil has been prepared for it, either by hereditary neuro-arthritis or by infectious disorders. In this respect endemic *grippe* or epidemic influenza has obtained a baneful reputation. Nor is it alone in the intellectual sphere that the morbid action of cerebral fatigue manifests itself; the emotional faculties exercise a similar influence: sorrow, grief, worry, the pre-occupations of ambition, reverses of fortune are, in many instances, causes of neurasthenia.

The treatment of this malady is therefore a matter of considerable importance, not only because of the frequency of the complaint, but also because it may prove the origin of a morbid degeneration, which sometimes is the prelude to general paralysis, to hysteria, to melancholia, and not infrequently to alcoholism and the morphia habit. Neurasthenia, in spite of its polymorphism, is always characterised by a certain number of fundamental symptoms, very justly and aptly called by the late Professor Charcot, the stigmata of neurasthenia. These symptoms are: cephalitis, insomnia, cerebral depression, rachialgia, neuromuscular asthenia, and dyspepsia. Cephalitis consists in a sensation of constriction, or weight. It may be called

the neurasthenic helmet. The pain is not always general to the whole head, it is sometimes localised in various regions of the face or skull. It is on awakening from sleep that it is most keenly felt.

Persons troubled with neurasthenia experience great difficulty in falling to sleep; then, after a doze of varying duration, they awake in an excited or anxious condition which prevents them from again falling to sleep. They turn and toss in their beds; their minds are harassed by rapid successions of quickly associated fancies, ideas, and memories which they find it impossible to hold in check. Some sufferers are frequently startled from their sleep by terrifying dreams ending in abrupt awakenings. The insomnia of neurasthenia is rarely complete, but it frequently refuses to yield to treatment. (a) The cerebral depression seems to consist essentially in a weakening of the mental faculties, accompanied by a propensity to hypochondriacal ideas. Neurasthenic rachialgia consists in sensations of pressure and compression analogous to those which are characteristic of ophthalmia. Neuro-muscular asthenia betrays itself by muscular weakness, experienced from the moment of awakening in the morning. Many of those thus troubled feel as exhausted when they arise as though they had not been to bed at all. From this it may be deduced that neurasthenia calls for a two-fold treatment: a general hygienic treatment and a symptomatic pharmaceutical treatment.

The general treatment demands first of all the removal of the accidental cause of all the neurasthenia. Then the patient should be subjected to a strict course of hygiene; moderate exercise, massage, and even hydropathy are among the chief elements. At the same time the physician should seek to exercise a suggestive action over the mind of his patient. But this treatment, in spite of its efficacy, is far from sufficing in itself and unassisted, to remove all the symptoms of the malady, and this is particularly when we are dealing with the insomnia which is so wearying to the patient and so rebellious to the remedies usually employed. There is, however, in Bromidia, (Battelle and Co.) a remedy that victoriously combats this symptom which is so disheartening to the physician and to the patient.

The formula of this preparation is no mystery. It is a successful combination of well-known hypnotics and antispasmodics, which has been thoroughly tested. Each teaspoonful of the preparation contains:—

Brom. potas., 15 grains;
Pure chloral, 15 grains;
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Hyocynam., † grain.

Owing to the purity of the products entering into its composition this remedy may be termed the hypnotic *par excellence*. It produces a refreshing sleep, and succeeds where opium fails to give relief. Its success in nervous insomnia, in migraine, in hysteria, in all forms of neuralgia, and in manias allowed us to forecast the value of the remedy in the treatment of neurasthenia. Subsequent facts have shown how well founded was this expectation, and it may now be confidently asserted that Bromidia is one of the most powerful medical agents which we have at our disposal for the cure of neurasthenia.—From the *Paris Bulletin Medical*, April 30th, 1896.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, May 29th.

THE IMPERIAL HEALTH OFFICE.

CONSIDERABLE changes in the personnel of the Institute have recently been effected. It is now just twenty years since the Institute was opened with two members—one for the medical and one for the veterinary department. Since then the number of members has steadily increased. There are now eight ordinary members, besides a number of associates. Another member is provided for, however, in next year's estimates, as the present staff is quite inadequate for the work demanded. The new member will undertake the Department of Public Health, so far as it

relates to injurious callings and adulteration of food stuffs prejudicial to health. He will also take in hand the testing of drugs in the interests of the forthcoming New Pharmacopœia. Dr. Josefo Brandl, Privat Dozent in Munich has been called to the new post and nominated an Imperial Regierungsrath. Dr. Brandl qualified in 1890, has studied chemistry, was several years assistant to Prof. Tappeiner at the Pharmacological Institute, Munich, and is author of several contributions in his Department of Science.

At the Medical Society's meeting, Hr. Blaschko read a paper on

LEPROSY IN THE KRIEIS MEMEL.

He said it was Fürst, then of Memel, who first observed cases of leprosy in the Memel district at the commencement of the eighties. In 1893 Bindikowsky reported nine cases, of which four had since died. That the cause was an autochthonic was shown by the fact that not one of the patients had ever been outside the Memel district, whilst an official report has been received that for eighty miles across the Russian border not a single case has been met with. The speaker made a journey to Memel for the purpose of studying the question "an Ort and Stelle." His investigation embraced three points:—1. Whence the disease arose, and how was it spread? 2. Was its spread beyond the Memel district to be feared? 3. What measures were to be adopted against it? He found that the country people generally lived in poverty, their income principally coming from the fishery and in certain districts from smuggling. Their food was bad and insufficient, coarse bread and fish were the principal food, meat was seldom used, alcohol was largely used, amongst the women in the shape of Hoffmann's drops, the houses were mean and filthily overcrowded, in some parts human beings and cattle housing together. The air in the over-heated rooms was horrible. The nursing and treatment of the sick were neglected, medical men were consulted only in the extremest need. Many died without seeing a doctor at all. There was scarcely any dread of infectious diseases. He even found a leper living in a room along with six other healthy members of the family. It was clear that under such conditions disease found a suitable soil. It was here that leprosy had established a footing for the first time for three hundred years. The number of cases reported by Fürst was 20, 13 others had since died. The speaker had found two other cases. All the patients were Lithuanians, and not Germans. There was no recent case among them, and ten of the patients were married; in no case was the disease communicated to the healthy husband or wife, but in two it has descended to the children. There could be no question of hereditary transmission, as the children were mostly grown up before the parent acquired the disease. Occurrences in the same family were frequent. Only one had a sleeping-room to himself; the others came into contact with the healthy as much as they pleased. Great uncleanness prevailed in some of the families. In one case the sores were wrapped in a dirty rag that was also used for other purposes. The disease did not appear to be infectious therefore, and this might be for the reason that most people were immune as regarded the lepra bacillus, only a small minority being susceptible. He met with two cases of lepra anaesthetica that had up to then been overlooked. As regarded origin, all authors had shown that lepra arose independently of food and climate, but its origin was exceedingly difficult to trace. It had been in a state of steady progression in Russia, and there was a good deal of intercommunication between Memel and the neighbouring Russian provinces, Tilsit, Ragnit, and Heydekrug, and Memel must be considered as the last offshoot of the Russian disease. As regarded further spread, it was to be noted that the disease was actually diminishing, no new cases were arising. A possible spread into our midst must be borne in mind, as daughters of leprous families were servants in Königsberg. One man was a soldier at Spandau, and there were several in other garrisons, and a short time ago a soldier who had served two and a half years was discovered to be a leper. Czerny's case from Heidelberg also belonged here. Although no consequences followed these cases, measures were necessary to prevent a spread of the disease. The speaker proposed an inquiry into the extent of the epidemic. The whole

(a) "Dectil, Neurasthenie, Traite de Medecine," Vol. VI., p. 1,228.

population of the district should be examined by skilled experts. Persons coming in from Russia should be examined, and suspected individuals should be detained. He considered lepra anaesthetica as less dangerous than the tuberosa form, cleanliness tended to prevent the spread of the infection. Leper houses such as those of the Middle Ages were useless horrors. It seemed unsuitable to bring large numbers together, as the plan would be costly and the sick could not be permanently detained in them. It would be better to form colonies, and employ the colonists with agriculture, and for those who were bedridden, to institute special hospitals. The matter was of great importance, as the example of the Russian Baltic province taught. If the proper steps had been taken sixty years ago, the disease would not have spread as in Livonia where there were 800 cases alone. It was the more important to adopt proper measures as the epidemic was restricted, as otherwise a condition similar to that prevailing in Russia might arise.

He then showed a patient with lepra anaesthetica with commencing clawing of the fingers, muscular atrophy of the hands, and gangrene cicatrices on the elbows, and inflammation of both great toes. He further showed and explained microscopical preparations, showing the intercellular position of the lepra bacillus lately denied by Unna, as well as a section of lepra from the scalp, lepra nodules of the palm of the hand, and a drawing of a large leprous artery.

Hr. Brasch was in a position to show the difficulties of diagnosis in cases of anaesthetica lepra.

Hr. Wassermann had had several cases of lepra in the Infectious Institute. The ministry were quite aware of the importance of the subject, and were willing to give all the support in their power to combat the disease, and had directed that all cases should, as far as possible, be transferred to the university clinics, or to infectious institutes. These regulations should be received with the greatest thankfulness.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 29th, 1896.

DISLOCATION OF THE PERONEUS LONGUS MUSCLE.

FORGES showed to the "Gesellschaft" a patient in whom the peroneus longus had been luxated. When the foot was at rest nothing abnormal about it could be observed, but immediately the patient attempted to walk a large swelling formed on the outside of the external malleolus.

In the discussion that followed Kraske and Schreiber concurred in the pathology of this rare lesion being due to a sudden contraction or jerk of the peroneus when the foot was flexed, thus allowing the tendon to glide easily forward.

Different modes of treatment were suggested. The classic admonition is to fix the foot in a plaster of Paris bandage. This treatment had been applied in this case for a month without the slightest benefit. Molière recommended subcutaneous section of the tendon, while Albert advocated operating on the bone by deepening the groove through which the tendon passes. The only danger was the fear of adhesions, which had never occurred in any of his own cases. Kraske was of opinion that the most rational form of treatment would be lifting a section of periosteum 3 centimetres by 1 broad, and bringing it over the tendon, so that it might finally form a sheath.

A SUBSTITUTE FOR PHOSPHORUS ON MATCHES.

From the large number of accidents that have recently occurred in Austria, as well as the adverse reports on the health of the operatives of those factories where matches are made, the Imperial Sanitary advisers have passed a resolution prohibiting the use of yellow phosphorus in the production of matches, and recommended the Swedish form of manufacture.

Gurowitz exhibited a substance to the meeting which was free from poison and was admirably fitted to take the place of phosphorus. It is non-explosive and free from harmful effects. It is made by melting sulphur and amorphous phosphorus, which forms a mass very different from their mechanical mixture. To this may be added potas-

sium chlorate and hyposulphate of lead, which forms a safe compound. It requires a temperature of 150° to 160° Cent. before it can be kindled, and it is, therefore, safe against fire.

THE ORIGIN OF SYPHILIS.

Prof. Puschman resumed his paper on the origin of syphilis, and quoted largely from heathen writers as well as those during the Middle Ages to show that the disease presumably existed long before the time that medical history credits it with. Celsus records a large number of genital diseases, among which are phimosia, paraphimosia, condyloma, ulcers, and hard spots on the penis, presumably syphilis, which he treated by excision and caustics. Palladius describes phagedenic chancre while informing us that gangrene of the penis was not uncommon. The bubo is also diagnosed at this early period, according to Hippocrates, for he tells us that it appears regularly on both sides of the body with ulcers on the mouth and genitals. The condylomata are forcibly described in epigrams by Martial. The skin eruptions described by these writers are doubtless of a syphilitic nature. In Pliny and Seneca indubitable testimony is conveyed by the hoarse voice, oozena and nodes, which, according to Andron, were treated successfully with ointments of cinnabar. The fossil bones have many points of evidence that lead to the belief that they were the seat of syphilitic lesions, although this point has not been fully worked out.

OSTEOMALACIA.

Latzko again advocated the use of chloroform in the treatment of osteomalacia. The patient he exhibited had suffered from this disease for three months. During the illness the patient was unable to move about without the use of crutches and suffering great pain, but since the treatment all pain has gone with the crutches, and she now walks as easily and comfortably as ever she did. Latzko particularly drew attention to the fact that pregnancy could not enter into the estimate of recovery in this case, as it was now over two years ago since the last gravid condition, which terminated in an abortion; therefore he concluded the present case can have no affinity to puerperal osteomalacia.

ERYTHEMA EXUDATIVA MULTIFORMA.

Ulmann recorded the case of a female, *æt.* 50, with a diffuse pustular rash over face, neck, and mucous membrane of the mouth. In her youth she had suffered from repeated pulmonary catarrhs, at 16 had typhoid, but never rheumatism. Six weeks ago she had a rigor with general constitutional disturbance. On the forearms were extensive pigmentations. Blood and urine were both normal, except in the salts, which were increased. Singer thought this discovery pointed to an increased decomposition product, which might be symptomatically revealed in the form of erythema. An opinion was expressed that the source was obscure and might yet be found in a purulent formation somewhere in the abdomen, if not in the bowel or reproductive organs.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

SARCOMA OF FEMUR—AMPUTATION IN THE MIDDLE OF THE THIGH—RE-AMPUTATION AT THE HIP-JOINT.—MR. ROSE operated on a young man, *æt.* 27, who was admitted with an ill-defined enlargement of the lower end of the femur simulating disease of the knee-joint. The patient had noticed a swelling about six months previously, which was occasionally painful, but had only lately caused him to walk lame, owing to the knee becoming semi-flexed. The first operation took place about two months ago; an incision was made across the front of the joint, which was found to be free from disease, but the synovial membrane was thick, the lower end of the femur was found to be greatly enlarged, and there was a cavity leading into the interior of the bone which last was converted

into a soft and semi-cartilaginous material, this was evidently of a sarcomatous nature. Amputation was therefore performed through the middle of the femur, by antero- and postero-lateral flaps. The medulla at the point of section showed evidence of the same disease, consequently another inch or so of the femur was removed, and although the parts looked now more satisfactory, their appearance was still suspicious; pending microscopic investigation, Mr. Rose thought it wiser not to expose the patient on this occasion to the immediate risk of disarticulation at the hip joint. The man made a good recovery from this operation, and was sent away for change of air for a fortnight. On his return a skiograph of the stump was taken, and the negative revealed that the upper part of the femur was distinctly enlarged as compared with that on the opposite side, and that there was an irregular outgrowth from the lower end of the bone. Under these circumstances the only course left was to disarticulate the limb at the hip-joint. This was undertaken by the anterior racket operation, the incision commencing over the femoral vessels and passing down on either side for about four inches. The flaps of skin thus marked out were dissected up for an inch or two, and then the femoral vessels were exposed and tied a little below the bifurcation, which was here rather high, the internal and external circumflex vessels being secured at the same time. The soft parts were now rapidly divided on either side, very little blood being lost; the capsule of the joint was opened, the limb disarticulated, and the few remaining posterior structures severed. An examination of the femur by longitudinal section showed disseminated sarcomatous nodules extending the whole length, one even being present in the head. Mr. Rose remarked that although the local disease had been eradicated there still remained the possibility of deposits in other parts of the body. He considered the anterior racket operation one of the best methods he had ever tried, inasmuch as it enabled the hæmorrhage to be reduced to a minimum, rendering quite unnecessary any mechanical compression.

The patient has made good progress since the operation.

ROYAL FREE HOSPITAL.

EXAMINATION OF TUMOUR OF OS INNOMINATUM.—Mr. BATTLE examined a rare case of tumour of the ilium in a boy, æt. about 16, who had been sent to the hospital from Luton. The patient stated that he had had pain about his right hip for three months, and that a swelling had been noticed for five or six weeks. He walked very well and did not appear emaciated. There was a large swelling situated on the dorsum ilii above the great trochanter, hard, firm, and immovably fixed to bone, about the size of a large orange, but its outline could not be distinctly defined below nor posteriorly. Another swelling apparently of similar extent could be felt in the venter ilii, the outline of which was obscured owing to rigidity of the abdominal muscles. Both tumours extended forwards towards the anterior superior spine, but did not involve it. Flexion and other movements of the hip-joint were performed without pain, but abduction was limited by the mechanical resistance offered by the tumour. There were no signs of secondary growth in other parts of the body nor signs of any visceral disease, so with the consent of the patient's friends it was decided to make an examination under an anæsthetic to see if it were possible to get beyond the limits of the growth and remove it successfully. Under the anæsthetic it was found that the internal aspect of the ilium was filled to a great extent with a tumour mass that

extended towards the brim of the true pelvis. An incision was made over the external aspect of the tumour through the muscles, so that its extension towards the hip-joint and anteriorly might be defined; the finger could be passed downwards under the muscles, and although the edge of the growth was definite and firm, it extended close to the acetabulum, so that any attempt at removal would have implied removal not simply of part of the ilium but of nearly the whole of it, and this was considered unjustifiable as the growth on the inner aspect of the bone appeared to exceed that outside. A trochar with a cannula was introduced into the tumour from the incision already made and a small amount of serous fluid exuded; the cannula was then pushed in different directions so as to cut out a small piece of the growth which might be utilised for microscopical examination. Mr. Battle considered that the growth was of the nature of chondro-sarcoma, its rapid growth and fine consistency rendering this most probable. The portion removed was kept for microscopical examination, so the diagnosis will be definitely ascertained later. An interesting feature in the case was the family history of cancer, no fewer than three close relations of the patient having died from some form of the disease. Tumours of the os innominatum, Mr. Battle thought, rarely presented themselves at a stage sufficiently early to permit the idea of removal to be entertained, and out of a considerable number that he had seen, no attempt at excision appeared justifiable. There were, however, some cases on record of successful excision in patients suffering from sarcoma of this region, and he had hoped from examination of this boy before the anæsthetic was administered, more especially taking into account the patient's history and general good condition, that removal was feasible.

British Medical Temperance Association.

THE twentieth annual meeting of the British Medical Temperance Association was held on Thursday, May 21st, at the Wilfrid Lawson Temperance Hotel, Woodford Green, Essex. Several members and friends enjoyed a drive through Epping Forest before the meeting. Sir B. W. Richardson presided, and the report was read by the Honorary Secretary, Dr. S. J. Ridge. This showed that 24 new members and 41 new student associates had been enrolled during the year, making a total of 430 members, 96 student associates, and 2 (lay) associates. The official organ of the Association, the *Medical Pioneer*, had been sent to every member and associate and to a large number of subscribers, and upwards of 15,000 had been sent gratuitously to medical men and to medical libraries and schools. It was mentioned that a Continental Medical Temperance Association had been formed on similar lines. A prize of £3 offered to medical students for an essay on the action of alcohol on the nervous and circulatory systems had been awarded to Mr. J. Phillips, jun., of the Bristol Medical School. The usual Temperance Breakfast will be given at the annual meeting of the British Medical Association in Carlisle. It has been arranged for on Thursday, July 30th, at the Central Hotel.

THE Lewisham District Board of Works, as the local sanitary authority, recently directed the attention of the Local Government Board to the fact that the Guardians were rather lax in the matter of enforcing the Vaccination Laws, and, in reply, the Local Government Board pointed out that the Board of Guardians had no discretion in carrying out the Act. As the Guardians still decline to enforce vaccination when an excuse was urged against it, the Board of Works has taken counsel's opinion, and is about to apply to the Court of Queen's Bench for a rule nisi for a *mandamus* calling upon the Guardians to show cause why they should not be ordered to carry out the law.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 3, 1896.

GENERAL MEDICAL COUNCIL.

THE Council entered upon its Spring meeting yesterday (Tuesday), when Mr. Thomson was sworn in as Direct Representative for Ireland *vice* Dr. Kidd, and Mr. Teale presented Her Majesty's Commission as one of the Crown Representatives for the next five years. We understand that the Rev. Dr. Haughton has resigned his seat as Representative of the University of Dublin, and it is most probable that he will be succeeded by Mr. Bennett, Professor of Surgery in the University School, whose long services in that capacity to the University, should mark him for such honour as is open to the Board of Trinity College to confer. We also learn that Dr. C. F. Moore, Representative of the Apothecaries' Hall of Ireland, has resigned his seat, and will be succeeded in the appointment by Professor Tichborne, Governor of the Hall. A chief item in the programme of the Council is the consideration of the demand of the Irish "Hall" for additional examiners to be nominated by the Council to enable it to carry on its examinations, now that it has ceased to work in combination with the Irish College of Surgeons. In renewing that demand, which was rejected at the last meeting of the Council, the "Hall" is placed in a favourable position by the action of the Privy Council, to which it had appealed against such rejection. The Privy Council broadly hinted that it would be disposed to give the examiners asked for, if the "Hall" would take examiners in medicine as well as in surgery, for the consideration of which proposal it referred back the subject to

the General Medical Council. To ensure the rejection of the re appeal of the "Hall" the utmost efforts of the Irish College of Physicians and its coadjutors in the Council have been put forth. So far, indeed, has this hostility to the "Hall" been pressed that the Representative of the Chief London Licensing Corporation has considered it not inconsistent with his position to write letters to personages in Dublin whom he thought might help him, begging them to exercise every influence to get instructions issued to Representatives from Ireland that they shall vote against the "Hall." The attempt thus to prepare a verdict in advance totally failed, but that fact does not mitigate the indecency of the proceeding. That a gentleman, bound alike by his official position and by the trust confided to him by the Council, should, in the exercise of his function as Inspector, depreciate the body upon which he was commissioned to pass judgment, and then should forthwith constitute himself a tout of the party devoted to the destruction of the body which he had judged, is, we think, scarcely consistent with his dignity, or that of either the College which he represents, or of the General Medical Council of which he is a member. The Apothecaries' Hall of Ireland approaches the trial of the issue in the General Medical Council under very adverse circumstances. Its former Representative has, in consequence of domestic affliction, resigned his seat. The places of Dr. Kidd and Dr. Haughton, both of whom had taken a wide view of the question apart from Corporation interests, will be filled by gentlemen who are currently believed not to be fond of the Irish Apothecaries' Hall. It is to be assumed that the Direct Representative for Ireland will feel bound to give weight rather to the question, What is best for the profession and public in Ireland? rather than, What is best for the Corporations and Colleges? If he thinks it a good arrangement to leave medical qualification in Ireland to a single Corporate monopoly he will, no doubt, vote against the grant of the additional examiners to the Irish "Hall." It is greatly to be regretted that the dispute should be narrowed down to this, but the blame for that fact lies at the door of the Royal College of Physicians of Ireland, which has been prevented by its impenetrable and impractical *amour propre* from entertaining a proposal for a tripartite examination such as is worked in Scotland, and which would, at any moment, settle the controversy to everyone's satisfaction.

THE FRIENDLY SOCIETIES QUESTION.

THE contest which for the past few weeks has been in progress between the United Friendly Societies in Lincoln and the medical men of the town has now reached a stage the proceedings of which should claim the attention of the whole of the profession. In brief the causes of the contest were that the old policy of sweating the Medical Officers was resorted to, that the appointments became too derogatory for any self-respecting medical man to hold, and that the commercial element was the only one to which the promoters seemed anxious to devote any special attention. But

because the officers of the societies failed to secure the services of any medical men in Lincoln, the result proved that they had no reason for feeling anxious as to candidates for the appointments. As a matter of fact, this was a difficulty which was easily surmounted. In drawing attention to this matter it is sad to reflect that medical men can be found who are prepared to play into the hands of the tradesmen who conduct these associations. How can the honour and respectful integrity of the profession be upheld when such derelictions of duty are committed by practitioners, as in the Lincoln case. We must here repeat, as we have said over and over again, that the responsibility of dealing with these cases imperatively falls upon the General Medical Council. The Council have by an inane and feeble resolution shirked their responsibility. But this is no reason why the question should not be reopened. Under present circumstances the difficult position of maintaining the honour of the profession falls upon the shoulders of those practitioners who honourably refuse to be allied to these societies. No assistance in these contests is derived from the "Parliament" of the profession, the General Medical Council. The Council have emphatically declined to interfere, and thus the evil of these societies continues to prevail, despite remonstrances, dignified protests, and refusals to compromise themselves by the self-respecting members of the profession concerned. The time has really arrived when, in our opinion, very strong action should be taken to compel the General Medical Council to do their duty in regard to the derogatory appointments filled by medical men associated with medical aid societies. So long as the Council in no way interfere with the practitioners holding such appointments, so long will the abuses exist. On the other hand, were a ukase to be issued exacting certain conditions from the holders of such appointments on pain of being indicted on a charge of "infamous conduct in a professional respect," the societies would be compelled to conform to the demands, or cease work by reason of their failure to secure medical officers. The practitioners in the town, with the object of circumventing the influence of the Lincoln Medical Aid Association, have just inaugurated the "Lincoln Provident Medical Association," with the view to benefiting the wage-earning classes, which are unable to pay the usual medical fees. The undertaking is in no sense a commercial one. The Committee of Management is an honorary one, the medical officers are appointed by the practitioners of the city, who will also elect annually the Committee of Management, which is chiefly composed of medical men. It is further stated that no private practitioner will derive any pecuniary benefit from the Association, and that the Association was founded in order to obviate any hardship which might fall upon the wage-earning classes owing to the combination of the Lincoln medical men in regard to the existing medical aid societies in the town. There is much reason for believing that were this course to be adopted in other localities in which medical aid societies exist, and the example of the Lincoln medical men followed, much good would result in the direction of the suppression of these trade concerns.

HORSEFLESH AS FOOD.

It is probable that in no part of his life-habits is mankind more hopelessly the slave of prejudice than in the matter of food. The Chinaman feasts gleefully upon swallows' nests, sharks, puppy dogs, and other delicacies that would savour of deep abomination to Europeans, while he agrees with Jews and Mahomedans in cursing pork. But, if we take our own country as a western type, we find that wide differences exist among our kith and kin as to what they eat and what they eschew in the shape of solid food. Some are vegetarians and flout the contention that the human mammal is anatomically meant to be a mixed feeder. Some form societies to investigate and consume harmless wild fungi in general, whereas the average man in the street is sufficiently content with the single toothsome variety, the *agaricus campestris*, or meadow mushroom. Others of our countrymen are hippophagists, that is to say, eaters of horseflesh. In this matter they have followed the example set by various continental countries, notably France and Belgium. Nor is it easy to imagine any scientific objection to the use of horseflesh as food for mankind if animals are to be used at all as an article of diet. Horses are clean feeders; for that matter, they are just as dainty as cattle and sheep, and infinitely superior to pigs. Then, again, they are far less subject to disease, such as tuberculosis and trichinosis, which may be transmitted to the human consumer, than are animals now slaughtered daily in enormous hecatombs for human food. Such being the facts of the case, it is hardly possible to avoid the conclusion that the objection to hippophagy, to dignify the practice by its full and formal title, is founded on sentiment rather than on reason. When, therefore, a leading London newspaper bursts out into a blaze of indignation because the Belgians choose to import our worn out horses as an article of food, we think it time to utter a mild but firm protest. Last week, the *Daily Chronicle* opened its leaderette column by a paragraph which began thus:—"Every now and then one is deeply shocked by the sudden revelation of some unsuspected horror in our midst. We print one to-day from Belgium. The Minister of Agriculture in Brussels has admitted that 4,000 old horses are exported yearly from England to Belgium to be made into tinned meat." Where the "horror" of the affair comes in will hardly be apparent to the readers of a scientific journal. It has a very real existence, however, in the case of the sentimental *Daily Chronicle* writer, for he dismisses the suggestion of the Belgian Minister that all "horses imported for food should be specially branded" with the sapient and judicial remark, "For our own part we should prefer to see the branding done upon the backs of the people engaged in this sickening traffic." Let English voluntary eaters of horseflesh, therefore, beware of this journalistic fire-eater. We wonder if he is ready to settle other matters of gastronomic taste in an equally high-handed manner. A good number of our countrymen, for instance, eat snails: would he have all such offenders pilloried because they avail themselves of a clean-feeding

and nutritious mollusc which is to be obtained all over the United Kingdom for the asking? Does he think that all Frenchmen who eat frogs should be whipped? What would he suggest should be done to the Chinese who indulge in all kinds of, to him, unhallowed food? That his line of reasoning in condemning Belgium for its hippophagy is mainly sentimental may be gathered from the following inspired passage:—"The kindly, willing, plucky, spirited, silent horse, who flings up his heels as a foal, gallops in his prime as a racer or hunter, or steps out proudly with his heavy load, drags first a day hansom and then a night hansom, and ends his working days as a sprung and spavined bag of bones in a 'growler,' is not even allowed to die in peace, but is sold again, and sent suffering agony over sea, to be knifed in a foreign slaughter house, and eaten as tinned beef by the descendants of the men who ran away at Waterloo." This tearful sub-editor has allowed his pity to blind the clear and lucid style which usually stamps the first page utterances of a London "daily." Has he never seen lambs frolic in the fields, or the shapely comeliness of well-bred cattle at a show, and does he still partake of lamb or beef? Does he think that the fact of the imported horses being destined to lie in "tins" is an added indignity to the equine race? Does it not strike him that the state of the horses in the United Kingdom which he describes points to a mote in our own eye? We should feel inclined to condemn the owner of a fine horse who sold him for cab purposes much more than the man who exported him to be "knifed" and to be eaten by Belgians rather than by cats and dogs. And what, Oh! what, has the fact that a man's ancestors once turned tail in a great battle to do with his choice of food, whether that be cattle, fish, or horses, or slates-pencils, or slugs, or any other living or dead thing whatsoever, even mares' nests? But the *Daily Chronicle* man need not go so far afield as Belgium to find his emotional "copy." In London, unless we are misinformed, there is an immense surreptitious traffic in horseflesh, especially among the poor. In many foreign restaurants in the metropolis we believe it is a common practice to serve up horse-beef in lieu of beef-steak. At any rate, from time to time cases crop up in the police courts where knackers are convicted of disposing of horseflesh to butchers. Here, then, is a legitimate outlet for the young man of feverish sentiment who writes the *Chronicle* leaderettes, namely, to inquire into the systematic fraud alleged to be practised largely upon Londoners by the sale of horseflesh in place of what is commonly known as "butcher's" meat. As to whether the objections to horseflesh as an article of food is not purely æsthetic, and whether our own countrymen by abstaining from horseflesh are not denying themselves a valuable food-stuff, we offer no opinion.

A COMPETITIVE examination for twenty-five commissions in the Army Medical Staff will be held on August 7th next and following day. Particulars thereof will be found in our advertisement columns.

Notes on Current Topics.

The Legal Aspects of Obscene Advertising.

OUR attention was recently called to two advertisements in an Irish provincial paper, one of a book by the notorious "Dr." Allinson who was expunged some time since by the General Medical Council for "infamous conduct in a professional respect," and the other by a person who calls herself Madame Frain. Allinson advertises a shilling catchpenny book "for ladies" married and unmarried, and sets forth, in terms suggestively prurient, the sexual information which such authors think likely to prove attractive to the readers whose patronage they want. Madame Frain advertises an abortion medicine at 4s. 6d. a bottle, with the usual encomiums. As it seemed to us that both the advertisements were calculated to corrupt public morality and to debauch the minds of readers, we thought it well to call the attention of the Public Prosecutor to them with the object of ascertaining whether they come within reach of the law as indecent publications. We have received the following letter in reply to our queries:—

Treasury, Whitehall, S.W.,

May 21st, 1896.

SIR,—In reply to your letter of the 18th May, we have often had occasion to consider advertisements of this nature. The principles on which the question of obscenity is to be determined have been much discussed in the well-known cases of *R. v. Hicklin*, 32 B 380, and *Steele v. Brannan* (arising out of the publication of "The Confessional Unmasked") L R. 7 CP 261, but it is one of fact which must be decided by the opinion of the particular tribunal before which proceedings may be taken in respect of such publication, and it might be considered that advertisements of the nature you enclose, although most undesirable and improper, are not obscene publications.

The conclusion arrived at in respect of prosecutions of this nature has been generally against the expediency of prosecuting, both as a matter of public policy, prosecution resulting in giving a wide publicity to the publication and on account of the difficulty of determining the question of fact.

The proceedings in respect of the advertisements would be against the Printer and Publisher of the newspaper containing the advertisements, and the matter, so far as the advertisements are concerned would be for the consideration of the authorities in Ireland.

As regards Mr. Allinson's book, I think it may be assumed that the advertisement sufficiently indicates its nature and that if the one is obscene the other is also.

Any prosecution of Mr. Allinson for publication of an obscene libel would be within the jurisdiction of the Metropolitan Police Courts. I have not seen the book, but unless it is something more than a popularised medical work and contains matter which is on the face of it obscene for the sake of obscenity and intended to gratify base passions, a prosecution in respect of the publication of such a work would be neither expedient nor successful, but as to the latter, this, as I have explained, would be for the determination of the tribunal dealing with the case—whether magistrate or jury.

I may point out that Madame Frain's advertisement is a fraudulent one, as from analyses we had made of the articles mentioned in her advertisements it appeared that they were comprised of such ingredients as water tinged with aloes, bread and bicarbonate of soda, and the like, the sale of such articles really amounts to obtaining money by false pretences. I return the advertisements in case you may require them.

I am, Sir,

Your obedient Servant,
BARNARD THOMAS,
Assistant Director.

This enunciation of the law bearing upon obscene ad-

vertising is interesting. As regards Madame Frain, it appears that a prosecution for obtaining money under false pretences would lie, but it should be maintained not by the Public Prosecutor but by some individual who, having purchased the fraudulent concoction, should prove by competent analyst's evidence that it is not what it professes to be. As regard Allinson's book, it is declared that an author cannot be prosecuted unless his book "contains matter which, on the face of it, is obscene, for the sake of obscenity, and intended to gratify base passions." This appears to represent a very unsatisfactory state of the law, because it bears upon the intention of the advertiser rather than upon the demoralising effect of the advertisement. A rabid Malthusian might, in perfect good faith, and in furtherance of his craze, publish matter which would be in the highest degree demoralising, but which would not be "obscene for the sake of obscenity or intended to gratify base passions." In short if the law permits the publication of obscene matter, provided that it is not published "for the sake of obscenity," it seems obvious that the law needs, like many other laws, to be amended.

The Relation of Tabes Dorsalis to Syphilis.

MANY authorities hold that, in most cases, tabes dorsalis is of syphilitic origin, but the recent researches of Storbeck into this subject by no means confirm this opinion. The case books in the hospital and private practice of Professor Leyden showed 108 cases of tabes, and among these, in 22, there was a history of syphilis; in 23 a syphilitic history was doubtful, while in 63 syphilis could be excluded. If one-half the doubtful cases were really syphilitic the result would be 30.6 per cent., which Storbeck, from the frequency of syphilis, thinks is not higher than could be expected, so that the relation of the two diseases does not seem to him to be established. The percentage, on the other hand, of syphilitic cases in tabes according to Déjérine is 97 per cent., while Mayer believes that syphilis has nothing to do with the disease. Between these two extremes many observers have recorded their experience on the subject, and the varying percentages which they have given tell greatly in favour of the view that tabes dorsalis is unquestionably a disease of syphilitic origin, but by no means to the extent which is commonly supposed.

Hypnotism for the Cure of Insanity.

We thought we had good reason to suppose that this craze had died out, and on receiving a cutting from the *New York World* we still believed that it would only find favour in sensational papers of that description, but we regret to say that we are disappointed. From our own country, from Hoxton House Asylum, Shoreditch, comes the latest development of this advertising craze. The *New York World* gives a graphic picture of a female patient having a new device in the form of a head apparatus applied for the purpose of inducing hypnotic effects. The doctor of the Asylum is interviewed, and his statements are

accepted as having all the air of authority. He is said to have showed the head-gear already mentioned, which is a metal piece, and he is also said to have explained its action as follows:—"By fastening it on the head like a night cap, and by pressing a screw on any part of the cranium you can act on the brain cells, and the patient will do your bidding." We are not surprised that the interviewer adds:—"It gave me a creepy sensation to think that it was in the power of another human being to render me perhaps an automaton at will." There can be no doubt that this savours somewhat of quackery. It is not necessary to invent any device to hypnotise or render amenable to suggestions certain subjects, and when a member of the medical profession deliberately talks of acting upon certain brain cells by pressing a screw, and thereby controlling the patient's will, he is talking utter rubbish, and if he is not knowingly making a fool of his auditors, his ignorance of cerebral structure and cerebral function is as undoubted as it is incomprehensible. The interests of medical science are not furthered by this kind of advertisement.

The Death of Sir Russell Reynolds.

The long and anxious illness of Sir J. Russell Reynolds has terminated, as for some time had been anticipated, fatally. Late in the afternoon of the 29th ult. our distinguished *confrère* passed away, to the general regret of the profession, and to the great sorrow of a wide circle of patients and friends. It is asserted, undeniably with a large measure of truth, that the arduous duties of the appointments which Sir Russell Reynolds held last year have had much to do with the onset of the illness to which he has just succumbed. To the responsible official work in connection with his Presidency of the Royal College of Physicians he was called upon to discharge the exceedingly laborious engagements associated with the Presidency of the British Medical Association, the annual meeting of which was held in London last year. Few who saw him after the labours of the meeting were ever could fail to have been struck with the terribly "fagged" appearance which he then presented. Punctiliously, conscientiously, and unremittingly as he discharged those duties, from the first it was clear that he never spared himself, and to his arduous exertions a large measure of the success of the meeting was due. The British Medical Association are now without a president, and the duties, therefore, which would otherwise have devolved upon Sir Russell Reynolds will have to be undertaken by some other officer of the Association at the annual meeting in Carlisle in August. A full obituary notice, with portrait, of the late distinguished physician appears in another column.

SIR WILLIAM H. BROADBENT will take the chair at St. Mary's Hospital Festival Dinner, at the Whitehall Rooms, on June 17th. The object of the dinner is to raise a good portion of the £12,375 required to complete the new out-patients' department of the Clarence Memorial Wing.

The Deadlock at the Liverpool Lying-in Hospital.

THE Board of Management appear to be slowly awakening to the awkward position in which they have succeeded in placing themselves. This is shown by the resolutions passed at a meeting held on the 28th ult. There was a full attendance of members and the following were passed unanimously :—

Differences of opinion having arisen between the Board of Management and the late medical staff of the Ladies' Charity and Lying-in Hospital as to the proper construction of the rules, and such differences having resulted in the Medical Institution passing a resolution intended to preclude the charity from obtaining direct medical aid, either voluntary or paid, and it being recognised that notwithstanding these differences, the Board of Management, the late medical staff, and the Medical Institution have the welfare of the charity at heart, it is resolved that an offer be made to the late medical staff and the Medical Institution to lay the whole matter before the Lord Mayor, as arbitrator, the following being suggested as the terms of such reference :—

1. That the arbitrator decide whether the reading of the rules by the Board of Management or the medical staff is the correct one.
2. That the arbitrator be asked to give his opinion as to the advisability of any modification of such rules.
3. That the arbitrator be asked to state his opinion for what purposes the hospital is intended to be used according to the objects contemplated by the charity.
4. That the arbitrator decide what, if any, representation the medical board ought to have on the Board of Management.
5. That all the parties agree to abide by the decision, and act upon the recommendations of the arbitrator.

It is quite clear from the foregoing that the Board has given in, but instead of surrendering their weapons to the conquering party they offer them to the Earl of Derby as Lord Mayor of the city. This may be considered adroit, but it is not ingenuous, and the offer in no way alters the situation. The Board has still to learn that none but medical men can settle the dispute, and that on their part the last word has been said. They must be first or nowhere. It is idle to say that the present state of affairs has been in existence for ten years. If it had the then staff did not know it, and the rules did not show it, otherwise they must have resigned as the late one did. Mr. Bartlett, as a lawyer, may decide that normal labour is not a medical matter, but every medical student knows that obstetrics is an important branch of medicine, and that obstetrics includes natural labour. Dr. Rentoul in a recent letter in the papers, makes the sensible suggestion that the decision should be left to the General Medical Council. Why does not the Board resign? Every day makes it more difficult for any medical staff to work with them, there is no longer a question of working under them.

The Expiring Anti-Vaccination Cry in Gloucester.

It is highly amusing to read in some of the local journals of the West Country district of the efforts made by the anti-vaccination party to bolster up their discredited cause. But it is quite impossible for those who write in favour of vaccination to silence their bleatings. The irrepressible young medical man, Mr. Hadwen, was indiscreet

enough last week to send a further communication to a local journal, but his letter was so unmercifully dealt with by Dr. Davies, the Medical Officer of Health for Bristol, that probably most persons in the district had begun to congratulate themselves that they had heard the last of him. But no such thing. A few days afterwards another effusion of Mr. Hadwen's was published, and so the farce continues. Another arch anti-vaccinationist in Bristol was also skilfully disposed of by Dr. Davies in the same reply. In the course of a further communication this anti-vaccinationist makes the astounding and untruthful assertion that the Royal Commission on Vaccination does not contain a single anti-vaccinationist among its members. This is a good example of the tactics to which the anti-vaccinationists are now compelled to resort. It is of interest to note, also, that they are endeavouring to create a sensation by challenging Dr. Davies to take part in a public discussion, himself to represent vaccination, and an opponent to support the anti-vaccination craze. The Bristol Anti-Compulsory Vaccination Society have undertaken to provide a room and pay all expenses incidental to the contest. The artfulness of this challenge is that, of course, the anti-vaccinationists intend to make the most of it if it be not accepted, as we trust that it will not.

Diarrhœa Mortality.

THE enormous death-rate from diarrhœa, especially among children, is attracting the general attention of sanitarians. Thus far, it seems clear that scientific medicine has little real knowledge with regard to the etiology of this fatal condition. As a symptomatic affection, there can be no doubt that it is due to causes of multiple origin. The subject has of late figured in the writings of many medical officers of health, and the following passage, taken from the annual report of Dr. Robertson, the Medical Officer of St. Helens, may be taken as a type of the general attitude of public health officers :—"The great majority of deaths from diarrhœa are due to preventible causes. Investigation shows in a most pointed manner that the three main factors to be dealt with are :—1. The ignorance displayed by mothers of the most elementary principles in the rearing of young infants, especially as regards their food. 2. Among the lower classes there is a certain amount of carelessness, which, although not culpable, is most productive of harm. 3. Insanitary surroundings, although probably influencing the mortality of children suffering from marasmus, debility, diarrhœa, and some other diseases, do not play in St. Helens such an important part as the first two factors." A most promising field of inquiry, likely to be fraught with scientific and practical results of the utmost value to the community, awaits the investigator who will work out the history of infantile diarrhœa. There can be no doubt that the bacteriology of dairy milk under varying conditions of environment will form an important step of the advance towards a more perfect understanding of the matter.

A Notable Instance of the Value of Pasteurism.

THE value of a Pasteur Institute has, according to the British Consul at Piræus, been remarkably shown in Athens. The Institute was opened in August, 1894, by Dr. Pampoukis, and during the first sixteen months of its existence 201 cases were treated, of which 176 were from Greece, 21 from Egypt, and 4 from Asia Minor. There was only one death, and in this case the patient had delayed applying for treatment until fifteen days after having been bitten. The Consul also adds: "It is practically impossible to over-estimate the value of such an establishment in the Levant, and its existence should be made widely known. Not only does the curse of masterless dogs exist in Greece, but even more so in the neighbouring countries. A muzzling order does exist in Attica, but it is not enforced, and the strewing of poisoned meat in the streets of Athens and Piræus is apparently the only attempt made by the authorities to deal with an increasing amount of rabies." These facts afford a strong argument in favour of the utility of the muzzling order as a preventive of hydrophobia. The testimony of this observer may be safely regarded as unprejudiced, and the facts to which he draws attention are those of which he has personal knowledge.

"Ethics" at the British Medical Association.

THE youthful Section of "Ethics" lately introduced into the programme of the meeting of the British Medical Association gives promise of a vigorous and productive future. The President of the Section, which comes first on the list, has issued a notice of subjects to be dealt with during the three days at his disposal. Among the papers may be noted many of extreme interest to the profession generally, such as "The Abuse of the Out-patient Departments of Hospitals," "Provident Dispensaries," "Chemists and Counter-prescribing," "The Overcrowding of the Profession," "The Ethics of Advertising," "Medical Aid Associations," and others. The discussion of these and kindred topics can hardly fail to throw valuable light on many obscure points that intimately concern the inner life of the profession. In these days of struggle and competition, it is somewhat reassuring to find that medical men are taking steps to ascertain for themselves the exact nature of the evils that lie at the root of the matter. It is to be sincerely hoped that around such inquiries a system of protection and mutual aid may slowly gather.

THE Twenty-fifth Annual Congress of the German Surgical Society was held in Berlin last week. Among English surgeons present were Sir Spencer Wells, Mr. John Langton, and Mr. Reginald Harrison, while Professor Habstedt, of Baltimore, and Dr. Lange, of New York, were present from the United States. Wreaths were placed on the graves of the German savants, Langenbeck and von Bardeleben, on behalf of the English representatives of the Congress.

Medical Aid Societies and the Profession.

THE Oddfellows have just held their Annual Congress at Bristol, and, as might be expected, had a good deal to say on the subject of the attitude of the medical profession towards the medical aid societies. One of their delegates who opened the discussion invoked the aid of Parliament to put a special clause into operation enabling doctors to become the servants of friendly societies without let or hindrance. This is an extraordinary position for a trades-unionist to assume. The class which this individual represents owes the security of its income and its various labour rights almost solely to trade organisations. In the course of its operations the particular society to which the speaker belongs has found that a handsome profit is to be made by sweating the medical profession. Naturally, doctors as a body object to this inroad upon their field of labour, coupled as it is with a mean foisting of monied patients upon medical clubs at starvation rates. We are glad to find that one delegate had the courage to remark that doctors were as much justified in combining together to obtain the best remuneration for their services as a body of trade-unionists. Now is the time, if ever, for members of the medical profession to unite. A long pull, a strong pull, and a pull all together, and not only may a rock ahead be avoided, but the distance between present disunion and future consolidation be sensibly diminished. We understand that the Council of the Royal College of Surgeons in Ireland, at its last meeting, adopted, unanimously, an emphatic resolution in condemnation of those Medical Aid Associations, in which a profit is made by individuals out of the services of a medical practitioner, and also disapproved of the conduct of practitioners who accept appointments to such societies.

The Officers of the Army Medical Department.

WE understand that the officers of the Army Medical Department are becoming so dissatisfied with the conditions of their service that many of them have made up their minds to resign at the first available opportunity. Almost every month, then, the difficulties in this regard are increasing so far as the War Office are concerned. What with unsuitable candidates who cannot qualify to fill vacancies, and augmenting resignations, the time seems to be coming when the Medical Department of the Army will reach a most deplorable position of inefficiency and short-handedness. Even under present circumstances the under-manning of the department is such that the officers are loudly complaining of the "sweating" to which they are being subjected. Of course the work of the department has to be carried on all the same, whatever the number of the officers may be, upon whom the duties fall. Thus the work, owing to lack of candidates to fill vacancies, is becoming every day harder, and more arduous for the officers who at present belong to the department. Verily "my military advisers," as the late Mr. Stanhope described the War Office authorities, are reaping a rich reward for their persistent policy of "snubbing" the Army Medical

Department. The only way, even now, out of the difficulty, is for Parliament to intervene, and compel the War Office to concede the just demands, and satisfy the grievances, of our *confrères* in the service.

The Demonstration against a Lady Examiner in Dublin.

THE memorial supposed to emanate from the meeting of students, referred to in our last issue, was presented to the Council of the Royal College of Surgeons of Ireland, on the 28th ultimo, and was referred for further consideration to the first meeting of the new Council in June. The memorial, we understand, states the objection of the students to be examined by any one but a gentleman, but it does not offer any reason whatever for such objection. If the Council of the College could entertain, under any circumstances, the claim of the students to dictate their own examiners, the memorial put forward by them would be entitled to every consideration if it would bear scrutiny and be found to be perfectly *bona fide*. But experience of several such manifestoes suggests that careful scrutiny of the signatures is necessary just as it is necessary in the case of Parliamentary petitions. We have, ere this, seen students' memorials signed, obviously, to the extent of dozens of signatures, by one and the same hand, signed in the name of persons who did not exist, signed with incorrect designations such as L.L.D., J.P., &c., and signed, in great majority, by persons who never attended any meeting on the subject and who, no doubt, cheerfully attached their sign-manual without caring in the least for what the prayer of the petition might be. If students really have a grievance and will give expression to it in a business-like manner and in good faith we believe that they will always find the powers-that be willing to consider the representations made with a desire to meet their views.

Opening of the General Medical Council.

THE General Medical Council opened its session yesterday in the new Council chamber, which has been in course of construction for the past twelve months. It is built on an extension of the former premises at 299 Oxford Street, where the Council has heretofore assembled in a sort of bear-pit placed on the basement level and entered by a winding staircase. Proper provision for the Press, which did not previously exist, has been made by the erection of a reporters' gallery on the same level as the chamber, and the room is decorated by the busts of previous Presidents, Sir Henry Acland, Sir James Paget, and Mr. Marshall. Among the important matters which have to be decided is the delicate question of the rejuvenescence of the Apothecaries' Hall, which the Privy Council appears singularly loth to see disappear. The Council cannot go back on their previous decisions without a most ungraceful "climbing down," but the prospect of a possible difference of opinion with the Privy Council may serve to weaken the iconoclastic tendencies of certain of the members. Among the matters to be brought before the Council is a petition from the Society of Medical Phonographers requesting the Council to make

shorthand one of the extra *optional* subjects at the preliminary examinations. The immense assistance which a knowledge of shorthand is to a student appears to justify the demand, and we shall not be surprised if it be acceded to.

Further Marvels of the "X" Rays.

THE development of the discovery of Professor Rontgen continues with wonderful rapidity. The latest news is that the apparatus has been so modified that a picture of the internal structures of the body can be thrown upon the fluorescent screen. In this way the General Electrical Association announce from Berlin that it is possible to demonstrate the internal structure of the head, the larynx, and more especially the action of the respiratory organs and heart. If this be the case, it will simplify diagnosis of many organic lesions to a marvellous extent. Indeed, recent improvements in the new photography give promise of a future in scientific medicine that may be described as marvellous and revolutionary. Not the least remarkable feature of the matter is the lightning-like rapidity with which the whole subject of the "X" rays has been investigated all over the world, since the announcement of the discovery in the early part of the present year. It is announced that a practical demonstration of the fluorescent internal pictures will be made at the forthcoming Surgical Congress in Berlin.

Annual Meeting of the British Medical Association.

THE arrangements for the Carlisle meeting of the British Medical Association at the end of July are in a forward state, and there is every reason to anticipate a successful session. The successor to the late Sir Russell Reynolds, in the Presidential Chair, is to be Dr. Barnes, the physician to Cumberland Infirmary, who has chosen one of his colleagues, Dr. Roderick Maclaren, to deliver the address in surgery. It is understood that Dr. Maclaren will devote one section of his address to some comments upon the new aid to surgery presented in the discovery of the X photographic rays. Of the nine sectional presidencies, four will be filled by local practitioners.

The Irish Drug Contract System.

WITH the utmost satisfaction we note that the Local Government Board for Ireland has cancelled the contract entered into by the Castlereagh Guardians for a supply of drugs at prices largely above those current in the drug market. We welcome the precedent thus established, especially as it makes manifest the competency and the willingness of the Local Government Board to deal with one of the grossest abuses of the Irish Poor-law system.

THE Royal Botanical Society of London have agreed to open their gardens to the public on six consecutive Saturday afternoons, commencing June 13th, for musical promenades, several of the leading Fellows having generously guaranteed the Society against loss.

The Elections at the Royal College of Surgeons in Ireland.

THE election of President and Vice-President, and Councillors took place at the College on Monday the 1st inst. Mr. Thomson, the outgoing Vice-President, was chosen President and Mr. Kendal Franks, Vice-President, and Sir Charles Cameron, Secretary of the College, there being no dissent in either case. For the office of Councillor 23 candidates presented themselves for 19 vacancies. The whole of the retiring Councillors, with one exception, were re-elected, Sir Thornley Stoker reassuming his council seat in room of Mr. Thomson, promoted to the Presidency. Sir William Stokes, who had served as Councillor some years ago, and had left it in order to occupy an examinership, was again returned as a Councillor on this occasion, having ceased to examine. Mr. Cranny, of Jervis Street Hospital, who had been elected on the 4th of May, as successor to Mr. William Stoker, was not re-elected now.

The Irish Medical Association.

THE annual meeting of the Association was held on the 1st inst. at the Royal College of Surgeons in Ireland, and was attended by a large number of provincial members as well as many resident in Dublin. The meeting opened at noon but the first hour was devoted to conversation upon matters of interest to the profession and the association, before the stated business of the organisation was entered upon. Upon scrutiny of the ballot it appeared that Mr. Austin Meldon had been elected President. Drs. Greene, of Ferns, Sir J. MacCullagh, of Derry, Hayes, of Rathkeale, and Kinkead of Galway, as Vice-Presidents for Leinster, Ulster, Munster, and Connaught respectively. For the 32 seats on the General Council, 43 members were nominated. We are obliged to defer a report of the meeting and the resolutions passed thereat, until next week.

The Profession at the Levee.

ON Monday last, June 1st, a Levee was held at St. James's Palace, by H.R.H. the Prince of Wales, on behalf of H.M. the Queen, when the following members of the profession had the honour of presentation:—Dr. A. E. Bridger, by the Duke of Norfolk; Dr. A. L. Galabin, by the Duke of Devonshire; Dr. W. W. Groome, by Sir Bindon Blood; Surgeon-Major General Jameson, M.D., on appointment as Director-General, Army Medical Department; Dr. Geo. C. Martin, by Lieut.-Col. Collins; and Dr. Isambard Owen, by Sir J. Puleston.

MR. KENDAL FRANKS, of Dublin, to whose candidature for the Vice-Presidency of the Irish College of Surgeons we have recently referred, has returned from South Africa, and will have been elected to the Vice-Chair before this reaches our readers. We understand that he has finally determined to relinquish his practice in Dublin after some months and to enter practice at Johannesburg.

THERE are 17,500 medical men in the active practice of

their profession in France. The number which die annually averages about 450, and the proportional additional of new medical men to the ranks of the profession equals about 650 a year. This excludes foreign practitioners who may have settled in the country.

A NEW lectureship in ophthalmology has been created by the Queen's College, Belfast, in order to comply with the requirements of the Royal University, and Dr. W. A. McKeown has been appointed to take charge of the teaching of the speciality.

WE are glad to note that the charge of indecent assault preferred by a girl of seventeen against Mr. J. P. Crawford, a medical man practising at Liverpool, has been dismissed after a four hours' inquiry.

THE Medical Registrarship to the London Hospital will become vacant next month, for which application must be made to the House Governor, who will supply particulars.

AT the Annual General Meeting held on Friday the 29th ult., Sir Arthur Watson, Bart., Q.C., and the Rt. Hon. A. J. Balfour, M.P., were elected Vice-Presidents of the Royal Medical Benevolent College.

MR. WILLIAM KENNEDY, L.R.C.S.I., practising at Northampton, died last week from having drunk half a pint of vin. colchici in mistake for beer.

THE Kent County Analyst reports that, out of eight samples of sweet spirit of nitre examined by him within the quarter seven were adulterated.

SURGEON-CAPTAIN J. J. C. WATSON, Army Medical Staff, now at Dublin, has been ordered for service with the troops at Hong Kong.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

A USEFUL EXTENSION OF THE NOTIFICATION ACT.—The School Board of Leith follow an excellent plan in connection with its schools and the spread of infectious disease. An official of the School Board attends each day upon the Medical Officer of Health for the Burgh to obtain lists of cases notified to him. These lists are handed to the head masters of the schools, who can then ensure the absence from school of all children from infected houses until they have been disinfected or declared clear of infection by the Medical Officer or some medical practitioner. On the other hand, head masters notify to the School Board all cases of sickness coming under their notice, when similar steps are taken. A rational extension of the Notification Act such as this seems to be deserves to succeed.

THE LATE THOMAS CHRISTIE SMART, F.R.C.S. ED.—We regret to announce the death of this distinguished Edinburgh graduate, which occurred on March 26th. After obtaining his degree, Dr. Smart left for the Antipodes, and settled in Tasmania. He practised there for over fifty years, but took great interest in public affairs as well. For many years, also, he acted as Government Medical Officer, and at one time he was a member of the Colonial House of Parliament. He was one of the leading spirits in the reformation of the Hobart General Hospital, acted as honorary surgeon to it, and as chairman to its Board of Management for many years. His younger brother, Dr. Andrew Smart, practises in Edinburgh.

Obituary.

SIR JOHN RUSSELL REYNOLDS, BART., M.D.,
F.R.S., F.R.C.P.

WE have, with much regret, to announce the death of Sir John Russell Reynolds, Bart., which took place at his residence in Grosvenor Street, W., on the afternoon of the 29th ult. For some weeks past, the public and the profession have been more or less prepared for this sad event, the bulletins issued by those in attendance upon the distinguished physician having been of a nature to foreshadow a fatal ending of the illness. It was in the latter days of last year that Sir Russell Reynolds first appreciably began to suffer from some disturbance of health; no very definite symptoms showed themselves, and the exact cause of the illness was a matter of doubt. Fear, however, was expressed that some visceral disease of a malignant nature was present in the abdomen, in the neighbourhood of the pancreas. Beyond a gradual and persistent decline of physical strength, no pronounced symptoms appeared until January last. The occasion, however, upon which the first evidence of the serious nature of his illness was shown, was somewhat noteworthy. Sir Russell was giving a dinner party to his colleagues at



the Royal College of Physicians, and on rising from the table he was seen to stagger. He would have fallen, save for the timely assistance of some of his guests. It was deemed necessary to remove him at once to bed, and from that moment the illness may be said to have commenced from which he ultimately died. As soon as there was some change for the better Sir Russell was taken to Hastings. But the stay there was only a short one; no benefit was derived, and on his return to London it was found that his physical weakness had greatly increased. It was at this time that the question of his re-election to the Presidency of the Royal College of Physicians was discussed. But the state of his health was evidently such that it did not appear either to himself or his friends wise for him to assume any longer the responsible duties of that office. Accordingly he reluctantly placed his resignation in the hands of his colleagues. On March 23rd he went for a drive, and on alighting from his carriage, slipped on the doorstep of his house in Grosvenor Street, and severely sprained his ankle. He was taken to his bed, from which he never afterwards rose. The shock to the nervous system, following on the previous enfeebled state, proved most serious, and considerably increased the former prostration. Pneumonic symptoms developed a few days after he had been in bed, and placed his life in the greatest

peril. However, he survived the attack, and it then merely became a question of struggling onwards, fighting against the increasing weakness which was gradually bringing his life to a close.

For some weeks before death a condition of semi-consciousness supervened. Thus was the end long foreshadowed, and when at last it came peacefully on the 29th ult. the mental life of the distinguished physician had taken its departure many days previously, leaving only the feeble flicker of physical life to pass also away. In his long illness Sir Russell was attended assiduously by Mr. Cooper Bentham, and in frequent consultation were Drs. Buzzard and Barlow.

The grandfather of Sir Russell Reynolds was a distinguished physician and a Fellow of the Royal Society in the time of George III., and thus it may be said that the late President of the Royal College of Physicians inherited some of his medical instinct from his ancestor. Born at Romsey in 1828, the son of the late Rev. John Reynolds, Sir Russell completed nearly half a century of professional activity, marked by no striking events, but offering a singularly full record of success, won gradually and in the most orthodox manner by the diligent exercise of good natural gifts. His whole career was connected with University College, where he began brilliantly as a student, and ended as Professor of Medicine and Consulting Physician to the Hospital. He entered about the date when Sir William Jenner joined the staff, and it is certainly remarkable that two members of the same school should have reached the highest honours in the profession within so short a time of each other. Soon after starting in practice, he turned his attention to the special subject with which his name is chiefly connected—namely, diseases of the brain and nerves. His first essay—on Vertigo—was published in 1854, and was speedily followed by others, which carried his reputation beyond the borders of his own country. It was, no doubt, the original work he contributed in this very obscure field of research which gained for him the coveted distinction of F.R.S. in 1869. Diseases of the nervous system were at that time far less studied and understood than they are to-day, and Reynolds played a valuable part as a pioneer, particularly in making known to the profession in England the uses of electricity as a therapeutic agent, on which subject he published a series of lectures in 1871. His chief literary undertaking, however, was the "System of Medicine," which he projected and carried out with the collaboration of a number of eminent contributors in 1866-1870. It is a standard work in five volumes, containing much material of permanent value.

In 1878 he was appointed Physician in Ordinary to Her Majesty's Household. In 1893 he received the highest honour the medical profession has to bestow in this country, and was made President of the Royal College of Physicians.

Sir Russell Reynolds was twice married; first to the daughter of the Rev. Robert Ainslie, and secondly, in 1881, to Frances, daughter of Mr. William Plunkett, and widow of Mr. John Charles Champion Crespiigny. He leaves no issue.

DEPUTY INSPECTOR-GENERAL SWEETNAM.

DEPUTY INSPECTOR-GENERAL R. J. SWEETNAM, R.N., died at Dawlish last week at the age of 55. He was a Licentiate of both the Irish Colleges of Physicians and Surgeons, and after obtaining his diplomas he joined the Naval Medical Service in 1864, and in the following year was present at the battle of Ikorudu, in the Lagos Lagoons. His services in attending the military wounded on the field on this occasion were mentioned in despatches, and he received the thanks of the Secretary of State for War. He was in medical charge of the Niger expeditions 1864-66, was appointed staff-surgeon in 1878, fleet-surgeon 1884, and retired in June, 1894, with the rank of Deputy Inspector General. He was the author of the "Rules and Regulations for preserving the health of Ships' Companies in Lagos Lagoons and the Niger," which have been embodied in the North-East Africa "Station Order-book."

Correspondence.

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

SIR JOHN WILLIAMS AND THE QUESTION OF PRIVILEGE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In may interest your readers, in view of Sir John Williams' letter (see MEDICAL PRESS AND CIRCULAR, May 13th,) to read the text of the questions propounded by, and answers furnished by Counsel to, the Royal College of the Physicians of London. These, in view of recent circumstances, can no longer be regarded as a collegiate secret. They read as follows:—

Questions:—

"Counsel will please advise the College:

1. Has a Medical Practitioner any privilege with regard to secrets confided to him in the course of his practice analogous to the privilege as between a Solicitor and Client, or otherwise?

2. What is the duty of a Medical Practitioner who knows or believes he is in attendance in a case in which criminal abortion has been practised? And is there any distinction to be drawn between the several cases mentioned above?

3. Does the law forbid the procurement of abortion during pregnancy for the purpose of saving the mother's life?

4. Does it forbid the destruction of the child during labour where such destruction of life is necessary to save the mother's life?

5. In the event of questions 3 and 4 being answered in the affirmative, is a Medical Practitioner blameless if, in order to escape the risk of prosecution, he refrains from rendering assistance, and thus deliberately sacrifices the life of the patient when he could save it either (a) by inducing abortion, or (b) by destroying the child during labour?

6. If it were desired to procure the alteration of the law, what would be the best mode of procedure?

7. To advise generally on the case.

Answers:—

1. We are of opinion that there is no privilege attaching to statements made to a Medical Practitioner by his patient.

2. We are of opinion that it is the duty of a Medical Practitioner who knows or believes that he is in attendance in a case where criminal abortion has been practised, to attend his patient to the best of his skill, and that he does not thereby render himself liable as an accessory after the fact, so long as he does nothing to assist the patient in escaping from or defeating justice. See I. Hale, 332. We do not think the Medical Practitioner is liable to indictment for misprision of felony (an offence which is nearly obsolete) merely because he does not give information in a case where he suspects that criminal abortion has been practised. In the case suggested, where the name of the person is given who is going to commit such an offence, we think it is the duty of the Medical Practitioner at once to warn such person that such a statement has been made.

3, 4, and 5. We are of opinion that the law does not forbid the procurement of abortion during pregnancy, or the destruction of the child during labour, where such procurement or destruction is necessary to save the mother's life.

6. If we are right in our views, no alteration of the law would probably be desired.

7. The duty of the Medical Practitioner as to giving information in particular cases, or as to his action where the life of the patient is in danger, must, we think, be exercised according to his discretion."

(Signed) EDWARD CLARKE,
HORACE E. AVORY,
Temple.

I must confess that I am unable to reconcile Sir John Williams' affirmative reply, in Court, with the tenour of reply No. 2. I am fain to add that, in my opinion, his reply borders on the disingenuous.

I am, Sir, yours, M.R.C.P.

THE ETHICS OF PROFESSIONAL ADVERTISING.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—You have been either misled, or the wish was father of the thought, when you state "that in the illness of Sir John Millais, a noticeable departure from what is so frequently open to condemnation, the occasion is seized upon to puff in the lay press the eminent men in attendance upon so distinguished a patient." I regret to say that in this instance, as in so many others, the too common departure in medical ethics did occur, and I enclose for your information a cutting from the *Sunday Sun*, and also from the *Daily News*, of Sunday and Monday last. Almost word for word appeared in some other evening papers. You will see that in the notice of the operation by the *Sun*, "the keen and brilliant physician who was called upon to act with Mr. Treves" could not have well had "his achievement blazoned forth in all quarters of the globe" had he paid for the advertisement.

With regard to the *Daily News* notice, it appears that bulletins have been issued by the Specialists and Mr. Hames. I may remark, with regard to the *Daily News*, this morning paper is notorious for its conspicuous and effusive puffs of some members of the profession in attendance upon "distinguished patients."

I am, Sir, yours, &c., J. H.

[There is unfortunately no doubt that some enterprising journalist has got hold of the name of the surgeon mentioned, and has advertised the fact as widely as possible. At the same time, our former statement holds good that the operator did all that lay in his power to avoid publicity. His name certainly did not appear in three-fourths of the London newspapers in connection with the operation.—ED.]

THE DIRECT REPRESENTATION FOR SCOTLAND.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I cordially agree with your correspondent, "A Supporter of Dr. Campbell Black," that the gentleman named should be invited to stand as a candidate for the Direct Representation of the Profession in Scotland in the General Medical Council. That Dr. Campbell Black is well acquainted with the grievances and the requirements of the profession, and that he is willing and capable of giving full vent to them both by voice and pen, no one, I am sure, will attempt to deny. If we had more men of Dr. Campbell Black's stamp in the Council, we would hear less of Midwives' Registration Bills, and more about questions of real utility to the general body of the profession.

I would suggest that a requisition be drawn up in Dr. Black's favour and signatures obtained thereto—thus forming a provisional committee, pledged to do everything requisite to secure his return. Personally, I should engage in the work *con amore*.

I am, Sir, yours, &c., J. F. S.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your correspondent of the 13th inst. could not, in my opinion, have named a better candidate to represent the Profession in Scotland than Dr. D. Campbell Black, of Glasgow. He has been the champion of the rights and interests of the rank-and-file of the profession for over a quarter of a century, and is fully alive to the urgent necessity for reform in respect to medical education and qualification. He has been indefatigable in exposing the defects and anomalies of our hospital system in so far as they are detrimental to the best interests of medical men as well as of the public at large. Dr. Campbell Black is well known, not only in Glasgow and neighbourhood, but throughout the whole country. His incisive and distinct expression in his frequent deliverances on all matters of medical ethics and reform should form a sufficient manifesto of his views. Dr. Bruce, the present representative, has not in all points represented the interests of general practitioners, and has notably misrepresented them in the proposed Midwives' Bill. It seems very strange that the profession have had to go to an obscure town in the extreme north of England for a representative, and have ignored altogether the qualifications of the largest body of general practitioners in the country in the commercial capital of Scotland. The profession ought strongly to urge the claims and qualifications of Dr. Campbell Black as their best candidate.

I am, Sir, yours, &c.,

May 25th, 1896. A GENERAL PRACTITIONER.

[We would suggest to future correspondents, that in a matter of this kind, much greater weight would be attached to their opinions, were their names to be appended.—ED.]

THE MEDICAL DEFENCE UNION AND THE APPEAL IN THE CARDIFF CASE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—There is nothing an egotistical man can so little resist as the temptation to exclaim "I told you so," when any event occurs in remote degree according with his pre-

dition; but it is certainly with no egotistical feeling, and least of all with any intention of displaying lack of sympathy with the Medical Defence Union, that I call attention to the fact that I distinctly foretold the result of the appeal just decided in the High Court. In your issue of the 18th Dec., I wrote that there was nothing to prevent any unqualified man from assuming the title "Doctor," and adding M.D. to his name. I said this in spite of the fact that such an individual had been fined within the past few days for such an offence. I pointed out that his conviction was the only one which had been obtained for years; that he had given notice of appeal; and I did not hesitate to affirm, in spite of the confident opinion to the contrary of the Secretary to the Union, that the conviction would be quashed in the High Court. Sufficient foundation for this assertion existed in precedent cases tried years before, and most soon after passage of the Medical Act of 1858. I explained later that my opinion was not changed by the fact that another subsequent conviction for a similar offence had been confirmed on appeal by a bench of magistrates, and I suggested that the result would have been different had that case gone to the High Court. It is evident I was quite right. To obtain a conviction under the Medical Acts sustainable in the High Court, it is, in most cases, necessary to prove that the offender *has falsely pretended to be registered* under the Acts, and this is often difficult, often impossible. To put an end to these abuses new legislation is needed. That the construction of laws, and provision of machinery for working them for the protection of the public, are far from impossible, is proved by the working of the Veterinary Act, of 1881. The College of Veterinary Surgeons encountered no difficulty in enforcing this law, and unqualified farriers have been fined for no more serious offence than public display of a sign inscribed, "Veterinary Forge," on the ground that the use of the word "veterinary" was calculated to lead to their being mistaken for qualified veterinary surgeons. These convictions have never been appealed against, and the Act has thus been fully vindicated. A powerful leader on the weakness of medical law in the *Times* of this date (May 28th) suggests how easy it might be to arouse public opinion on this subject, and there need be no doubt that an efficient amendment of the Medical Acts can be obtained as soon as a plain statement of the case, supported by the unanimous voice of the profession, is laid before the Legislature.

I am, Sir, yours, &c.,

May 28th, 1896.

H. S.

DEATH OF AN OLD DUBLIN, MEDICAL LECTURER.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In 1832, the late Dr. Hargrave "founded the "Dublin School of Medicine, 15 Digges Street." It continued there until 1841, when it was changed to 27 Peter Street, and was amalgamated with, or rather absorbed, the "Theatre of Anatomy, and School of Surgery," located in 27 Peter Street from 1832. It may interest some of your readers to learn that there died last month in Rome, a gentleman, who so far back as 1837 (58 years ago), lectured on *Materia Medica* in the Dublin School of Medicine. I refer to the late Dr. John Gason, who for more than half a century practised in Italy. During the existence of this School from 1833 to 1857, 44 medical men taught in it, of whom there still survive, Dr. Edward Hamilton, Dr. William Moore, Dr. Humphrey Minchin, and, yours faithfully,

CHARLES A. CAMERON.

AN APPEAL.

WITH the permission of the Editor of the MEDICAL PRESS AND CIRCULAR, we beg to recommend to the generous consideration of our medical brethren the case of the widow and children of the late Dr. Charles Rumney Illingworth, whose death occurred under most distressing circumstances. Owing to specific infection acquired, about three years ago, during his attendance on an obstetric case, his health and capacity for work were materially interfered with, and ultimately, from the disease affecting his brain, he died within a few days after his unavoidable removal to an appropriate hospital.

During the latter stages of his lamentable illness, his

affairs became so involved that he was able to leave no provision whatever for his widow and four children, who are aged fourteen, thirteen, eleven, and six months respectively.

Unfortunately the three elder children, whose education has been considerably retarded owing to the removals and other circumstances, brought about by their father's ill health, are on account of ages, ineligible for reception into either the medical or the masonic schools. Mrs. Illingworth intends to qualify as a midwifery nurse, and hopes in this way to earn at least a bare subsistence for herself and children.

For immediate necessities, some small temporary assistance has been promised by two uncles of the late Dr. Charles Rumney Illingworth, the only relatives who can in any way help. This, however, is totally inadequate to meet the requirements of the case, and in view of the sympathy which many of our medical brethren, especially those who knew the late Dr. Illingworth, and who could appreciate his sterling, though possibly *perferendum ingenium* have expressed, we venture to hope, that they will be pleased to contribute towards the relief of the helpless ones whom he has left in such distress.

Subscriptions on their behalf will be gladly received and gratefully acknowledged by any of the undersigned.

DUNDAS GRANT, M.D. Ed., F.R.C.S.,

8 Upper Wimpole Street, London, W.

GEORGE W. POTTER, M.D. Ed.,

8 King Street, Chopside, London.

GERMAN SIMS WOODHEAD, M.D. Ed.,

Conjoint Laboratories, Victoria Embankment.

THE OBLIGATIONS OF THE GENERAL MEDICAL COUNCIL, MEDICAL SCHOOLS AND CORPORATIONS IN RELATION TO THE RIGHTS OF MEDICAL MEN.

At a meeting at Professor Victor Horsley's on May 15th, of the Select Committee of the Civil Rights Defence Committee on this subject, Mr. Timothy Holmes in the chair the Resolution appointing this Committee having been read, the Resolutions of the meeting of the Civil Rights Defence Committee of January 9th, 1896, were read as follows:—

1. That as many of the great lay and medical public bodies will refrain from co-operating in the defence of the professional and civil rights entrusted to the Committee until a strong consensus of opinion is aroused urging them to do so, the constituent bodies of the Committee are asked to adopt resolutions in the sense of those adopted by the Committee.

2. That the professional bodies represented on the Civil Rights Defence Committee be asked to use their influence with the Medical Schools, which induce young men to enter the medical profession, and with the General Medical Council, the Universities, and Corporations, which confer upon them supposed rights, now formally declared to be held entirely at the pleasure of the Crown, acting by the judges, and ask them to unite in making good the rights which they take part in promising, and which are now imperilled by the decision of the Court of Appeal.

General Graham's Memorandum of Feb. 7th, 1896, to the medical papers requesting an expression of opinion on these Resolutions was brought up, and also the *Lancet* of May 9th, with an article on the work of the Committee dealing with the obligations of the General Medical Council, Medical Corporations, and Medical Schools in relation to the rights of medical men, taking the same view as that adopted by the Committee in the Memorandum and Resolutions, and declaring that these bodies are at present subsisting by holding out to men entering the profession "false promises" of rights now declared by the decision of the Court of Appeal to have no existence, and that it is incumbent on such bodies to discontinue receiving such moneys until the rights for which they receive them are vindicated.

Correspondence with the General Medical Council, University of London, Royal College of Physicians of London, Worshipful Society of Apothecaries, London; and St. Mary's Hospital Medical School, inviting co-operation was laid on the table.

Lord Stamford's letter inviting the co-operation of the General Medical Council in defence of the rights confirmed by its certificate of registration was read.

General Graham explained that the only reply had been from the Solicitor of the Council (and not from the President) stating that the case is outside the scope of the Council and ignoring the grounds of the invitation.

(1) Resolved that a letter be drafted for the next meeting to be addressed to the President of the General Medical Council for signature by the medical members of the Committee, supporting the invitation conveyed by the President.

(2) That letters be similarly prepared to be written to the President and Council of the following bodies:—The Royal College of Surgeons of England, the British Medical Association, the Association of Fellows of the College, the Medical Defence Union, and the West-London Divisions of the London and Counties Medical Protection Society requesting each to act independently in support of this Committee in earnestly inviting the co-operation of the General Medical Council.

Correspondence with the Worshipful Society of Apothecaries was next considered including an invitation to co-operate, to which no answer had been yet received.

Resolved:—

That a letter be drawn up for signature by the medical members of the Committee supporting the invitation to the Society to unite in vindicating the rights of the Society under its Charter infringed in the violation of Mr. Anderson's rights as a Licentiate, and to use its influence with other guilds to unite in this defence of common rights.

That a report of the meeting be sent to the medical papers.

Medical News.

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

The annual general meeting of the Society was held on Wednesday, May 20th, at 11 Chandos Street, W., the President, Sir James Paget in the chair. From the report read by the Secretary it appeared that during the year 7 new members had been elected, and 11 had died, and 6 resigned, leaving 296 at the end of the year. Three widows had been added to the 49 on the funds, and 4 had died. The number of orphans receiving assistance had been reduced by 1, leaving 8. The receipts available for payments had been £3,280, and the grants and expenses had been £3,223, including a sum of £452 given at Christmas as a present to the widows and orphans on the books. The funded property had been increased by the purchase of £500 stock, the funded property being now over £95,000. An additional amount of £500 had been received from the executors of Miss Carpin. A grant of £28 under Law 78 was made to a widow. A vote of thanks to the editors of the medical journals for their great kindness in making known the objects of the Society was proposed by Mr. Christopher Heath and carried unanimously. The following gentlemen were elected directors to fill the vacancies caused by death and retirement, viz., Mr. Bennett, Dr. Wicks, Dr. Frederick Roberts, Dr. Sylvester, Mr. Fountaine, Mr. Malcolm Morris, and Mr. Butlin. A vote of thanks proposed by Mr. Felie and seconded by Mr. Day was passed to the President, Sir James Paget for his kindness in presiding at the meeting.

St. Thomas's Hospital, London.

HOUSE APPOINTMENTS:—The following gentlemen have been selected as House Officers from Tuesday, 2nd June, 1896: House Physicians—W. H. J. Paterson, L.R.C.P., M.R.C.S.; E. H. T. Nash, L.R.C.P., M.R.C.S.; E. W. Palin, M.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S.; and P. S. Hichens, M.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S. House Surgeons—L. A. R. Wallace, B.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S.; H. C. Crouch, L.R.C.P., M.R.C.S.; J. L. Prain, L.R.C.P., M.R.C.S.; and G. J. Conford, B.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S. Assistant House Surgeons—B. Dyball, L.R.C.P., M.R.C.S.; P. W. Kent, L.R.C.P., M.R.C.S.; J. Smith, B.A., M.B., B.C.Cantab., L.R.C.P., M.R.C.S.; and W. D. Frazer, L.R.C.P., M.R.C.S. Obstetric House Physicians—(Senior) C. W. Grant Wilson, L.R.C.P., M.R.C.S.; and (Junior) P. L. Blaber, L.R.C.P., M.R.C.S. Clinical

Assistants in the Special Department for Diseases of the Throat: L. W. Richards, M.B., B.S.Durh., L.R.C.P., M.R.C.S.; G. L. Hanwell, L.R.C.P., M.R.C.S.; Skin: H. G. Toombs, L.R.C.P., M.R.C.S.; G. E. O. Taylor, L.R.C.P., M.R.C.S.; Ear: R. G. Strange, L.R.C.P., M.R.C.S.; C. E. Durrant, L.R.C.P., M.R.C.S. Clinical Assistants in the Electrical Department—G. B. C. Blount, L.R.C.P., M.R.C.S.; W. D. Knocker, L.R.C.P., M.R.C.S.

Guy's Hospital Bazaar.

A FANCY Fair was opened at Shortlands, in aid of Guy's Hospital, on Friday last, by H.R.H. the Duchess of Albany, a similar ceremony being performed by Lady Randolph Churchill on Saturday. Considerable enthusiasm has been evoked in the enterprise, and it is hoped that a good round sum will accrue to the sorely depleted funds of this ancient Institution.

Royalty at the West London Hospital.

THEIR Royal Highnesses the Prince and Princess of Wales opened the Bazaar and Fête, on May 21st, to which we referred in a previous number as having been organised for the purpose of raising funds for the new wing at the West London Hospital. In addition to their Royal Highnesses, there were present Her Royal Highness Princess Maud of Wales, Her Royal Highness Princess Mary Adelaide, Duchess of Teck, and Prince Charles of Denmark.

University of London.

THE following is an official list of candidates who passed the M.B. Examination during May, arranged in alphabetical order:—

First Division.

Briggs, John Arthur Oswald, St. Bartholomew's Hospital.
Genge, George Gilbert, St. Thomas's Hospital.
Heath, Arthur, St. Bartholomew's Hospital.
Legg, Thomas Percy, St. Bartholomew's Hospital.
Leicester, John Cyril Holdrich, B.Sc., University College.
Waldron, Francis Thomas, London Hospital.
Wells, Thomas Henry, Middlesex Hospital.

Second Division.

Clough, James Arthur, Leeds Medical School.
Davies, John Edgar Philip, B.Sc., St. Mary's Hospital.
Dunst, Arthur David, St. Bartholomew's Hospital.
Gannar, Joseph, Mason College.
Gerrard, Alfred Henry, University College.
Griffiths, John Alban Kendall, University College.
Gullan, Archibald Gordon, University College, Liverpool.
Bibbert, Joseph Cooke, University College.
Hugo, James Henry, St. Bartholomew's Hospital.
Instone, Noel, Guy's Hospital.
Johnston, Robert Macfie, University College.
Leon, John Temple, B.Sc., St. Mary's Hospital.
Le Pelley, Amelia Maitland, London Sch. of Med. for Women.
Lyle, Herbert Willoughby, King's College.
Mackenzie, Rachel Elizabeth W., London Sch. of Med. for Women.
Maughan, James E., Infirmary L'pool and Univ. Coll. London.
Murray, John Hanna, University College.
Nolan, Harold, Guy's Hospital.
Bait, John Walter Forbes, University College.
Skey, Arthur Richard Harrie, St. Bartholomew's Hospital.
Smith, Graham Udale, King's College Hospital.
Stevenson, Thomas Henry Craig, University College.
Thomas, Evan, University College.
Townsend, Richard Hamilton, London Hospital.
Warde, Wilfrid Brougham, St. Bartholomew's Hospital.
Wilson, Francis Kenneth, Westminster Hospital.
Wise, Harry Mortimer, Guy's Hospital.

Royal University of Ireland: Spring Examinations, 1896.

The following candidates have passed the under-mentioned examinations:—

M.B., B.Ch., B.A.O. Degrees Examination—Upper Pass.

*Samuel T. Beggs, Queen's College, Belfast; *Stevenson L. Cummins, Queen's College, Cork; *Robert J. Johnston, B.A., Queen's College, Belfast; *Thomas J. Kenny, B.A., Queen's College, Belfast; James St. L. Kirwan, B.A., Queen's College, Galway, and Catholic University School of Medicine; *Walter S. Smyth, Queen's College, Belfast; William M. H. Spiller, Queen's College, Belfast.

Candidates marked thus (*) may present themselves for the further examinations for honours.

Pass.

Richard Allan, Queen's College, Belfast; Harry F. Browne, Queen's College, Belfast; Robert A. Cunningham, Queen's College, Belfast, and School of Medicine, Edinburgh; Mina L. Dobble, London School of Medicine for Women; George K. Finlay, Catholic University School of Medicine; Francis T. Heron, Queen's College, Belfast; Benjamin B. Hocford, Queen's College, Cork; Edward J. Liddle, Queen's College, Belfast; George M. B. Liddle, Queen's College, Belfast; Francis J. L. P. McKenna, Queen's College, Cork, and Catholic University School of Medicine; William J. Prendergast, Queen's College, Cork; Patrick J. Scannell, Queen's College, Cork; George Foot, Queen's College, Belfast; John V. G. Tighe, Catholic University School of Medicine; and Clara I. Williams, B.A., Royal College of Surgeons.

Notices to Correspondents, Short Letters, &c.

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

DR. F. H. WIGGIN (New York).—Your paper, with woodcuts, came to hand, and was duly acknowledged in this column some weeks back. Its length has precluded its insertion so far, on account of great pressure on our space. We hope, however, to find room for it during the present month. A note has been made of your request about the illustrations.

DR. JAMES OLIVER.—Next week, if possible.

THE ORIGIN OF SCOLIOSIS.

SCOLIOSIS was not known to the Greeks, because they lived out of doors and were not cramped with tight clothes. It first appeared about the sixteenth century and was brought about by the tight dressing of the French.

MR. H. P.—We quite appreciate the object of your inquiry, but we cannot reply in these columns for obvious reasons. If the restriction has been imposed as a necessity by your medical attendant, he should be asked for instructions as to "ways and means."

BICYCLING—A SUGGESTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have a happy thought about a bicycle which I take the liberty of communicating to you in the hope that it may so reach the public and manufacturers. The ugliest thing about a bicycle is the cross-handle for steering. It is also the most objectionable part for the rider, for it makes him lean forward with both arms stretched out, until he looks, for all the world, like a leap-frog about to jump, and this attitude is much to the detriment of a good sitting figure. But all this ugliness and injury may be got rid of. Only change the shape, size, and position of the steering lever, make it half the length and to project one way only, inwards, like the tiller of a barge. Then the rider, instead of being compelled to stoop over, will be forced to sit up and back, with the handle in front of him to be worked by either one or two hands, to the right or to the left. This would be but a small, merely mechanical alteration, but its effects would be important in more ways than one.

I am, Sir, yours, &c.,
JAMES E. HUXLEY, M.D.

Maidstone, June 1st, 1896.

DR. J. O. CONOR (Buenos Ayres).—Your paper on "The Treatment of Traumatic Lesions of Knee-joint," to hand.

DR. MCCAMBERG (Germantown).—Certainly, with pleasure.

A MEDICAL EXAMINATION.

PROFESSOR: What are the causes of death in typhoid fever?

Student: (1) Perforation of the intestinal ulcers and consecutive peritonitis; (2) Cardiac paralysis produced by toxins and typhoid bacilli; (3) By the physician's overdoing. This last cause is in the present age the most frequent agent in producing death by the medical nihilists—the wise men of the end of the century who are unhappily so numerous.

Professor: What is your prescription for this defect?

Student: One grain doses of common sense mixed with one of medical discretion the whole to be taken immediately before each visit.—H. B. in *El Siglo Medico*.

PUELLID.—It is apparently more difficult than really so. A very simple piece of school arithmetic will convince you of this and enable you to understand the figures with ease. Taking one grain as equal to .0648 grams you will quickly arrive at the equivalent of five grains or twenty by simple multiplication.

DR. RMD (Stafford).—We hope to have space for your paper in our next.

DR. SIMPSON (Tunbridge Wells).—The cases are marked for early insertion.

NOTABLE FORGETS.

THE following cases of foreign bodies left in the abdomen after laparotomy are cited in the last number of our Spanish contemporary, *El Siglo Medico*:—Sir Spencer Wells twice forgot forceps in the abdomen; Pillaite, a compress; Terrillon, a forceps; Quenu, a compress; Michaut, a roll of iodoform gauze; Severano, two binders of 1.30 metres long. The utmost care of instruments should be taken during a laparotomy, for, as Pozzi says, a pair of forceps may slip into a basin or be carried off attached to the tumour or to a sponge without being perceived, and lead to the opposite error. H. C. Coe, on two occasions, re-opened the belly to search for a sponge that had fallen into a pail.

MISS TESTER.—Undoubtedly, in the opinion of some authorities washing the face with hot water is ruinous to a naturally healthy complexion. The hot water, especially when used with unduly alkaline soap, removes a large amount of the natural fat of the skin, leaving it with a roughened surface which is liable to excoriate or "chop." The Frenchwoman prefers to smear off the grime with the corner of her handkerchief steeped in glycerine.

Meetings of the Societies.

WEDNESDAY, JUNE 3RD.

OBSTETRICAL SOCIETY OF LONDON.—8 p.m. Specimens will be shown. Papers:—Mr. A. Doran: Cases of Fibroma of the Ovary and Ovarian Ligament Removed by Operation, with a Series of After-histories of Cases reported in the "Transactions" since 1879. Dr. J. Phillips: Anterior Colpotomy. Mr. T. H. Morse: A Case of Impacted Ovarian Dermoid Cyst Removed during the Ninth Month of Pregnancy.

FRIDAY, JUNE 5TH.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY (West London Hospital, W.).—8.30 p.m. Clinical Evening. Dr. Clemow: Rodent Ulcer Excised and Grafted. Mr. S. Edwards: Curious Anal Affection. Dr. Abraham and Dr. Dockrell: Skin Affections. And other Cases by Dr. Chapman, Mr. Keetley, Mr. Bidwell, and Mr. Eccles.

Vacancies.

Birkenhead Borough Hospital.—Junior House Surgeon. Salary £20 per annum, with board and lodging. A further sum of from £20 to £25 per annum is usually obtained in fees. Particulars of the Chairman.

Brentford Union.—Medical Superintendent of Infirmary and Medical Officer of Workhouse and Schools. Salary £350 per annum, with furnished residence in the Infirmary, rations, washing, &c., or £300 with furnished residence, washing, &c., but without rations. Also an Assistant Medical Officer. Salary £100 per annum. Full particulars of the Clerk to the Guardians, Union Offices, Isleworth, W.

Cancer Hospital, Fulham.—House Surgeon. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary.

Parish of Creich (Sutherland).—Medical Officer. Salary £45 per annum with customary fees and allowances. Applications to David Ross, Inspector of Poor, Bonar Bridge, Sutherland, N.B.

Stamford Hill and Clapton Dispensary.—Junior Resident Medical Officer. Salary commencing at £50 per annum, with board and lodging. Immediate applications to the Senior Resident Medical Officer.

Appointments.

BLANDFORD, J. J. G., L.R.C.P. Lond., M.R.C.S., Fifth Assistant Medical Officer to the London County Lunatic Asylum at Banstead.

BOSTOCK, R. H. F., L.R.C.P., L.E.C.S. Ed., L.F.P.S. Glasg., Medical Officer for the Norton Sanitary District of the Malton Union.

BURGES, E. E., M.D., M.Ch. Irel., Medical Officer for Hoole.

BURNETT, L. B., L.E.C.P. Lond., M.R.C.S., Assistant House Surgeon to the Leicester Infirmary.

ORAWFORD, RAYMOND, M.A., M.D. Oxon., M.B.C.P., Physician to Out-patients, Victoria Hospital for Sick Children, Chelsea.

FENN, A. C., L.S.A., Assistant Medical Officer at the Fever Hospital, Dover.

FINDLAY, W., M.B., C.M. (Aberd.), Medical Officer to the Aberdeen General Dispensary.

FLORY, CYRIL H., M.R.C.S., L.R.C.P., House Physician to the Royal Hospital, Sheffield.

HALLAM, H., M.R.C.S., L.R.C.P., Junior Assistant House Physician to the Royal Hospital, Sheffield.

HOGG, F. S. D., L.E.C.P. Lond., M.R.C.S., Medical Officer for the Bradwell Sanitary District of the Maldon Union.

KAY, J. G., M.B., M.S. Edin., Medical Officer for the Tintern Sanitary District of the Chepstow Union, also for the Trellick Sanitary District of the Monmouth Union.

KER, CLAUDE B., M.B., C.M. Edin., Medical Superintendent of the Edinburgh City Hospital for Infectious Diseases.

LIDDON, RICHARD, M.R.C.S. Eng., Medical Officer of Health to the Urban and Port Sanitary Authorities, Deal.

MORRISON, A. T., M.B., B.Ch. Irel., District Medical Officer to the Aylesbury Union.

PHILLIPS, L. C. P., M.B., B.C. Camb., L.R.C.P. Lond., M.R.C.S., House Physician to the Royal Free Hospital, London.

POLLARD, GBO. W., M.B., Edin., Senior House Surgeon to the Children's Hospital, Myrtle Street, Liverpool.

RAWLINGS, J. D., M.B. Lond., L.R.C.P., M.R.C.S., House Physician to the General Lying-in Hospital, Lambeth.

SANDALL, T., B.A., M.B., B.C. Cantab., M.R.C.S. Eng., Medical Officer of Health by the Alford Urban District Council.

Births.

EMPSON.—May 26th, at Milborne Port, Somerset, the wife of John Empson, L.R.C.P.I., L.E.C.S.I., L.M., of a son.

LUND.—May 29th, at Sandywood, Pendleton, Manchester, the wife of Herbert Lund, F.R.C.S., of a son.

SPEECHLY.—May 21st, at Parkgate, Cheshire, the wife of H. M. Speechly, M.R.C.S., L.R.C.P. Lond., of a daughter.

Marriages.

FRASER—PHIBBS.—On May 26th, at Highbury Congregational Church, Clifton, Andrew Mearns Fraser, M.B., of Portsmouth, to Alfreda Mary, daughter of E. W. Phibbs, Clifton.

READ—HUDSON.—On May 22nd, at All Souls', Laugham Place, London, W., Henry G. Read, M.B.C.S., L.R.C.P., L.S.A., L.D.S. Eng., of 1 Portland Place, London, W., to Mrs. S. T. Hudson, of Barling House, near Southend, Essex.

Deaths.

HARKNESS.—May 22nd, at his residence, Fairlight House, Hampton Hill, Alex. Harkness, L.R.C.P. & S. Edin., aged 45.

HORTON.—May 26th, at Bromley, Kent, the residence of his son-in-law, James Horton, M.B.C.S. Lond., of Stepney, aged 74.

FRAGNEY.—May 22nd, at Ballyconnell, co. Cavan, Allan Thomas Peachey, M.B.C.S., aged 39.

WEBB.—May 20th, at Rock Bank, Tunbridge Wells, Ed. L. Webb, M.B.C.P. Ed., M.R.C.S. Eng., L.S.A., aged 71.

NOTICE.—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. OXII.

WEDNESDAY, JUNE 10, 1896.

No. 24.

Original Communications.

CANCER OF THE BREAST. (a)

By WILLIAM THOMSON, F.R.C.S.I.,

President of the Royal College of Surgeons in Ireland; Surgeon to the Richmond Hospital, Dublin, &c.

We have become so much accustomed to discussions on the advanced surgery of to-day that I feel almost bound to apologise for asking your attention for a short time to the apparently common-place subject of cancer of the breast. It is a little difficult to avoid the fascinations of enterectomy, or some of the other operations upon the abdomen or its contents; or those even bolder procedures in brain exploration which are sometimes so successful and satisfying to the operator. But these are not of the ordinary every-day work of the surgeon. On the other hand, the breast and its tumours are the subject of constant experience either for diagnosis or operation. They are the cause of great mental suffering; there is hardly a woman who does not know that troubles in that organ are common, and very many who, at some time or other, believe that they have a "lump," or live in dread that they may get one. Now, a field of surgery like this, although it may be ordinary, is a very important one, especially when we have to deal with any form of malignant disease, with all its known persistence and resistance to treatment. That being so, I think the surgeon may pause and ask himself whether, in the general advance of operative work, this most common and terrible plague of cancer of the breast has received the close attention that it deserves; whether it is one of the few things which have baffled his enterprise, and remain pretty much where they were.

I remember that, some years ago, the late Mr. Rawdon MacNamara read a paper on this subject before the Surgical Society, and that he gave the gloomiest view of the results of operation. He was speaking as a professed unbeliever in the principles or powers of antiseptic and aseptic surgery, and of the promise which it held out to us as to safety of severer methods of operation. But at the time he was right in his contention, that operation was practically a hopeless proceeding, and that at the best—which might be doubted—there was only the prospect of a slightly prolonged life, and the chance that a recurrence would not take place locally. Well, we have advanced somewhat upon that view of the situation. If it were true, I think we should find very few cases upon which operation would be at all justifiable, and we should be forced to leave the unhappy patient to the poor solace of anodynes to smooth her way to the grave. Not only that, but we should perforce abandon all operations for cancerous disease of whatever form. The fact remains, however, that we have not done so: nor is there the least likelihood of such an attitude being taken. We operate upon cancer of the lip, of the rectum, of the tongue; and we do so, not with the purpose of giving a temporary relief only, but with the distinct impression in our mind that the disease may not recur at all, and that the patient may be cured.

(a) Read in the Section of Surgery, Royal Academy of Medicine, 1896.

Why, then, should we shut out from ourselves the view that cancer of the breast may be cured? I believe that it can be; I have, myself, had two patients in whom there was no sign of any return six and seven years after operation. They were both cases of undoubted scirrhus, verified by microscopic examination. One I saw six years ago, and she may be alive yet. The second I have seen within the past three months. She is absolutely without a sign or symptom of return of the disease. Two cases are at present living, without any return, and have almost reached Volkmann's limit of safety—three years. Other surgeons can relate the same satisfactory results. Mr. Mitchell Banks and Mr. Watson Cheyne reports 21 and 19 per cent. of cures respectively; and the latter now claims that he has had as much as 57 per cent. under improved methods. Even those who hold strongly that cure is exceedingly problematical admit that it does take place in ten per cent. of the cases, and this admission is enough for my purpose, when I contend that the position of amputation of the breast for cancer is to-day more satisfactory than it has ever been, and that with thoroughness and care, a considerable number of the cases which come before us may be saved.

It used to be the fashion with surgeons to rest content with removal of the breast alone; or to abandon the case altogether if the glands in the axilla were engaged. I remember that when I was beginning to practise, a wise consultant dissuaded me from operating in a case for this cause alone. I saw no reason why the glands should not be removed as well, but the patient adopted his view. Herein lies the first important advance—the thorough removal of the affected glands from the axilla. In my experience there is nothing so likely to deceive one as the condition of this space before operation. It is very deep, and sometimes there is no indication that the disease has yet laid hold upon glands. But a free opening out of it will expose small clusters of the glands, quite sufficiently engaged to perpetuate the disease. They must be all cleared out, with careful patience, until the surgeon is satisfied that only vessels and nerves and undiseased tissues remain behind.

But some surgeons do not rest content with this. Mr. Cheyne, for instance, makes very extensive incisions and removals. He holds that the breast is a much wider spread organ than we have imagined, and that it reaches as far as the sternum, the clavicle, and the origins of the abdominal muscles. But the important point is, that the whole of the lymphatics, as contained in the fascia, over the great pectoral, and the chain which passes along its edge into the axilla should be completely removed; for in these lymph vessels there is lurking disease, even if the glands have not been apparently engaged. I have practised this method for some years, as have my colleagues, and with some encouraging results. When I have found adhesions to the muscle, portions of this have been cut away; and in some cases we have divided the great pectoral freely, in order to follow up any glandular disease which may have extended towards the clavicle.

But we have got a step further. Most surgeons have, I think, regarded the enlargement of the supra-clavicular glands in the posterior inferior triangle of the neck as a well-defined contra-indication. In a

certain number of cases it is no longer so. The space is now opened above, and the whole chain of the lymphatics is pursued up under the clavicle from the axilla, and cleared away. This may sometimes be done quite effectively, but with less chance of ultimate recovery. Where this condition exists, the first glandular line of defence has been overcome, and we have in most cases, I fear, reached the limits of interference. Still the operation is not very formidable, and any additional risk is worth the chance of improvement. Of the further advance—amputation at the shoulder joint, and division of the clavicle—I have no experience, but it seems to me to introduce an enormous risk without any compensating advantages.

I pass from this to refer to another question upon which very much depends—is cancer produced locally, or is it the result of an already existing constitutional state. I believe that in the great bulk of cases, it is at first purely local, although I know that there are many who regard it as the local expression of a diathesis. So far as clinical experience goes, I hold that we have no evidence to show that the patient is already cancerous when the first signs of the new growth appear. If I were convinced of the truth of that contention I should not operate for cancer at all, because I should not have the dimmest hope that I could do more than palliate. I admit that we find this disease occasionally developing in successive generations from an original stock. That is not a mere coincidence. I have no doubt that in some of these cases there is inherited a peculiar constitutional state which may render the individual more liable to the results of prolonged irritation applied to some particular tissue. But admitting all this, we cannot get beyond a suspicion that in a particular case the hope of ultimate recovery may be less than in one in which we have no history of possible taint. We know nothing of the existing condition, whether the bias that may be given towards the development of the disease is a strong or a weak one. We judge that it is certainly not a state of saturation; we know that there is no apparent pathological change. There is no peculiar modification of type by which we can recognise it as we do inherited syphilis or tuberculosis. If there is a taint at all it appears to be passive, not virulent; it has not the power to set its impress upon the whole organism, as does either of the diseases I have just mentioned. Compared then with tuberculosis, which is admittedly constitutional, cancer appears to be less potent in effecting those changes upon the individual, which make it easy for us to identify them. There is unquestionably in these cases a peculiarity of contour and of structure, to which the so-called cancerous diathesis has no correspondence whatever. There is no character that we know of that will indicate to us an existing cancerous tendency. May we not then draw the conclusion that tuberculosis in heredity is able to influence the body more profoundly than cancer?

I think that is a fair conclusion; but let us see where it leads us. The true believer in a cancerous diathesis has no faith in the possibility of cure by the removal of the tumour. Ask him why and he will tell you that the tissues are already poisoned by the disease—not, remember, as the result of infection from the local outbreak, but by an inherited virus. He can point to nothing more tangible than a family history; there is no physical alteration of any kind—apart from the tumour—upon which he can lay his finger and say that that indicates an undoubted cancerous diathesis. Now, observe how illogical he may be. We bring him to a case which, so far as the admitted appearances go, is stamped everywhere with the signs of inherited tuberculosis. A joint has become diseased, but he does not despair; he will excise it or amputate a limb—not to palliate but to cure, and to cure by removing the local affection, although he leaves behind it the inherited tendency which is marked on every feature. I

confess I do not see how these two views can be reconciled.

I have no intention to minimise the gravity of cancer. It is to me the most terrible and unsatisfactory disease which we have to deal with as surgeons; but, thinking as I do, that in its first stages it has only a local virulence, I wish to say so much in encouragement of operation. There is a period during which its progress is slow, depending sometimes upon the degree of natural vascularity, as in the tongue; sometimes upon the acquired increased vascularity which follows the birth of a new growth. The process of general infection is delayed by the lymphatic glands, which I call the first line of defence. The activity of the poison is at first centred in the initial growth, and if we see this early I believe we may remove it with a reasonable hope of success. But no matter whether we are called late or early the important law must always be obeyed—to clear out the axilla with the greatest care.

I should like very much to deal with another important aspect of this subject—the diagnosis of tumours sometimes mistaken for scirrhus. But it would occupy too much time now, and I must postpone it for another occasion.

I have avoided bringing before you long and quite uninteresting details of numerous cases. I have rather tried in a short paper to raise a few points for discussion; to awaken more interest in a disease and its treatment which we have perhaps looked upon with too little hope, and to show that the outlook for it is less dark than it has been. It is beyond doubt that breast scirrhus is, under certain conditions, a curable affection in a fair percentage of cases. At present that percentage is not as high as I think it will become under closer attention to operative methods. We may look, too, for its earlier recognition; but given this, with its co-existing favourable conditions of mobility and slight infection of the axillary glands, I think we may expect still better results than we have yet attained.

LARGE FIBRO-MYOMA OF UTERUS ENUCLEATED AND REMOVED FROM THE LEFT BROAD LIGAMENT BY ABDO- MINAL SECTION—PREGNANCY SUBSEQUENTLY.

By JAMES OLIVER, M.D., F.L.S., F.R.S.E.,
Physician to the Hospital for Women, Soho.

ANNIE G—, *æt.* 26, and married nine years; has had one child, which was born eight years ago. Menstruation, established at the age of twelve, has recurred every three weeks since the birth of the child. It used to last five or six days, but during the last twelve months the discharge has been excessive in amount, and has often persisted for fourteen days.

For two years patient has complained more or less of pain in the lower abdomen. It has generally been worse just before menstruation, but independently of this phenomenon the paroxysmal attacks of pain have sometimes been so severe as to cause the patient "to double" herself up. The pain was first complained of about fourteen days after a fall sustained two years ago, and simultaneously she detected a small lump in the left iliac region, which has increased in size gradually. There is no bladder symptom.

On Sept. 28th, 1892, the patient came under my care, and the following are the physical signs which were then recorded: The abdomen is prominent, especially its left half. It is occupied by a swelling—regular in outline and somewhat globular in shape—which extends from the pubes to the umbilicus. At a spot midway between the pubes and umbilicus the tumour measures 8 inches—6 inches lie to the left and 2 to the

right of the linea alba. It is soft in consistence, but fluctuation cannot be elicited.

Vaginal Examination.—The cervix uteri is in apposition with the right wall of the pelvis, and the os is rather patent. The left half of the pelvis is occupied by a globular mass which is continuous with the abdominal tumour, and the whole is fairly movable. By bimanual examination the body of the uterus, which is slightly enlarged, can be defined to the right of, and in apposition with, the abdomino-pelvic tumour.

I considered the tumour to be a cyst in the left broad ligament, and advised its removal.

Operation.—On opening the abdomen the tumour was found to be a fibro-myoma of the uterus which had grown into the left broad ligament. It was enucleated from its surrounding tissue, and its attachment to the uterus, which formed a pedicle with a diameter of about three inches, after being carefully covered with peritoneum was constricted by the wire of a serrenocnd and fixed in the abdominal wound. By this method of dealing with the stump the uterus was so rotated that the anterior and posterior surfaces looked somewhat laterally. On account of the unusually large size of the stump, granulation proceeded slowly, but the patient was able to walk about ten weeks after the operation.

Menstruation had ceased eleven days before, but it recurred four days after the operation, and on this occasion it persisted for nine days. Since the operation the menstrual discharge has never been excessive, and the duration of the inter-menstrual period has usually been twenty-five days.

Three years after the removal of the tumour this patient conceived, and when four months pregnant she consulted me on account of severe attacks of cramp in the right hip and thigh coming on at night, and from which she had suffered for fourteen days.

The stump in the abdominal cicatrix had become greatly increased in size and projected markedly. It measured six inches transversely and two and three-quarters vertically. The skin immediately covering it was of a purplish hue. Underlying the skin was a large and branching vein coursing from right to left.

The patient is now pregnant six and a half months, and as yet no unusual symptom has been complained of.

TWO CASES OF RHEUMATOID ARTHRITIS TREATED BY THE HOT-AIR METHOD. (a)

By W. KNOWSLEY SIBLEY, M.D. Cantab.,
M.R.C.S. Lond.,

Physician to Out-patients, North-West London Hospital.

THE first, a woman, *æt.* 66, a dressmaker, came under my care at the North-West London Hospital in 1892, having previously been under treatment at another hospital. At this time she had considerable enlargement of all the fingers of both hands; these were quite fixed, and very painful. The movements of the wrists were also very limited, so also was the right elbow. The knees and shoulders were enlarged and painful. The patient attended for many months, and although a large number of drugs and remedies were tried, she gradually became worse, and had to give up her occupation; then she was unable to dress, and finally unable to feed herself, and was becoming more hopeless every day.

At this time, in August, 1894, one of the Tallerman-Sheffield hot-air cylinders was brought to the hospital, and this new treatment was prescribed. After the

(a) Patients shown and remarks made before the Harveian Society of London, May 21st, 1896.

first application the pain was considerably relieved and the joints showed some improvement. After the fourth application, the patient, who had been unable to follow her business for many months, was again able to use her needle. After the eighth application, with the exception of the right index-finger, all the others could be flexed without much difficulty. On August 24th, after the ninth operation, the patient reported she had resumed her occupation as a dressmaker, and she was able to walk up and down stairs without pain. The patient continued under this treatment till September 13th, having then had twenty baths, when she considered herself practically cured, but as the apparatus was still at the hospital, she had an occasional bath up to the end of October, 1894. From that date to November, 1895, she continued at her work, and with the exception of minor ailments, suffered no inconvenience from her former trouble. At this time she again complained of pain and stiffness in the right hand, so three more baths were prescribed. She again rapidly improved, and from that time to the present, the patient has continued much as she now is, and has not relapsed.

The other case was a tailoress, *æt.* 69. For some years her hands had been painful and the joints enlarged. She first came under my care at the Hospital on April 22nd, 1896. Her knees and ankles were somewhat stiff and painful, but the hands were chiefly affected, all the finger joints were much enlarged, she also suffered from bronchitis and asthma. This patient has now had fifteen baths with the result that her knees and ankles were much less swollen, so also her cough and general nervous condition have greatly improved.

To those unacquainted with the system, I may explain that the treatment consists in placing one limb, usually the most affected one, in a cylinder heated to about 150° and this temperature is gradually increased up to about 240°. The limb is allowed to remain in for about forty minutes. During this time the patient usually perspired freely from the limb, and in fact from the whole body. The temperature taken in the mouth rises one or two degrees and the frequency of the pulse is also increased. About a quarter of an hour after the limb is removed, the temperature returns to what it was before the treatment. The pain in the affected and other parts is greatly relieved, and the patient experiences a considerable feeling of relief generally, especially it is noticed that the bronchitic condition which so often accompanies this affection is also much benefited.

Clinical Records.

CASE OF SYMBLEPHARON CURED BY THE TRANSPLANTATION OF A LARGE PIECE OF SKIN WITHOUT PEDICLE ON TO THE SUR- FACE OF THE EYEBALL ITSELF. (a)

Under the care of DR. C. B. TAYLOR, F.R.C.S.E.,
Hon. Surgeon to the Nottingham and Midland Eye Infirmary.

THE patient, who is forty years of age, was struck in the open eye by a lump of hot slag while engaged in puddling at the Codnor Park Iron Works, and when first seen the lower lid was firmly adherent to the globe, the result of an extensive burn which had destroyed a considerable portion of the ocular and palpebral conjunctiva. Repeated attempts to secure separation of the adherent tissues by the usual conjunctival methods having failed the lid was dissected from the eyeball, a piece of skin excised from the upper lid of the uninjured eye, and transplanted at once on to the surface of the globe, its lower margin being well pulled down between the lid and the eyeball by sutures which emerged on the cheek. The flap

(a) Patient shown before the Ophthalmological Society of Great Britain, May 7th, 1896.

adhered by the first intention; there was not the slightest tendency to sloughing throughout the whole progress of the case; and the result was all that could have been desired. Of course, a graft might have been taken from the upper lid of the injured eye, in which case it would have been possible to have preserved a pedicle or to have transplanted a bridge; but, unfortunately, the upper eyelid of the patient in question was damaged at the same time as the lower, its cartilage cut across, its under surface excoriated and the margin strongly incurved, so that the lashes swept upon the globe, producing the utmost pain and discomfort. This condition was treated by a method, the only one so far as Dr. Bell Taylor's experience goes, by which inveterate cases of entropion—cases which have resisted the usual methods of treatment—may be successfully dealt with, a perpendicular incision is made at each extremity of the affected lid which is everted, the two incisions connected by a deep cut on the inside just within the roots of the lashes, and carried right down through the cartilage to the cuticle, a strip of skin is then taken from the lid, and, retaining a broad pedicle transplanted into the wound thus made. The approximation of the edges of the gap on the surface of the lid everts the lashes, and the transplanted skin effectually prevents any return to their abnormal situation.

Transactions of Societies.

HARVEIAN SOCIETY.

MEETING HELD THURSDAY, MAY 21ST, 1896.

CLINICAL EVENING.

Dr. Gow in the Chair.

CASE OF SO-CALLED VITILIGO.

DR. TRAVERS SMITH showed for Dr. MacEvoy a man, *æt.* 57, whose skin had lately become generally pigmented, the parts most deeply pigmented being the face, the shoulders, and backs of the arms, the external aspect of the legs, a narrow line running over the spine, and a broad belt spreading from over the scapule to the front of the thorax and passing underneath the axillæ, where by contrast the skin appeared quite pale. The darker areas, with the exception of the thin line over the spine, were more or less thickly studded over with circular or oval white patches, varying in size from that of a hemp seed to that of a split pea. On the legs most of these spots were distinctly below the level of the surrounding dark skin, and were anæsthetic. The man complains that the past six months his appetite has been flagging, and that his skin has been irritable. He denies having had syphilis or small-pox, or, indeed, any eruption, but says that he heard that when a child he had the "cow-pox."

Dr. T. D. SAVILL expressed the opinion that this case presented the concluding stage of prurigo, by which he meant a disease attended by severe itching accompanied by small papules and larger erythematous blotches. Such cases were frequently followed by considerable pigmentation around the positions of the original skin lesions, and the diagnosis was in this case supported by the history, and the irritation from which the patient still suffered which were absent in vitiligo. The position across the shoulders and its characters here favoured the idea that the prurigo in this instance had been or nearly initiated by pediculi.

Mr. JACKSON CLARKE, referring to Dr. Travers Smith's case, observed that the lesions in this case were not scars, but due to pigment atrophy as in leucoderma or vitiligo. In several particulars the case differed from average cases of leucoderma. In the first place the lesions were small and tended to run in streaks, then the patient was much older (70) than was usual when the disease began, and again the affection was attended with pruritus, which was not the rule.

THREE CASES OF SYPHILIS IN CHILDREN.

Mr. JACKSON CLARKE showed these. The first patient, a little girl, *æt.* 3, had probably acquired the disease after birth, seeing that the mother was treated for a hard sore when the child was three months old, and that when she first came for treatment at the age of 12 months, she had a general superficial eruption. She had done well on

mercury. The second case was that of a healthy-looking girl, *æt.* 12. Three years ago she had small gummata of the tongue. These ulcerated, and had left scars and a superficial glossitis. There were typical Hutchinsonian teeth. When first seen, the child was almost blind from interstitial keratitis, though at the present time the cornea had a normal appearance and the patient could see well. She had been kept steadily on iodide. The third case was that of a baby, *æt.* 10 months, who had been under treatment for three weeks. When first seen she was extremely asthenic and anæmic, and there were mucous tubercles at the anus. There was no enlargement of liver or spleen. Half a drachm of mercury ointment had been rubbed in over the lower part of the abdomen every night, and the patient had gained greatly in strength.

CASE OF CRETINISM.

Mr. HUBERT C. PHILLIPS showed a girl, *æt.* 25, suffering from cretinism. Patient was in good health until she was six, when she moved from Kent to London. Typical case—weight and measurements have much diminished since commencement of treatment by thyroid tabloids (Oppenheimer), of which she is now taking *gr.* 15 per diem. Coarseness of skin and hair much less marked, and strength increased. Intellect fairly developed, only objectionable symptom during treatment being cephalalgia. Patient is three feet, ten inches, in height.

CASE OF PSYCHROÆSTHESIA.

Dr. LEONARD GUTHRIE showed a bricklayer, *æt.* 52, suffering from "Psychroæsthesia" (Silvio's). The symptoms were of four years' duration, and dated from the occurrence of loose cartilages in the right knee. They consisted chiefly of constant subjective sensations of extreme and painful cold affecting the whole of the right lower extremity at first, but more recently involving the right arm and left leg to a less extent. The right thigh and leg were somewhat wasted. There was no local heaviness or anæsthesia in the course of the nerves. The electrical reactions were normal, but he showed a remarkable tolerance of strong Faradic currents. Tactile sensations were perfect, and also appreciation of heat and cold. The application of heat relieved, whilst that of cold intensified the symptoms. There was no actual loss of temperature in the limb, and no œdema. The knee-jerks were normal; muscular sense was perfect. He regarded the case as possibly one of early syringo-myelia.

Dr. SAVILL thought the case was one of extreme interest, and that its features had been most lucidly brought before the society. He agreed with the diagnosis of syringo-myelia. Although the symptoms of this disease usually began in the arms, he had seen a case which had started and predominated at this one had done, in the lower extremities. The patient was a female, *æt.* 29, who was admitted under his care into the Paddington Infirmary for paraplegia. The symptoms had started with numbness and weakness of the feet, followed later on by numbness and weakness of the hands. The paresis always predominated in the legs, though the patient could walk a few steps on admission. A few weeks after admission she suddenly fell back and died. At the autopsy the central canal of the spinal cord was found to be dilated from end to end, and surrounded in the upper half by a small-celled gliomatous new growth, which by its extension into the medulla had produced sudden death.

Dr. CAGNEY congratulated Dr. Guthrie on the very admirable summary of clinical facts he had given the Society. The inference which Dr. Guthrie based upon these facts, *viz.*, the diagnosis of early syringo-myelia was, after all, but matter for speculation, since the early symptoms of that disease, he submitted, had not been adequately observed. It was equally true that the interesting case before the Society did not closely conform to any clinical type at present recognised in the text-books but was doubtless one of a very large class with which riper experience would make us familiar. He [was not, himself, disposed to assign a special cause to the symptoms. He pointed out that the wasting paralysis was approximately hemiplegic in character. Extensive, albeit unusual, sensory changes was a combination suggestive of cerebral disturbance. He did not suppose that in such a case any change would be found post-mortem.

Dr. GUTHRIE replied and also showed a case of

HEMI-ANÆSTHESIA AND HEMI-ANALGESIA WITH PARALYSIS OF LEFT SIDE OF SOFT PALATE, THOUGH NOT OF THE STERNO-MASTOID OR TRAPEZIUS:

The symptoms were regarded as functional, but perhaps as forerunners of disseminated sclerosis, as there was double nystagmus with limitation of fields of vision.

TWO CASES OF CHRONIC RHEUMATOID ARTHRITIS TREATED BY THE HOT-AIR METHOD.

These cases, exhibited by Dr. K. SIBLEY, will be found in another column.

ROYAL ACADEMY OF MEDICINE IN IRELAND: SECTION OF PATHOLOGY.

MEETING HELD FRIDAY, APRIL 24TH, 1896.

The President, Dr. CONOLLY NORMAN, in the Chair.

EXHIBITS.

Dr. A. R. PARSONS exhibited specimens of lesions of the gastro-intestinal tract—(a) Extensive ulcer of stomach; (b) perforating ulcer of duodenum; (c) malignant stricture of pylorus; (d) fibrous stricture of pylorus (gastro-enterostomy by Murphy's button).

Mr. BENSON read a paper on "Intra-ocular Sarcoma."

Mr. WHEELER exhibited a specimen of "Malignant Tumour and Abnormal Condition of Kidneys," removed from a male patient in the City of Dublin Hospital, which extended from the sacro-coccygeal articulation to about the second lumbar vertebra. It could be felt occupying the right and left iliac regions, and could be felt by rectal examination, about four inches from the anus. The patient had lost weight and was of sallow complexion. The tumour was firmly adherent to the sacrum, and when torn away the bone was bared and roughened. The growth was hard and nodular; the enlarged glands were hard but small; superiorly the aorta and inferior vena cava were surrounded by, and almost disappearing in, the tumour. The small intestines and cæcum were distended with air; in the ascending transverse and descending colon could be felt small masses of hardened faeces. The sigmoid flexure was pushed over to the right side of the middle line. The upper part of the rectum was involved and surrounded by the growth, and from the posterior part of the mucous membrane the growth appears to have had its origin. The posterior wall of the bladder was adherent to the tumour; the left ureter was dilated, embedded in, and nipped by the tumour; the right ureter was normal; the left kidney was a dilated cyst; the kidneys presented the horse-shoe variation; the stomach, spleen, and liver were healthy.

Dr. McWENEY had received part of the tumour for microscopical examination. It was a carcinoma, but could not exactly be called either scirrhus or encephaloid. It had not sufficient fibrous tissue in proportion to the glandular tissue to be called scirrhus. The shape of the cells was not readily determinable, as the specimen was not in good condition. With reference to the horse-shoe kidney, he wished to know whether both kidneys were displaced downwards, and over what vertebrae the connecting band between them passed, and the relation of the ureters?

Mr. WHEELER, replying, said that the ureters were exactly in the normal condition. The kidneys were a little lower down than usual, and the connecting band passed over the second lumbar vertebra.

Dr. McWENEY read a paper on "Pyelitis Calculosa, with Ulceration of the Stomach."

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY.

MEETING HELD WEDNESDAY, MAY 20TH.

The President, Dr. HENRY LEWIS in the Chair.

Dr. HALDANE read a paper on the CLIMATE AND MINERAL SPRINGS OF BRIDGE OF ALLAN.

He pointed out that the mildness and freshness of the climate, due to the situation of the town on a gentle slope facing south, surrounded behind and at sides by hills, make it a suitable Scottish winter resort for many invalids, while

the waters act as a mild and safe aperient, diuretic, and deobstruent, and are used with success in chronic constipation, and liver and glandular affections, the treatment and baths being carried on equally well in summer or winter. The baths are found useful in some cases of chronic skin diseases and rheumatism. The "Nauheim treatment" of cardiac affections is now being tested at Bridge of Allan.

Dr. MYRTLE (Harrogate) considered Bridge of Allan more suitable for cases of bronchial irritation and phthisis than any other part of Scotland.

Dr. MOXON (Matlock) and Dr. GILBERT (Tunbridge Wells) considered the change of climate and mode of life had more to do with the benefit received by patients at Bridge of Allan than the waters.

Dr. TYSON (Folkestone) said they would do a great amount of good by placing their own health resorts in the proper position they deserved, and they did not wish to push the claims of their own health resorts to the exclusion of foreign spas.

Dr. HYDE (Buxton) then moved the following resolution: "This meeting is of opinion that increased travelling facilities in the shape of specially reduced fares, through communication, and quicker and more frequent train services in connection with British Health Resorts are desirable, not only in the interests of such resorts, but also in those of the visitors, and particularly invalids, who have to resort to the spas and watering-places in search of health, and the meeting further resolves that the Council be requested to appoint a committee to consider the subject with the view to influencing the various railway authorities, and taking such other steps as may be deemed desirable." He showed the disadvantages under which our home resorts labour on account of the cheaper travelling facilities granted to visitors to continental resorts, giving numerous illustrations. He said health resorts were not ordinary towns, that the traffic was essentially a holiday traffic, and that the fares should be reduced, and other concessions and alterations made as to the length of stay, &c.

Dr. SNOW (Bournemouth) warmly seconded the resolution and said the railway companies should be approached in the most friendly way, and he thought it would be better to do this through the Councils of the different towns.

Dr. MYRTLE (Harrogate) said on many lines, hunters, golfers and curlers could travel for reduced fares, and visitors to health resorts ought to be treated similarly. He pleaded for a better sanitary accommodation in all trains.

Dr. CUFFE (Woodhall Spa) said at Woodhall Spa they had approached the railway company some years previously with the greatest success as regards reduced fares, extended time of stay, and through carriages.

Dr. LEONARD WILLIAMS (Sidmouth) thought a Committee should be appointed, but should only exercise its influence on application from the various health resorts.

Dr. HYDE, replying, agreed that they could not do much on account of the commercial aspects, but he thought concentrated influence would be more powerful and efficient than that of individuals.

The resolution was carried unanimously.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, June 6th, 1896.

POST-PARTUM HÆMORRHAGE.

PROF. TARNIER described before the Obstetrical Society the treatment to be followed in case of hæmorrhage after delivery. In the first instance, it was necessary to distinguish the origin of the hæmorrhage, whether from the os, the vagina, or the vulva, or from the body of the uterus. In the former case, it was generally due to the rupture of some small arteries, which bled slowly, but continuously. A minute examination in a good light was necessary to discover the source of the bleeding. If instruments were at hand, an artery forceps should be applied, or a suture

made, but frequently outside an hospital such treatment was not possible, and then plugging should be tried.

In hæmorrhage from the body of the uterus, ergot used to be constantly given at the close of the confinement as a prophylactic remedy, but to-day that drug is considered dangerous, and is consequently abandoned, warm water injections taking its place. As a curative treatment, contraction of the uterus should be provoked, and he knew of no better means than that of emptying immediately the organ of its contents by the hand or the curette, and then employing subcutaneous injections of ergotina. The consecutive treatment consisted in the administration of hot drinks and alcohol, in the ligature of the limbs, so as to send back the blood to the heart and finally, if necessary, injecting artificial serum into the veins.

METHOD OF DISINFECTING THE BLOOD IN SERIOUS INFECTIOUS DISEASES.

AN important contribution on this subject has just been made by Dr. Henri Barré. The process to which Dr. Barré has given the name "disintoxication of the blood" is derived from *simultaneous* employment of two therapeutic means already made use of in medicine; the one very ancient, bleeding; the other very modern, the intravenous injection of artificial serum.

The aim of this treatment is to combat the phenomena of general intoxication which manifest themselves in the course of or towards the end of many diseases, and which in themselves put in peril the life of the patient. Before this treatment is begun there ought, of course, to be brought to bear the ordinary methods at the disposition of the physician: purgatives, diuretics, stimulants, sedatives, &c., and it is not until the insufficiency of these is evident that as a last resort recourse is to be had to "disintoxication of the blood."

This is most often indicated in the following maladies: uræmia, eclampsia, diphtheria (when Roux's serum does not suffice), infectious pneumonia, capillary bronchitis, malignant icterus, general acute peritonitis, cerebro-spinal meningitis, typhoid fever, measles, small-pox, scarlet fever, puerperal fever, cerebral complications of rheumatism and gout, poisoning by alkaloids, extensive burns of the skin, &c.; in short, in all cases in which there may be expected danger as much or more from general intoxication as from actual lesions of the organs themselves.

In all these diseases there is to be noted a considerable diminution, if not a complete cessation, of the urinary function, and the disintoxication of the blood has for its immediate purpose—(1) to eliminate artificially a certain quantity of toxins; (2) to help to achieve complete elimination by re-establishing the secretion of urine.

The instruments necessary consist essentially of two indiarubber tubes, terminating at their extremities by a needle of a diameter a little greater than that of a Pravaz syringe. The longer of these tubes (about 1½ in.) conducts into the veins of the arm the artificial serum from a graduated vessel placed at a position more or less elevated in accordance with the degree of force with which the flow of liquid into the venous system is required. The second tube (1 metre), of which the needle is inserted in a vein of the other arm, has its free end in a graduated vessel, and thus serves to extract blood.

The flow of the two liquids by this arrangement can be so regulated that no more serum enters than blood flows out, and thus the circulatory system, being always equally full, arterial tension need not be diminished, as it is as a consequence of ordinary bleeding.

The quantity of serum introduced and the quantity of diluted blood withdrawn may vary between 500 grammes and one litre for an adult in accordance with the degree of intoxication.

As will be seen, this method of disintoxication of the blood differs materially from another method which has been styled "washing the blood," and which has been for some time applied by preference in cases of surgical infection. The difference consists mainly in the contemporaneity of the injection and bleeding. This prevents any severe interference with the circulatory system, and allows, if death from intoxication seem imminent, the withdrawal of the greatest quantity of blood, and consequently disintoxication with the least danger to the patient.

The exchange of liquids is made very quickly (in 30 to 50 minutes), so that no sharp reaction ensues; grave symptoms insensibly diminish, gradually disappear, and are followed soon by refreshing sleep. On waking, the patient desires to pass water. Sometimes sweating accompanies the re-establishment of urination as in natural crises.

In the three cases (two of uræmia, one of infectious pneumonia) in which Dr. Barré has applied his method, cases in which everything had proved useless and in which death appeared imminent, he obtained improvement as rapid as that just described. Not only did the most serious symptoms cease but at the end of the urinary crisis they did not reappear and the patient progressed steadily towards cure.

Dr. Barré expounds the following theory to explain the phenomena of the cure.

1. There is elimination of the excess of toxins, which constitute the immediate danger.
2. The good effects continue because the bulk of blood is not diminished in volume in the system and does not need reforming at the expense of the fluids of the economy, and the arterial pressure not being diminished no obstacle to diuresis is created.
3. Not only are toxins eliminated which appear to have an inhibitory action on the urinary action, but the toxins which remain become diluted and less powerful for evil.
4. As recent researches have proved, the alkaline salts have a favourable action on the bactericide powers of the blood, and the method thus provides the economy with a new means of fighting successfully against the microbes.

Dr. Barré believes the method will be found of enormous advantage in veterinary as well as human pathology.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, June 3rd

THE JENNER CELEBRATION IN BERLIN.

THE Jenner celebration passed off with great *éclat*. The city of Berlin lent for the occasion the Festsaal of the city Rathhaus, and decorated it suitably to the occasion. About 300 medical men took part in the commemoration, amongst them Dr. Boese, the Cultus Minister, the Rector of the University, the Surgeon-General of the Army, with a number of the higher officials and several members of the Reichs-Gesundheitsamt. The Medical Faculty were nearly all present, and there were also deputations from nearly all the medical societies of the city. I have no intention of

reporting the proceedings. I should probably not have mentioned the celebration further but for one statement by Prof. Virchow, who opened the proceedings in the name of the Committee of Honour. He said we lived in an era of reverence for the great benefactors of mankind. Of the number of these, as regarded the number of human beings saved, Jenner stood at the head. As an ethnologist he was impelled to mention an ethnological fact in the history of protective vaccination: "All the peoples that had not been reached by vaccination, or that had not accepted it had disappeared from the face of the earth destroyed by the small-pox."

I must just permit myself one more statement. In the address of Prof. Gerhardt appears the following, bearing on the thorough protection of German soldiers and the very imperfect protection of another foreign army:—"The war of 1870 and 1871 furnished the most brilliant proof of the protective power of vaccination. Of the one and a half millions of men composing the German Army only 459 died of small-pox, whilst in the French Army, vaccinated imperfectly or not at all, 23,400 men died of the epidemic of small-pox then raging."

LUMBAR PUNCTURE.

In the papers, and at the Congress for Medicine this subject has been recently discussed. Dr. Hermann Ricken devotes an article to it in the *Arch. f. Klin. Med.*, and gives the history of 33 cases on whom it had been carried out. The quantity of fluid evacuated varied from 3 to 63 ccm. Very often nothing followed the puncture, and sometimes sharp pain followed the withdrawal of the needle. The needle had to be withdrawn at once when the rapidly sinking pressure caused headache. The operation was of interest both from a diagnostic and a therapeutic point of view. The normal pressure within the dural sac had been estimated at from 40 to 60 mm., a pressure of 150 mm. was, therefore, pathological. He thought himself justified in stating that moderately increased pressure with grave symptoms pointed to acute disease, whilst high pressure with moderate symptoms pointed to an affection that was chronic.

As regarded the therapeutic standpoint, the essential action was the unburdening of the cerebro-spinal cavity from abnormal pressure. Resorption was also furthered by it. Of 7 cases of meningitis benigna 5 either recovered or improved. No good effects followed in tuberculous and chronic serous meningitis. Of 5 cases of cerebral tumour 1 showed slight improvement.

At the Congress for Innere Medizin, Hr. Lenhartz of Ham-burgh, had of late come to the conviction that the operation was of extraordinary diagnostic and therapeutic value. He had punctured in 126 cases, and had made accurate pressure measurements in all but 20. Pressure of 400 to 600 mm. were often met with, and the quantity of fluid evacuated was astounding. No injury had ever been observed from the puncture. He had confirmed the statement of Quinke that a proportion of albumen of 1/4 per cent. indicated inflammatory disturbance. He thought puncture would be useful in acute and chronic serous meningitis, in chronic hydrocephalus, and in many middle forms of acute serous and epidemic cerebro-spinal meningitis he had seen good results. He had also met with good results in many bad forms of chlorosis, with cerebral conditions, and in acute cedema of the brain following injury.

Hr. Krönig (Berlin) had found tubercle bacilli in the fluid in four cases out of a total of five cases of tuber-

culous meningitis. In a girl with chlorosis, who suffered much from headaches, this symptom disappeared after puncture, and had not returned fourteen days after.

Hr. Goldscheider, Berlin, had gained his experience of the operation in the Moabit Hospital. He saw some alleviation in two cases of tumour, but observed no good effect in tuberculous meningitis. In desperate cases of cerebral tumour the coma might be diminished. He had also punctured several times in uræmia, and had several times found a large quantity of fluid, but, also, several times only a little.

At the Society for Innere Medizin, Hr. H. Kohn again brought up the subject. A young man was admitted into hospital suffering from headache and some fever. As pieces of tapeworm were passed, he was treated for it, and the worm was expelled. But the headache got no better, nor did the other symptoms. A provisional diagnosis of tuberculous meningitis was arrived at, although neither the eyes nor the ears gave any evidence of it. Lumbar puncture was made twice, and both times numerous tubercle bacilli were found. The diagnosis was then confirmed, although the puncture had no good effect whatever on the disease, and death took place in a short time. At the autopsy, extensive military tuberculosis was found, that had given rise to no symptoms.

Hr. Fraenkel said that the diagnosis of tuberculous meningitis was often difficult, and for such lumbar puncture was of great service. In examining the fluid, care should be taken to get a sediment and examine that carefully. The invasion was interesting on account of the locality and on account of the implication of the thoracic duct, on which Ponfick was the first to report. The procedure was generally so that the near glands were the first attacked, then the process spread to the walls of the duct, then passed through them, and then spread more widely. According to Weigert, this mode of progress was rare, the disease more frequently spread through the blood-vessels.

Hr. Stadelmann confirmed the diagnostic value of the operation. In a case associated with pneumonia a remittent fever came suddenly on and head symptoms. There was no episthotosis or slowing of the pulse or headache. The suspicion of meningitis led them to lumbar puncture. The pressure was not great, and the fluid contained only Fraenkel's pneumococci. Without the aid of puncture it would have been difficult to arrive at a diagnosis.

Hr. Fürbringer had in the same way been able to make a diagnosis that otherwise could not have been made, and which was afterwards confirmed at the autopsy.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, June 5th, 1896.

MYRINGITIS.

POLITZER's paper on this subject resolved itself into a history of "Otiatria," with which he has been identified during the last thirty-five years. His first pathological researches and publications were rehearsed and explained.

The tympanum in the normal condition was composed of three layers, viz., the middle or substantia propria, which was the principal framework of the organ. The outer surface was covered by cutis, the inner surface by mucous membrane, in common with the internal covering of the middle ear.

The primary diseases of the tympanum, *per se*, are very

rare. The most frequent are derived from neighbouring structures such as the cutis externally, and the mucous membrane of tympanum internally. Acute inflammation of the external ear is marked by a broken scurfy denudation of the cuticular surface. Exudation of a serous or hæmorrhagic character [with vesicles points to an influenza myringitis. This usually runs a favourable course, and terminates with perfect restoration of function. Similar symptoms are to be met with in otitis media, when the catarrhal effects have stretched beyond the tympanum. The differential diagnosis depends on the power of hearing, as in simple isolated myringitis this function is no way affected.

Chronic myringitis, pure and simple, is also a rare phenomenon, and is commonly diagnosed by the dirty, oily, irregular surface due to the thickening of the membrane. When this form assumes the granulation appearance the affection has become grave.

Traumatic ruptures are recognised by a tear in the membrane, with flapping edges, red and bleeding, with ecchymosis on other parts of the surface. In catheterizing the Eustachian tube the air rushes through with a soft blast, while in the pathological rupture, the opening being small causes the air to assume a higher pitch in sound, being under greater pressure.

The results in the traumatic form are usually favourable, while the labyrinth is preserved by the very accident.

Secondary catarrhal processes occur with or without perforation of the tympanum, while the phenomena met with are so varied that no uniform picture of diagnosis can be drawn, owing no doubt to the implication of the middle ear in the morbid changes. There is one important symptom which he claimed should not be forgotten in the diagnosis, viz., the evidence of the retention of fluid by the presence of a line on the membrane marking the highest level of the pent-up fluid. In cases where the fluid has covered the whole of the tympanum the membrane will have a yellow appearance easily recognised from the normal condition. The fluid may drain off naturally by the nose, but when this does not occur more heroic treatment must be resorted to by paracentesis of the membrane and the more viscid fluid abstracted. In connection with these secondary changes that occur that of the calcareous degeneration is of considerable importance. It is usually recognised by the abnormal transparency of the tympanum, its vaulting with slight folds on the membrane making a short perspective of the handle of the hammer.

Affections of the tympanum arising from otitis media acuta are usually of a catarrhal nature, and induce myringitis acuta with the swelling and vesicular appearance described above with a vanishing arrangement of the manubrium. This form can also go on to recovery without perforation, but in some cases the perforation is so small that it may be overlooked in the examination, which may be suspected from an undue amount of secretion found in the external ear. Pulsation is an important diagnostic sign, as it points to a drying-up of the secretion. An abscess which usually develops after influenza, can easily be recognised by the nipple-like appearance on the tympanic area. Perforation is not always successful in these cases as a fresh accumulation may take place and necessitate a repetition of operations. It not infrequently happens that operation aggravates the condition, which ultimately leads to destruction of the entire tympanum, especially so in cases of diphtheria and scarlatina.

Chronic affections of the middle ear are equally destructive in their results on the tympanum, where several perforations may be met with [particularly in tuberculous cases.

Other forms of morbid changes affecting the tympanum were septums in the Eustachian tube; perforations of the upper part of the processus brevis or membrana Schrapnelli, [which testify to the presence of pus in the outer atticus. These do not affect the power of hearing but are stubborn under treatment, necessitating the removal of the manubrium when there is danger of the base of brain becoming involved.

Cholesteoma were easily recognised when the morbid mass lay near the perforation, but when concealed in the upper vault of the middle ear the diagnosis was difficult.

GENERAL MEDICAL COUNCIL OF EDUCATION AND REGISTRATION.

SUMMER SESSION, 1896.

FIRST DAY.—TUESDAY, JUNE 2ND.

SIR RICHARD QUAIN'S term of office as President having expired, Sir Dyce Duckworth was temporarily voted to the chair. Thereupon Sir William Roberts was introduced as a Member of Council *vice* Dr. Wilks; Dr. W. Thomson as the new Direct Representative for Ireland, and Dr. C. R. C. Tichborne *vice* Dr. C. Moore.

The next step was to re-elect Sir Richard Quain as President until the expiration of the term for which he was appointed a Member of Council by the Crown. The motion to this effect was carried by acclamation.

PRESIDENTIAL ADDRESS.

Having resumed the chair, the PRESIDENT delivered his Inaugural Address. After some interesting allusions to the history of the post which he himself had graced during the last five years, he directed attention to the delicate and responsible nature of the duties which the Council was called upon to discharge, insisting on the advantage of acting by "moral assuasion." He congratulated the Council—as well he might—on the wonderful progress and improvement which had taken place in all its proceedings since he first joined that body, an advance outwardly manifested by the improvement in the material circumstances under which the Council now meets as compared with the days when it occupied a couple of rooms in Soho Square as joint lodgers with the Dental Hospital. He stated that four cases under the penal clauses would come before the Council, and he mentioned the satisfactory fact that in two instances the penalties recovered as the result of proceedings had been handed over to the Council instead of, as heretofore, remaining in the hands of the police. Progress with the Pharmacopœia, he informed them, had been continuous, but necessarily slow. Four of the ten sections were already in type, two of them having been revised and two still awaiting revision. He announced that the Committee had decided to introduce the metric system of weights and measures, side by side with the imperial, throughout the general text, and to employ the metric system alone in the paragraphs referring to analysis. It was impossible at present he said, to forecast the date of its appearance. He concluded his address with a brief and guarded allusion to the important question awaiting solution at the hands of the Council in respect of the status of the Apothecaries' Hall of Dublin, and to the various reports which would come up for discussion.

THE EXAMINATION SYSTEM.

MR. TRALE brought forward a motion asking the Council to take into consideration how far examinations and the occasions for rejection could be reduced in number, and as to the practicability of withdrawing from the sphere of public examinations various subjects which the medical man should "know about," but with the details of which he need not permanently burden his mind.

Dr. PETTIGREW seconded the motion, expressing the opinion that the present system had broken down, owing either to the education of the present day being imperfect or too high a standard of examination requirements. He urged that the main object of the Council should be to secure the best possible education, examinations being of secondary importance.

Sir WILLIAM TURNER objected that the motion was absolutely wanting in practical suggestions, and Mr. B. CARTER took advantage of the opportunity to cast aspersions on the ability of examiners as evidenced in the written questions.

Dr. GLOVER advocated referring the matter to the Committee, while Dr. McVAIL argued that the only control the Council could exercise was by means of examinations.

Mr. WHEELHOUSE, speaking with his experience as Visitor, agreed that extreme sub-division of examinations was a mistake.

Ultimately Mr. TRALE agreed to an amendment referring the matter to the Examination Committee for consideration and report.

SECOND DAY—WEDNESDAY, JUNE 3RD.

THE APOTHECARIES' HALL OF IRELAND.

Mr. FARRER, the Council's Solicitor, read a report on the recent application of the Irish Apothecaries' Hall to the Privy Council in reference to the appointment of assistant examiners in surgery, from which it appeared that the Privy Council had recommended the Hall to re-apply to the General Medical Council for the appointment of examiners in medicine as well as surgery, that suggestion having been acquiesced in by the Hall. This application was, therefore, made to the Council by the Apothecaries' Hall, and Dr. TIOBORN, the representative of this body, moved that the application in question be agreed to, the examiners proposed by the Hall being appointed, or such other examiners appointed as to the Council might seem fit.

The motion was seconded by Sir JOHN BANKS, and it was supported by Sir PHILIP SMYLY, who insisted on the fact that the minority at the last division of the Council was an important one, and he concluded by urging on the Council to hesitate before wiping out of existence so ancient and respectable an institution as the Apothecaries' Hall of Dublin.

Mr. BRYANT, on the other hand, argued that nothing had since occurred of a nature to justify the Council in reversing their decision.

Mr. WHEELHOUSE asked what educational powers the Hall possessed with no available means of teaching medicine, surgery, or midwifery. His own mistake in reporting a having passed into the profession a gentleman who had passed his final, but had failed in pathology, did not affect the material fact that this student had been improperly passed on his clinical examination. His mistake was merely in supposing that the "final" examination was the last. Until the examinations of the Hall were placed on a much higher level than anything he had yet seen they would not reach the standard which was attained by almost every other examining body in the United Kingdom.

Dr. GLOVER urged that the Council ought to reconsider its decision, for there were one or two things which had transpired in the course of the proceedings at the Privy Council which had obviously influenced the decision of that body. He recalled that it was not the General Medical Council, but the Examination Committee, which made the suggestion that the College of Surgeons in Ireland should separate itself from the Hall.

Dr. THOMSON spoke in favour of the previous decision of the Council, observing that the claims advanced in favour of the Hall were mainly of the sentimental order. Sentiment, he held, ought not to be allowed to warp their judgment, and it was for the Council to consider whether, if they acceded to the request of the Hall, they would be acting in the best interests of the profession and of the public. He pointed out that the average number of candidates passed by the Hall did not exceed 11 or 12 annually, and he concluded by asking the Council to reject the present application of the Apothecaries' Hall.

Sir DYCE DUCKWORTH said the Council was asked to set on its legs again a body which had been shown to be inadequate, which, moreover, though a medical qualifying

body, was pronounced to be, and had declared itself to be, unfit to elect examiners in medicine. He said he had looked into the matter, and had found that the practitioners who attended upon the poorer classes in Ireland mostly held the diploma of the Conjoint Board in Dublin or the triple Scottish qualification. The disappearance of the Hall, therefore, could not be said to entail any hardship on these people. He urged that the Council ought not to be called upon to relieve the Privy Council of the disagreeable duty of disfranchising the Hall, and nothing had occurred since the last occasion to alter the opinion at which the Council had deliberately arrived. He hoped the Council would do its duty whether the Privy Council liked it or not.

Sir WALTER FOSTER remarked that the Council had arrived at a point in which they might easily be landed in a position of humiliation and difficulty. He thought the former decision of the Council refusing the application of the Apothecaries' Hall was unjust and ungenerous, for it was really attempting to do, by a side issue, what the Act of Parliament did not intend to be done, viz., to suppress one of the licensing bodies in Ireland. If the Council did not appoint examiners, the Privy Council possibly would, and this must inevitably place the Council in a very unfortunate position. He regretted that no opportunity had so far presented itself of getting the various bodies in Ireland to form a central licensing body, but such an opportunity existed at the present moment. He hoped that the Council, instead of negating the motion, would find some way out of the difficulty, so that the matter might be reconsidered with a view to the formation of a conjoint board in Dublin.

Dr. THORNE THORNE repudiated the idea that there was any lack of sympathy with the Hall on the part of the Council. The inefficiency of the examinations had been under consideration for ten years or more, yet it was not until 1895 that the examination was declared to be inefficient. He quite failed to see that any new circumstances had arisen. The Council was only asked to reconsider their decision, and if, after so doing, they decided to adhere to their former decision, he believed the Privy Council would be perfectly satisfied.

Dr. GAIRDNER urged that it was not the intention of the Medical Act that the Council should bolster up the examination of a body in a point as to which that body was empowered to act independently. Such a practice would ultimately land the Council in a very unenviable position. The Privy Council had referred the matter back to the General Medical Council for reconsideration but without any intention of dictating to them.

Dr. McVAIL supported the motion urging that if the Council appointed the examiners asked for the examinations would in future be sufficient.

Dr. MACALISTER urged that their answer to the Privy Council must be that after careful consideration of the amended application of the Hall it did not appear that it would enable the Council to carry out its statutory duties of maintaining efficiency in all subjects and was therefore unable to accede to the application.

Dr. H. WATSON supported the motion.

Sir WILLIAM TURNER regretted that the Royal College of Surgeons in Ireland had not afforded the Council some means of getting out of the difficulty. The original conjoint board had not been on a satisfactory basis and this had led to the subsequent difficulties. He asked whether it was not possible to reconstitute the board on a more satisfactory basis now. In order to afford these bodies an opportunity of adjusting their differences he proposed as an amendment:—

"That the Council defers for the present the expression of an opinion on the application of the Apothecaries' Hall of Ireland for the appointment of assistant examiners in medicine and surgery, and directs communications to be made to the Apothecaries' Hall and to the Royal College of Surgeons in Ireland, with a view to a reconsideration of their respective positions, so that such a combination may be effected between them as may ensure that an efficient standard of examination shall be maintained which would be satisfactory to the General Medical Council." This dilatory and utterly futile proposal was seconded by Mr. TRALE, and Dr. TIOBORN

having, by consent, withdrawn his motion, the amendment was adopted as a substantive motion.

The debate was thereupon adjourned.

THIRD DAY.—THURSDAY, JUNE 4TH.

On the motion of Dr. MACALESTER, the Council adopted a new Standing Order to take the place of paragraph XIV. of Standing Order No. 14, regulating the procedure in cases in which a decision has been postponed.

CASE OF JAMES CHARLES ADY.

The Council proceeded to the consideration of the penal cases, the first of which was that of Mr. James Charles Ady, L.R.C.P. and S.Ed., of Brixton Hill, who some few months since obtained such unenviable notoriety in the lay press in connection with proposals to perform illegal operations on pregnant women and the disposal of the infants. This case was postponed from last session on account of police court proceedings then pending.

Mr. Ady, a coloured gentleman of unprepossessing appearance, attended in person to defend himself. The charge was supported by Mr. Avory, instructed by the proprietors of the *Swan* newspaper, who laid the case before the Council. The charge was based mainly on statements published in the *Swan* purporting to be reports of two interviews between representatives of that paper and the defendant along with a female named Graham with whom the defendant was charged with having acted in collusion.

Briefly resumed it appeared from these narratives, supported by their authors, that the woman Graham had been living with defendant, nominally as his foster daughter, but in reality as his mistress. She had advertised from his address for accouchement cases, and she had also advertised "pills for females," alleged to overcome all irregularities, and so on. Evidence of the close association of the defendant with the woman was furnished, and it was elicited that Ady once lived at Rangoon, and that while there his name was removed from the membership of the local branch of the British Medical Association for reasons of which he professed to be ignorant, but ascribed to mere jealousy.

Mr. Avory urged that there was ample evidence to prove that defendant, in association with the woman Graham, had deliberately entertained proposals to induce premature labour, and Graham had even gone as far as to hint that it might be taken for granted that the child would not be born alive, or if so, could be disposed of without giving any further trouble, for a sum of £50. The defence was of the flimsiest description, and, though invited to cross-examine the witnesses for the prosecution, the defendant confined his remarks to a general denial of the allegations made against him, interspersed with diatribes against those who sought to meddle with his domestic arrangements.

Dr. THORNE THORNE in the course of the proceedings, called attention to the fact that attempts were apparently being made by someone in the gallery to prompt the defendant, and at his suggestion the person, who turned out to be the woman Graham, was allowed to take a seat close to the defendant for the purpose of assisting him to the best of her ability. Mrs. Graham, as she called herself (for as to her right to this name some doubt appears to exist) was a young and comely woman, fashionably dressed, and evidently gifted with much natural astuteness. She courageously volunteered her evidence, and it must be admitted that Counsel did not succeed in getting much out of her in spite of her volubility. She denied that the defendant had any knowledge of her advertisements (though this had been admitted by the defendant,) and she said he only assisted her as others were ready to do. On being asked she mentioned several names of medical men who, she said, would have been prepared to assist her if required. She asserted, however, that her advertisements had not brought her any clients.

Counsel, in conclusion, urged that sufficient evidence was before the Council to justify the defendant's name being erased from the *Register*, although none was forthcoming of any actual criminal act. He added, however, that if the Council required such evidence, he was prepared to satisfy the Council on that point.

The Council then proceeded to deliberate *in camera*, without undue delay Mr. Ady was informed that he

had been adjudged guilty of "infamous conduct in a professional respect" and that his name had been ordered to be removed from the *Register*.

PHONOGRAPHY AT THE PRELIMINARY EXAMINATION.

A communication from Dr. Gowers, enclosing a petition from the Society of Medical Phonography, requesting that shorthand be made an optional subject at the Preliminary Examination in Arts, was referred to the Education Committee.

THE CASE OF GEORGE INGERSALL CURRAH.

Mr. Currah, registered as L.S.A., was charged with acting as cover to one Keating, an unqualified man, at Hoxton. The charge was supported by Dr. Bateman on behalf of the Medical Defence Union, and was based on the report of Dr. Wynn Westcott, her Majesty's coroner for East London, in respect of an inquest on the body of a child who had been attended by Keating aforesaid.

It transpired that Mr. Currah, who had issued handbills of a most objectionable description, had purchased two chemist's shops in the neighbourhood, at one of which the man Keating was in charge, nominally as chemist's assistant, but in reality, it was alleged, as a medical practitioner.

Mr. Currah, who appeared in person, maintained that Keating was only engaged as a chemist's assistant, he himself being a registered chemist. He admitted, however, that he was not actually on the Register of Pharmaceutical Chemists, and it was pointed out to him that if Keating were really a chemist's assistant he was not qualified to take charge of a chemist's shop, he having no qualification. He admitted that the child in question had been attended by Keating, but said it had been in defiance of his orders, and he had discharged him at once. He challenged the accuracy of the coroner's depositions, in which he was stated to have said that people who only paid sixpence for medicine did not expect to be attended by a qualified man, and also that the wages of an unqualified man were much less than of a qualified man.

It appeared that the defendant had several addresses, one in Falmouth, and others about London.

After a brief deliberation *in camera*, he was informed that he had been adjudged guilty of the charge brought against him, and that his name had been directed to be erased from the *Register*.

FOURTH DAY.—FRIDAY, JUNE 5TH.

THE CASE OF MR. GORDON GRIFFITHS JONES.

The Council resumed the consideration of penal cases, the first being that of Mr. Gordon Griffiths Jones, L.F.P.S. Glasg., L.R.C.P.Ed., who was charged, at the instance of the Medical Defence Union, with "covering" a certain David Jones (his father), an unqualified person, who carries on a medical practice at 15 Welbeck Street, and 10 Dean Street, London; further it was charged against him that in the carrying on of the said practice the defendant promoted and associated himself with methods of obtaining and attracting patients which are professionally discreditable, viz., by systematic advertisements of cures by the said unregistered person and publications invoking persons to resort to the unregistered person for such cures.

The case for the prosecution was based on certain advertisements issued in respect of the Dean Street institution, together with a work on Diseases of the Urinary Organs written by the defendant, in which various statements were made disparaging other practitioners in favour of the said unregistered person, who happens to be the father of the defendant. It transpired that the said unregistered person had at one time been on the *Register* and that his name had been removed in virtue of one of the Standing Orders after conviction. There was ample evidence to prove the close association of the defendant with the practice in question, indeed, the defendant made no attempt to controvert such evidence, merely alleging that no complaint had ever reached him as to his conduct, and promising to observe such recommendations as the Council might see fit to make to him. As, however, the functions of the Council are punitive rather than advisory, he was found guilty of

"infamous conduct in a professional respect" and his name was ordered to be removed from the *Register*. Thus terminates a scandalous state of affairs, the duration of which has long been a matter of astonishment and regret.

THE CASE OF JOHN HAMILTON FOLEY.

The next case was that of John Hamilton Foley, of Westdene, Locks Heath, Titchfield, Hants, registered as L.R.C.F.I., L.K.Q.C.P.I., who was charged with having acted as "cover" to one Oliver. The charge was embodied in a declaration signed by several practitioners in the neighbourhood, but was technically brought before the Council by Dr. Bateman, on behalf of the Medical Defence Union. It appeared that Oliver had for upwards of twenty years been acting as a medical practitioner *sine diploma*. The defendant went to Westdene, and at once engaged Oliver as assistant. The defendant (who was represented by a legal adviser) denied having allowed Oliver to take charge of cases and asserted that he was well known to be unqualified. In every instance, moreover, he had seen the cases with Oliver, never allowing him to take charge of cases on his own account. In the declaration referred to it was alleged that the defendant resided three-quarters of a mile from Oliver, at whose house is a surgery with a notice that Mr. Foley attended at certain hours; also that the two drove about to visit patients, Mr. Foley at times remaining in charge of the horse while Oliver went into the house to see the patient.

Mr. Foley said he had gone to Westdene to practise in consequence of an invitation from "some of the leading gentry and residents of the district," adding that Oliver had been in the employ of one practitioner for 16 years, another for three years, and a third for six months, during which periods he was employed by them under circumstances which, he doubted not, would be considered "covering." He handed in a number of death certificates signed in blank by one of them, to be used by Oliver during the absence of his principal. A number of letters were put in from residents in the district declaring that if they employed Oliver it was in full cognisance of his being unqualified and expressing surprise that the very men who had formerly employed Oliver under similar circumstances should now impute a dishonourable motive to another.

The defendant was closely examined by Members of the Council as to his relations with Oliver. He admitted that it was not usual for a man who was going into a new place to work up a practice to forthwith engage an assistant, but he acknowledged that he was nothing loth to derive what assistance he could from Oliver's local reputation. At the same time, he said he had carefully steered clear of infringing any of the Council's resolutions and he animadverted on the conduct of the complainants, who had sought to fasten upon him a charge of covering after having themselves employed Oliver for long periods of time under far more questionable circumstances.

After a prolonged discussion *in camera* the President informed Mr. Foley that it had not been proved to the satisfaction of the Council that he had "covered" Oliver, admonishing him at the same time to be careful of his future conduct in this connection.

FIFTH DAY—SATURDAY, JUNE 6TH.

The greater part of to-day's meeting was spent by the Council *in camera* discussing a question which had been brought before them by the Penal Committee. Ultimately, the matter was remitted to that Committee for continued inquiry and report to the Council at the November meeting.

CASE OF CLEMENT HENRY SANDERS.

Mr. Clement Henry Sanders, a dentist, was summoned before the Council, at the instance of the British Dental Association, to answer the charge of acting as "cover" to an unqualified person. It appeared that the defendant carried on dental practices at Exeter, Okehampton, and Aldershot.

After the usual deliberation, the defendant was found guilty of the charge brought against him, and the further consideration of the charge was adjourned until next session.

THE MEDICAL DEFENCE UNION AND THE COUNCIL.

The Council then proceeded to consider *in camera* a letter

received from the Medical Defence Union, of May 28th, 1896, in reference to legislation for strengthening Clause 40 of the Medical Act (1886). The matter was referred to Council for his opinion thereupon.

SIXTH DAY.—MONDAY, JUNE 8TH.

THE APOTHECARIES' HALL, DUBLIN.

The first item on the programme was the adjourned debate on Dr. MacAlister's amendment to Sir Wm. Turner's motion. After a prolonged discussion, Dr. MacAlister's amendment was rejected, and the Council passed the original motion, deferring any expression of opinion for the present, in order to afford the Royal College of Surgeons an opportunity for reconsidering the matter.

The Council was left sitting.

(A full report of Monday's proceedings will appear in our next number.)

The Operating Theatres.

ST. THOMAS'S HOSPITAL.

LAMINECTOMY FOR TUBERCULOUS DISEASE OF THE SPINE WITH PARALYSIS.—MR. ANDERSON operated on a child, *æt.* 9, suffering from tuberculous disease of the spine with paraplegia. The patient, a fat healthy looking boy, had been suffering from disease of the spine for two years with paraplegia of eighteen months. There was angular curvature in the upper dorsal region, the chief point of projection being at the third dorsal vertebra; the soft parts near the seat of disease were healthy; the paralysis affected the lower intercostals, the abdominal muscles, and the lower extremities, leaving, however, control of the bladder and rectum; the breathing was almost entirely diaphragmatic; the sensation of the paralysed parts was apparently unaffected, the boy's general health was good, and the functions, other than those of locomotion, were carried on normally. The patient had been under observation for nine months and as no improvement in the paralytic symptoms took place during that time an operation was considered advisable. Mr. Anderson performed the operation in the usual manner, making a longitudinal mesial incision over the diseased vertebra, peeling the muscular and other structures from the laminae, and, after full exposure, these last were almost completely divided with a small saw close to the transverse processes on either side; the detachment was then completed with a bone forceps, and the detached laminae were removed, exposing the membranes of the cord. The bleeding during the operation was very slight. The laminae of the 2nd, 3rd, and 4th were removed. Opposite the 3rd dorsal vertebra a large quantity of purulent matter partially solidified was found overlying the dura mater, and a sinus was traced on the left side of the cord into the body of the vertebra. No sequestrum could be felt, but by means of a curette a quantity of pus, broken-down tuberculous matter and bone *débris* were removed. The sinus was then gently filled with iodoform, a drainage tube inserted down to the diseased body, the soft parts replaced, and the wound united with silk worm gut sutures. The operation was well borne; the patient left the table in good condition. It was noticed after the removal of the laminae that thoracic respiration, scarcely perceptible before the operation, was visibly increased. Mr. Anderson remarked that the operation had been performed with varying success during the last few years for tuberculous caries with paralysis. It must, he remembered, he said, that the operation is a severe one,

and that it should only be undertaken after long and patient watching, and in subjects whose general condition was fairly promising. In suitable cases it was, he thought, hopeful, by relieving the cord from the pressure of accumulated inflammatory products, and by allowing some treatment of the focus of disease at the time of operation and afterwards. The most difficult part of the operation was the detachment of the laminae, since an injury to the dura mater, or even to the cord, might easily be inflicted, and the results might then be disastrous. The almost complete division of the laminae by the saw rendered the subsequent section by the bone forceps comparatively soft and easy, and the surgeon had only to take care in levering off the bone that no portion of the cut edge pressed against the dura mater. It was to be noticed he remarked in this, as in other cases, that the spinal veins bled but little, and the very slight hæmorrhage ceased spontaneously. It is, of course, he said, undesirable to open the membranes.

A week after the operation the patient was in a good condition, with normal temperature and without any sign of spinal irritation beyond a slight spasmodic flexure of the right leg noticed the day following the operation, but which subsided at the end of twenty-four hours. The respiration was still mainly abdominal.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 10, 1896.

THE GENERAL MEDICAL COUNCIL.

THE meeting of the General Medical Council has not so far been of a very exciting nature. Its first duty was the selection of a President, and Sir Richard Quain, after a long and honourable career in the higher walks of the profession, has now, for the second time, attained

the most honourable post within the reach of any medical man. He has attained a venerable and respected age, and may be depended on to retire from this or any other public position as soon as he feels himself no longer physically equal to the arduous functions to be discharged. There is very little to discuss in the proceedings of the Council during the past week. The penal cases, or one of them, it is true, imported an element of gaiety into the proceedings which is usually wanting; indeed, the *sternelle femme* was very much to the fore in one instance, as will be seen from the report of the proceedings which we publish elsewhere. In the case of Mr. Ady, whose name was erased from the *Register* for conduct which was not only infamous, but suggestive of much that might fairly be considered infinitely worse, the unsuitability of such a large and unwieldy body as the Council for the conduct of quasi-criminal investigations was rendered very conspicuous. There was the spectacle of witnesses bandying sarcasm with counsel, uncontrolled by the chair, of acrimonious discussions between witnesses for the prosecution and the defendants. One was astounded to see one member of Council advising the defendant not to reply to questions proposed by a fellow member—in fact, one had pretty well every circumstance which is calculated to shock the impartial observer as part and parcel of a judicial inquiry. There is no doubt that the Council possesses ample powers for exercising a very salutary intra-professional discipline, but owing to the indefensible nature of the Standing Orders, it is possible for one or two officials practically to dismiss complaints without the Council hearing the evidence on either side. A complaint is made to the Council by an individual or an association, and is considered by the President in conjunction with the legal adviser to the Council, and it is in their power to prevent the case ever coming to the knowledge of the Council generally. The extent to which this power is exercised may be gauged from the fact that probably not one quarter of the charges formally made ever come under the consideration of the Council as a whole. Such a method of conducting one of the most important parts of the business of the Council is obviously open to the gravest objections, and the least that is required to conform with the most elementary ideas of justice and common sense is, that all charges should be laid before the committees specially appointed to take such allegations into consideration, such committee to act, in fact, as a grand jury to the General Council. The "Penal Commission," appointed in 1893, does not fulfil this purpose. If any further proof were necessary to prove the urgency of a reform in this direction, it would be the difficulty that has been experienced in inducing the Council to proceed to an investigation of certain charges brought in connection with a recent notorious abortion case, in which a certain person, whose name was removed from the *Register* by reason of his conviction for a felony, appeared from the published reports to have been screened by one or more medical men, thanks to whose assistance he sought to get over the difficulty of not being able to certify a very suspicious death which

was subsequently investigated by a coroner's jury. One is at a loss to imagine what influences can have been at work to prevent the usual inquiry into the conduct of the practitioners whose names were associated with that of the disbarred practitioner. It is quite possible that satisfactory reasons might be furnished of conduct which otherwise appears objectionable to the last degree, but that matters which have attained such notoriety in the press should be allowed to remain unelucidated is discreditable to the Council, especially as the circumstances have on several occasions been formally brought before them or their officials. We have frequently protested against the practice which has grown up of the Council passively delegating to quasi-private corporations the duty of working up cases for their consideration. It ought to be sufficient for the complainant to make out a *prima facie* case to ensure the Council taking the matter up. In any case, inasmuch as one of the duties of the Council is to inquire into such matters, the expense of collecting the necessary evidence ought to be reimbursed to the complainant or complainants, who are often at very great expense in discharging what is after all a strictly professional matter.

ARMY MEDICAL COMPETITION.

As the August examination for entry to the Army Medical Service approaches, the demoralised condition of that service acquires increased interest, and a review of the *status quo* will not be out of place. Certain facts which cannot be questioned are before the public. For the August examination of last year, twenty-three candidates offered themselves for thirteen vacancies but the quality of the competitors was so low that only ten attained the necessary minimum of marks. At the February (1896) examination only eighteen candidates offered themselves for seventeen vacancies, and, of these, only nine were able to reach the irreducible minimum. These figures, reinforced by the grumblings in Parliament and in the organs of medical opinion, and taken in conjunction with the fact that Colleges and Universities have felt called upon to take action, places beyond dispute the fact that the Service has become and is becoming increasingly unpopular, and, as a consequence, the War Office is now obliged to double the number of prizes (?) offered to the profession, and is put to its wits end to inveigle students to accept Her Majesty's invitation to serve. Without, at present entering into the particular causes of this state of affairs we may point out that the Army Medical Service must be in the worst repute when it does not attract candidates. The profession is admittedly overstocked, the competition in private practice is severe, and even the foreign market for young medical practitioners is by no means a walk over for a newly qualified man. Moreover, the Service presents—on the surface—a gloss which is very attractive to the youthful practitioner who aspires to social enjoyment. It endows him with a nice costume, enables him to pose as of superior social rank, and ensures him plenty of invitations to afternoon teas. It might, therefore, be reasonably expected that the

advertisement of numerous vacancies at an Army Medical examination would bring about a rush something like that of recent occurrence in Moscow. But the fact is that the men who have been wheedled into the Army Medical net give so unpleasant a report of their experience therein, that the studential flies, for whom the net is newly spread, are very wary about walking into the War Office parlour. Let us recapitulate the situation. The insults publicly, deliberately, and officially levelled at the Army Medical Officers by the Duke of Cambridge had scarcely ceased to re-echo when they were repeated by Lord Wolseley and Sir Redvers Buller, and it was thus publicly proclaimed that the new order of departmental government created by the retirement of the Duke was nothing better, but rather worse, than that which preceded it, and the purport of that proclamation was confirmed by the harsh, exceptional, and most unjust treatment meted out by the military authorities to Surgeons Briggs, Smith, Fowler, Gardner, and Walsh. More recent events have, moreover, made it manifest that the Acts of the War Office and Horse Guards were not mere casual acts of oppression or personal spleen, but are the public evidences of a determinate policy to keep the medical department under foot, officially and socially, and to make its members understand that they are of inferior grade, no matter what Her Majesty's warrant may say, and that they must not expect the same treatment as their combatant brethren under similar circumstances. The Irish Universities and Colleges, it will be recollected, recently took concerted action to remonstrate against this policy, and especially against the Regulation which has practically "boycotted" Irish examiners and Irish candidates, and with that object they interviewed Lord Lansdowne by deputation. Favourable consideration of their representations was then promised by the War Secretary and, subsequently pledges were given, when the Army estimates were under discussion in the House, that changes would be made to meet some, at least, of the complaints then formulated. It has since become known that Lord Lansdowne had made up his mind as to the concessions which might be granted, and we have been surprised that he took so long to make his intentions known. The truth now leaks out that the War Secretary's desire to satisfy the lawful wishes of the Army Medical Officers has been completely blocked by Lord Wolseley and Sir Redvers Buller, who are thus in contest with the Parliamentary head of their department. It is, therefore, probable that nothing will be heard of Lord Lansdowne's reforms until the August examinations have been held, and that nothing will be heard of them, even then, if the supply of candidates at that examination is such as to encourage the War Office in the hope that an abundance of Army Surgeons can be had, even on the present humiliating conditions of service. This game has been played by the authorities with success on former occasions. Promises of reform have been fluttered before the eyes of the student practitioners and all sorts of blandishments held out to them to send in their names as competitors, and when the requisite demand had thus been created and

the requisite supply of candidates of a certain sort secured, nothing more was thenceforward heard of the reforms.

Our object in now discussing the matter is that we may point out to the student-practitioners the risk which they run of professional failure and personal ruin if they accept a commission in the Army Medical Service under existing circumstances. Their position will be comparable to that of a tenant who takes an apparently tempting lease from a landlord who hates him and under an agent who is ready to strain every point of the law to injure and annoy him. This comparison is indeed in favour of the tenant, because he is fully protected by the terms of his lease, and by the law of the land against oppression by his landlord or agent, and though he lives in dread, is safe as long as he fulfils strictly the terms of his bargain. The Army Medical Officer enjoys no such safeguard. He joins the Service under the impression that he is protected by the terms of Her Majesty's warrant, but he speedily learns that those terms have already been set aside in many instances by regulations made at the pure will of the War Office Authorities, that fresh orders may be at any time issued which may deprive him of his privileges, social and financial, and that, if the warrant, the regulations, and the law are brazenly violated, he has no practicable remedy against the War Office and Horse Guards. We warn student-candidates against the gilt so ostentatiously displayed upon the Army medical gingerbread. If they enter the Service, or even offer themselves under present conditions, they will incur the risk of placing themselves in a position from which they cannot retreat, but of which they will bitterly repent before they are a year in the Service, and which they will deplore with lamentations when they are married men with dependent families, and with a reasonable ambition to hold up their heads in the social rank of the Army to which they have unwarily attached themselves.

The diplomacy of Lord Wolseley, Sir Redvers Buller, and the rest of "my military advisers" was exposed in the last issue of our contemporary the *British Medical Journal*, but we cannot believe that any "prominent member of the profession" in Ireland therein hinted at would allow himself to become a party to the bargain, but the impression to which our contemporary thus gives expression may have arisen from the knowledge that a certain Councillor of the Irish College of Surgeons went, uninvited and at his own expense, on the occasion of the recent deputation from that College to the War Secretary, and that he, also without suggestion or invitation, produced a programme of his own, totally unauthorised by the College, the chief item in which was the suppression of the Army Medical Department altogether, and its merging in the War Office as a petty back-stairs office, and that, when he returned home, the Council of the College repudiated his action by passing a resolution for the purpose of preventing such unauthorised intervention in future. We do not, however, venture to suggest any person as indicated by our contemporary, and we can answer for it that among the Dublin teachers, mean-

ing thereby lecturers and "grinders," no such tout for the War Office exists.

THE NATURE OF GENERAL PARALYSIS.

It has become more and more evident of recent years that our first conceptions of general paralysis have been forced to give place to newer and wider conceptions of its symptoms and pathology. Clinical studies have led to a differentiation of symptoms and a classification of groups, which have made the literature on the subject much more copious than anyone could have dreamed of twenty years ago. It is possible that in our eagerness to detect new symptoms, new features of the disease, and more satisfactory explanations of these symptoms and features, we may have strained our efforts and included under the head of general paralysis many cases which, strictly speaking, do not belong to it. The acute maniacal type with grandiose delusions and distinctive nervous features which spread insidiously, *pari passu*, with the recession of the acute mental symptoms, and a downgrade towards dementia, was the one and only type of any importance recognised twenty years ago. Such cases were relatively more common than they are to-day. General paralysis as seen in asylums to-day as often manifests early dementia as mental symptoms of acute character, and a diagnosis is made more because of paralytic symptoms than mental. The question whether these cases have all the same essential pathological characters has not yet been satisfactorily settled, but it is admitted that the site of the lesion cannot always be precisely the same. In the last number of the *Journal of Mental Science*, Dr. Hyslop has made a very desirable effort to have this question opened up by the publication of a paper on "Pseudo-General Paralysis." He admits that this term may be objected to as not only useless but even misleading, and he is probably right in saying so. He quotes several writers who have used this term in connection with alcoholic and saturnine causations but in doing so the issue is confused and the work of clearing up this very involved question is rather hindered. Dr. Hyslop believes that many insanities regarded as general paralysis are not general, but special, in the distribution of the seat and manifestations of the disease. He speaks of cases of alcoholic pseudo-general paralysis where recovery often takes place, and of cases associated with syphilis where there is arrest or protraction of the disease in the pseudo form, so that the patient may live for many years. He regards it as difficult to prove that syphilis is the actual or immediate cause of insanity. With this statement we are in entire accordance, but are surprised at the statement which follows on the next page. "My experience in Bethlem leads me to believe that a large proportion of the general paralytics admitted to that hospital suffer from cerebral degeneration due to syphilitic disease." If syphilis is the cause of true general paralysis, and also the cause of pseudo-general paralysis, how is a distinction to be drawn between the two. No attempt is made by Dr. Hyslop's paper to give us sufficient clinical data of the one kind or the other. The fact that so much confusion

arises regarding what is general paralysis and what is pseudo-general paralysis, may be due to the strong views held by some physicians that syphilis is, in a very great proportion of cases, the cause of general paralysis. There is no more fatal drawback to the progress of medical science than the disposition to accept as facts what is merely presumption of fact, and not infrequently a very slender presumption at the best. The presumption of syphilis is accepted too readily. Admitting, however, for the sake of argument that there is the fact, and not the presumption of syphilis, in how many cases has the causal relation between it and insanity been actually demonstrated. It is an argument *post hoc, ergo propter hoc*, and this is unscientific. It is a most unfortunate fact in connection with the science of medicine that a great many of the statements with which our journals and text-books are crowded have been made without verifying the references clinically or pathologically. What percentage of post-mortem evidence have we of syphilitic lesion of any part of the nervous system in general paralysis? A too hasty assumption, because we wish to prove a particular theory correct, has done more to discredit medical teaching than anything else. These remarks are intended to apply, not to Dr. Hyslop's statements, but rather to the unsatisfactory position which the teaching of insanity holds to-day. Dr. Hyslop has done well in raising this question, and we hope the discussion which is sure to arise upon it in the Medico-Psychological Association will break up some traditions which die hard, and will open up a new and more scientific view of the whole subject. There can be no question that the study of general paralysis needs a new and fresh impetus; that, as at present regarded, there are varieties and groups which we have not been able to differentiate clearly from each other, and the prognosis of which is not always the same. Mr. Bevan Lewis has recently been attempting a constructive criticism of the subject, as distinguished from Dr. Hyslop's destructive criticism. Both methods of attack will help onwards our knowledge of this disease, and we look forward with interest to what comes out of it.

Notes on Current Topics.

The Deadlock at the Liverpool Lying-in Hospital.

LAST week we printed the terms of the reference which the Board of Management of the above hospital proposed should be laid before the Lord Mayor of Liverpool. The pith of the matter was contained in the first proposition, namely, "that the arbitrator decide whether the reading of the rules by the Board of Management or the medical staff be the correct one." On referring to a copy of the rules of the institution, we find that the ambiguous passages are as follows:— Under Rule II, defining the objects of the charity, (1) "To provide poor married women, &c. . . with the assistance of trained midwives during their confinements, and, when requisite, of surgeon accoucheurs," &c. This is a typical instance of loose wording of

rules; the words, "when requisite," would furnish material for endless litigation. Rule XXV states that each of the hospital medical officers "shall in turn have the sole charge of the patients in the hospital for a period of three months." That position seems definite enough, but in the opinion of the Management is over-riden by Rule XXXVII, which says: "The matron shall be responsible for the attendance on the hospital patients, and the management of the various departments of the hospital, subject to the direction of the Ladies' Committee, and in conformity with the by-laws and regulations from time to time laid down by the Board of Management; she shall be responsible for the carrying out of the orders of the medical officers." These rules, so far as can be gathered, allow of various interpretations. It is clear, however, that the medical staff have done right in resigning rather than brook the attempt to place a woman unskilled in the art of medicine over the head of a qualified medical man to decide when and how far the latter is to be called in, and they have now absolutely declined the proposed arbitration in the following terms:—

After the resolution passed by your Board on May 19th, accusing the medical profession of 'wanton cruelty,' and of being 'utterly regardless of common humanity,' &c.; further as it is very questionable whether your Board longer represents the wishes of the majority of the subscribers to the charity, we feel that further communication with your Board is attended with difficulty. Moreover, there is no room for arbitration. We have repeatedly laid before you our request for complete authority in our own department and for representation on the Board of Management, which we have formulated in these words:—

1. That the medical officer on duty at the hospital shall have sole and entire medical charge of all the patients in the hospital.

2. That the medical staff shall be represented on the Board of Management by four members of the Medical Board, to be selected from time to time by the staff."

This provoked an authorised report in an evening paper on the 5th inst., to the effect that—

The late medical staff, and the medical profession generally, having declined to submit the questions of difference to the arbitration of the Lord Mayor, the Board of Management have decided to call together a special general meeting of the subscribers, as early as convenient, to consider the course to be adopted with reference to the future conduct of the hospital."

The so-called Board of Management appears to be under the impression that its action receives the support of the Ladies' Committee. An authorised communication from the Ladies' Committee in the papers of the 6th inst. shows, however, that the Board has been under a wrong impression in the matter, and that in reality the ladies are, now at any rate, on the side of the doctors. The communication is as follows:—

The Ladies' Committee, at their meeting yesterday, held at the hospital, decided that the following statement should be sent to the newspapers:—

As the Board of Management of the Ladies' Charity and Lying-in Hospital have mentioned the resolutions passed by the ladies at their own committee on May 22nd, they consider it desirable that they should be published. The resolutions are as follows:—

1st. "In view of the position taken by the medical profession the Ladies' Committee of the Lying-in

Hospital desire to record their opinion that the medical officer on duty should have sole and entire medical charge of all patients in the hospital."

2nd. "That the Medical Board be represented on the Board of Management by two members of the medical staff, having a right to vote."

3rd. "That the matron-midwife should stand in the position of house surgeon under the hon. medical officer on rota."

If resolutions in the spirit of that of the foregoing are passed at the forthcoming meeting of the subscribers, the dispute will be at an end. We can scarcely look upon the controversy as an altogether unfortunate one, as there has been an impression abroad that anything was good enough for doctors, and that they must be kept under whatever happened. The Board thought they had them well under their thumb when they possessed the power to practically dismiss them by the simple process of not re-electing them at their last secret meeting of the year. Events have shown that when the Board made such shameful use of their power on the present occasion they gained nothing by it but odium, and that the doctors in spite of summary unjust dismissal have been fully able to hold their own, and more than that, are certain to gain their point. Will the beaten Board then retire, and will the *Courier* again contemptuously put the question—"What do the doctors want?" We may add, how *dare* they have a wish not approved by Mr. Bartlett?

Payments by Hospital Out-Patients.

THE Hon. Sydney Holland is a well-meaning, industrious, outspoken and able philanthropist. But it looks at times as if he allowed his zeal to outrun his judgment in some of his schemes for the better control of the medical charities. One of his plans to check the growth of the number of out-patients is to impose on them a money tax. This method, he explained a short while since to the Hospitals Association, was, in many instances, followed by the exodus of patients to neighbouring hospitals. In one such institution, with the management of which he was connected, a charge of 2d per out-patient resulted in a marked decrease of attendances, but, he adds, these who have left off coming to that particular place have doubtless gone to the London, West Ham, or the Seamen's Hospital. It may be questioned if even so keen a man as Mr. Holland fully realises what he is doing when he inflicts a fine of 2d. on each person attending as an out-patient. By so doing, he is virtually excluding the abject poor, and is fostering a class who might get good club attendance for the sum in question. Moreover, he is trading on money subscribed for the benefit of the poor. We are perfectly aware that the practice is adopted at Guy's Hospital, or was so until quite lately, where an even higher charge has, for many years, been made for medicine. Whatever excuse there may be in some instances for attempting to raise revenue or to curtail expenditure in this fashion there can be none in the case of a hospital enjoying a huge endowment. It is too much the fashion of arm-chair philanthropists, with the best intentions in the world, to attempt to solve intricate social problems at the expense of the

medical profession or of the poor, for that appears to be the practical outcome of imposing a tax on out-patients. Far better have some carefully organised system of inquiry into the means and position of applicants. It may be at once admitted that Mr. Holland's facts are strongly in favour of the need of central control and common action of hospitals.

Pure Beer.

THE subject of pure beer has recently been discussed in the *Kent and Sussex Courier* from a Hop-Grower's point of view. In their anxiety to account for the present depression in the hop market they have attributed it to the general employment by brewers of substitutes for hop. We have it, however, on the authority of a correspondent, who evidently knows what he is writing about, that the cause must be looked for elsewhere. It is satisfactory from a consumer's point of view to learn from him that brewers long since found out that hop substitute does not answer their purpose, indeed, he hints that persons unable at once to distinguish beer brewed with hops from that brewed without, are not worth legislating for. The interesting part of his letter, however, lies in the explanation which he gives of the greater tendency to decomposition on the part of the present-day beer. Formerly, a good-keeping beer could be brewed from English malt and hops without any difficulty, but since farmers have learned the advantage of using strong ammoniacal manures the grain has come to contain so much larger a proportion of nitrogenous matter that the greatest difficulty is often experienced in brewing a good keeping beer unless it contains a high percentage of alcohol. As the public taste inclines to beer less strong in alcohol brewers have found it necessary to fall back upon other starch grains or foreign malt, in place of the too nitrogenous English malt. The flavour of a beer in any case does not depend so much upon the grain used as upon the hops, and to seek to impose a legislative obligation on the brewer to employ British produce, in spite of the fact of its unsuitability, would be an absurd and injudicious step.

Meals and Food for the Schoolboy,

MR. HORACE SAVORY recently read a paper before the Association of Medical Officers of Schools, which is of considerable interest to teachers, parents, and medical men. The dietary of the schoolboy is one of the fundamental questions of our existence, and the paper before us is useful and suggestive. He communicates several practical suggestions with regard to the order of meals, the nature of the food to be taken, the relation of food and play, and the question of food on rising in the morning, as well as the question of supper. Regarding the early meal he finds that early bedders like this meal, but as a rule the schoolboy is too lazy to get up, and when he does get up is in too great a hurry to do those things which he has left undone till the last moment, to be troubled by breaking his fast. Dr. Savory is strongly of opinion that this early meal fortifies against epidemic and other diseases, and he is of opinion also that leaving off the first lesson and

taking the meal before work, helps to check the spread of illness. In the text he gives the hour of play as 2.30 p.m., but in the time table he gives it as 2 o'clock, the dinner being at 1.30. While we agree with him that no great harm seems to be done to the boy who rises from meals and indulges in the vigorous exercise of play right away, still cases do occur now and again of sickness after meals, when a proper pause is not allowed, and we should be inclined to think that an interval of half-an-hour would be advantageous. The paper is one which will naturally evoke discussion and interest, and it is one well worthy of consideration.

The Afternoon Nap.

THE frequency with which medical men are asked whether it is harmful to indulge in the "afternoon nap," is not, perhaps, surprising, for several reasons. Most persons have had experience of the seductive charms of the somnolence which has followed the comfortable ingestion of a mid-day or evening meal. The meal finished, the diner arranges himself comfortably in an arm chair; it may be he lights a pipe or cigar, takes up a newspaper, and prepares to make the most of the restful conditions of his mind and body. But Nature soon begins to assert her sway. In time, the eyelids close, the head begins to nod, the newspaper falls from the hands, the pipe, no longer supported in the mouth, falls to the floor, and the symptoms of a nap are complete. Whether the "winks" be forty or one hundred in number, the result is the same—a short, sound sleep. Then comes the question—Is it harmful thus to fall asleep after a meal? By no means; for the very obvious reason that the process is merely a physiological one, and as such, when it occurs, is quite natural. When digestion is in progress, Nature has arranged that all the available blood in the body shall be collected in and about the digestive organs. Consequently, the blood supply to the brain falls to a low ebb, and thus sleep is easily induced. On the other hand, of course, physiologically, it is wrong for brain work to be attempted immediately after a solid meal.

Street Odours.

THE exceptional warmth and dryness of the present year have emphasised the unsavoury nature of the wooden road paving that is now common both in the metropolis and in many provincial towns. There can be no doubt whatever that the unpleasant odours in question are more constant and offensive than in the case of the old-fashioned stone pavings. It is not surprising, then, that the lay press generally should take up the view that the wooden roadway is less sanitary than its stone predecessor. Speaking from a scientific standpoint, it is by no means certain that such is the case. The mere presence of a "stink" does not necessarily imply a danger to mankind; indeed, as a rule, it will be found to be the aromatic product of non-pathogenic moulds or bacteria. Although at the same time, it must be admitted that the street wood-blocks have a worse smell than the macadam, yet it seems probable that they are quite as harmless to health. Nay, further, as the stone pavement is more dusty, it is far

more likely to spread about any pathogenic organisms through the medium of disturbed air. Besides, the wooden way is infinitely easier to cleanse and to keep clean than the one which is fashioned of stone.

The Immoral Advertisement Question in Australia.

THE insertion of immoral, indecent, advertisements in many of the Australian newspapers is an ever present evil in the colony, and Dr. Jenkins, in his recent presidential address at the annual meeting of the New South Wales Branch of the British Medical Association, animadverted upon it in strong terms. He very truly observed that the insertion of such advertisements was a direct incentive, not only to undesirable practices among the married, but to gross immorality among the young of both sexes. Abortionists, he also adds, practice a lucrative trade in Sydney. Thus the unfortunate girls who "buy the merry madness of an hour with the penitence of after-time," often fall into what afterwards proves to be a death-trap. Of course, the interference of the Legislature of New South Wales, with a view of putting a stop to these advertisements, is imperatively demanded; and the same interference is called for so far as this country is concerned. Abortion-mongers will always flourish, regardless of the risks that they may incur from their trade, as long as they can make their existence known, by newspaper announcements, to those who may desire their attentions.

The Relative Health of Postal Servants.

AN interesting return was made last January to Lord Tweedmouth, as Chairman of the Committee on Postal establishments, with reference to the general health of the employees, differentiating the telegraphists from the ordinary postal hands. Eleven questions were submitted to the postal medical officers and replies were received from 142 officers, the purport of which we may epitomise. We give them as question and answer:—

1. Are postal employes less healthy than other communities, on an average? On the whole not less healthy, but in large towns to some extent less so.
2. Is there any difference between the health of postal or telegraph officers? Opinions about equally divided, the majority being of opinion that there is no material difference.
3. Are telegraphists abnormally phthisical? Opinions almost unanimously negative.
4. Do they suffer especially from respiratory disease? No, almost unanimously.
5. Are telegraphists especially nervous? Majority answer yes, especially female officers.
6. Are telegraphists subject to digestive ailments? The prevalence of such disorders seems to be established generally.
8. Are overtime and irregular duties productive of ill-health? Yes, in the case of the large cities, but not so much in rural districts.
10. Is the insanitary condition of postal offices responsible to any considerable extent for ill-health? Yes, in the case of 44 of the 142 officers questioned.

THE average consumption of oysters in Paris is thirty-nine millions a year.

University Enterprise in Edinburgh.

THE ancient capital of Scotland has long held a foremost position in medical teaching. Nor has the enterprise of Edinburgh been satisfied by the magnificent "new buildings," for the faculty of medicine lately added to the University. Its latest scheme is the formation of a limited liability company to be called the "Town and Gown Association," with a capital of £100,000 divided into 20,000 shares of £5 each. The objects of the proposed society are manifold. They include, for instance, the purchase and provision of residential halls for students, to found laboratories, lectureships, and other educational machinery; to trade as printers and publishers, and to engage in industrial co-operation. This is a part only of the extremely wide programme advertised in the prospectus of the Association. Whether the project be carried out or not it proves that Edinburgh has not one whit abated its enlightened educational policy. The energy and foresight to be traced in every line of the preliminary document might well be taken to heart by the universities that have long since settled into the contented apathy of prosperous age. But above all the object lesson of Edinburgh with its brilliant University should bring home to Londoners the loss they have sustained in their want of a teaching institution of the kind.

The Annual Election at the Royal College of Surgeons, England.

THE annual election to the Council of the Royal College of Surgeons, England, will take place on July 2nd next. The three retiring Councillors are Mr. Thomas Bryant, Mr. Cadge, and Mr. T. P. Pick. Mr. Cadge will not seek re-election, but both Mr. Bryant, who has served two terms of office, and Mr. Pick will come forward again. Thus there will be only one actual vacancy, but the two Councillors who are offering themselves for re-election will, of course, have to submit to the ordeal of a contest. One or both may be successful, and if the latter proves to be the case the Council will gain only one new member. At the present juncture, new members, with the spirit of reform in them, equal to that displayed by a large body of the Fellows, are sadly needed. The old conservatism is fast waning in the Council, and rightly so. The reforms advocated by the Fellows are bound to be conceded by the Council, and time only stands in the way of the members of the College being directly represented on the governing body of the College. If Mr. Bryant and Mr. Pick be returned at the election on the 2nd prox., it may be trusted that the third vacancy will be filled by a thoroughly sound reforming Fellow.

Similia Similibus Curantur.

ALTHOUGH it is discordant with medical opinion that any of the tenets of homœopathy should have a place in educated medical practice, we admit that the most modern phase of therapeutics trends in this direction. The fashion just now is to prescribe, for the disease of any organ, an extract from the active

principle of that organ itself. Thus it happens that the firms which cater for advanced therapeutic ideas of this sort are offering to the profession suitable preparations of such active principles. Messrs. Burroughs Wellcome & Co., for instance, announce that they are ready to supply—

Salivary-gland tabloids for use in amylaceous dyspepsia.

Pineal-gland tabloids for softening of the brain, &c.

Nuclein tabloids for nervous prostration, &c.

Kidney-substance tabloids for diseases depending upon disturbance of the renal functions.

Cervical lymphatic-gland tabloids for glandular swellings, &c.

Fallopian-tube tabloids for neurotic affections.

Liver-substance tabloids for uræmia, &c.

Spinal-cord tabloids for brain diseases.

They have retained the services of a former pupil of Pasteur, who devotes his whole attention to this branch of the business, and who maintains that the active principles can be thus isolated and preserved in perfection. No doubt, if disease does not "mock the meat it feeds on," these preparations will prove effectual.

The Press and the General Medical Council.

WHILE the Council chamber has emerged from the cellar-like depression which it formerly occupied, enlarged and considerably embellished, we are fain to notice that the architect has treated the press with a total want of consideration. The unfortunate reporters have been relegated to an exiguous recess dug out of one of the walls, which the waves of sound only reach in a very attenuated form, and the view from which is obstructed by a gigantic pillar. If the reporters continue to display the assiduity and impartiality which have hitherto characterised their work, it will show that they possess an almost Oriental resignation. The gallery for the curious public, on the other hand, is a great improvement on that formerly assigned to visitors. We would respectfully suggest to the "Improvements Committee," if there be one (and, if not, that such committee be appointed *ad hoc*), the desirability of providing more ample and more suitable accommodation for a body of men to whom they are so largely indebted for notoriety, if not for fame.

Sterility in the Female due to Gonorrhœal Infection.

THE significance of gonorrhœa in interfering with the due course of conception has been made the subject of a special study by Fehliug, who recently communicated his conclusions to a meeting of the Society of Physicians, Halle. Experience and inquiry show that ten to fifteen per cent. of all marriages are sterile, and of these over fifty per cent. are due to gonorrhœa in the husband. In such cases, generally a history of gonorrhœal epididymitis is to be obtained, as the result of which the vas deferens becomes impermeable and no spermatozoa are contained in the semen. In rare cases, however, the author admits, with a comparatively recent gonorrhœa of the male, it is possible for conception to occur quite early after marriage, before infection takes place. In still rarer cases, especially

in the unmarried, gonorrhoeal infection may not occur until the second or third month of gestation. According to Weithem, a man may have a latent gonorrhoea, in which a few only virulent gonococci remain in his urethra; during marital intercourse these cocci reach the genital mucous membrane of the wife and find there, favoured by the multiplied relations of the honeymoon, a most propitious field for propagation, with increased virulence; these in turn reinfect the husband with an acute gonorrhoea; thus both man and wife are mutually infected. The more recent the gonorrhoea of the husband, the greater is the danger of infection for the wife. Exceptions, however, may occur; pregnancy may result with a recent gonorrhoea in the husband. But while one of the results of gonorrhoea in the male may be sterility, it is at the same time scarcely needful to refer to the seriousness of the symptoms which may ensue to the female as the result of gonorrhoeal infection. Gynaecologists know too well the direful effects which gonorrhoea in women may produce. The facts therefore, in this connection, should be brought home to all those men intending to marry, who have been the victims of a severe gonorrhoeal attack.

The Cholera Riot in Cairo.

THE Egyptian fanatics had an excellent opportunity, as Arabi's soldiers, of expending their superfluous fanaticism in the Anglo-Egyptian War of 1882. But the process was a costly one to themselves, costly in the sense that it involved a great loss of life—to the fanatics. Nevertheless, the lesson was not lost upon the Egyptians, and they were taught many things of the ways and habits of Europeans which they have since found useful to cultivate and adhere to. It would appear, however, that they have still to learn the necessity and advantages of sanitation. The outbreak of cholera in Cairo has rendered it imperative for the authorities to exact the utmost sanitary precautions against the dissemination of the disease. During the course of last week a case of cholera occurred in the University of El Azhar, and in due course a medical man of the Sanitary Department of the town arrived in order to attend to the case. But he was refused admission. Accordingly he applied to the police and a force was sent. The door of the building was forced under a shower of stones thrown by the students from overhead. The necessities of the situation demanding it, the police fired a volley from their rifles, with the result that one student was killed and four wounded, one fatally; while one hundred and twenty were arrested. This was the third attack upon the sanitary officials in Cairo within a week. Several persons in high official position were wounded by stones thrown by the students. With that unreasonable perverseness which Orientals are wont to exhibit, the head of the University and the other officials refused to assist the sanitary authorities in the performance of their duties, even when the riot had broken out. It is hoped in Cairo that this discreditable conduct will be signalled by the Khedive dismissing the officials of the university from their posts, a punishment which would be richly deserved.

The Marriage of Epileptics.

WHETHER epileptics should or should not marry has been decided by a Cincinnati judge in the negative. He has announced that he will not issue a marriage licence in cases in which either of the persons proposing marriage is an epileptic. In the abstract, no doubt the decision is an expedient one. But nothing is said as to the means to be adopted in order to ascertain the epileptic tendencies of the persons concerned. In the first place, it is not the least likely that such persons would incriminate themselves, either by a personal statement or by producing a certificate from their family doctor. Nor could the judge demand from the doctor a certificate in any way pointing to the fact that any patient of the latter was an epileptic. The question of privilege would here undoubtedly arise. It would, for example, be very serious for two young persons, highly wishful to enter the marriage state, if the judge were able to obtain from a doctor a certificate to the effect that one of them was an epileptic, and, on these grounds, refuse to marry them. Thus, however much wisdom may be contained in the decision to decline to marry epileptics, the fact remains that almost insuperable difficulties would prevent it from being carried into effect. These remarks would also apply to the defective of all classes, to habitual drunkards, and so forth. But not even in America can we see that under these circumstances a judge could interfere with the determination of two young persons to become joined in wedlock.

Small-Pox in the West of England.

THE continued prevalence of small-pox in the West of England is seriously interfering with this year's training of the militia and volunteers, as owing to the wide distribution of the disease, the military authorities do not consider it wise to mass large bodies of men. This is only one of the penalties which have fallen upon the district, owing to the insensate action of the anti-vaccination faddists. The misguided people who have been induced to accept the "arguments" of the latter, and have suffered accordingly, must now feel that they were following "false prophets" whose teaching has been most disastrous, and from the effects of which it will take years for the district to recover.

A Serum Scandal.

DR. ROGER, Chief of the Pathological Department of the Paris Faculty of Medicine, has been compelled to resign his appointment, because he appears to have engaged in the surreptitious manufacture of anti-streptococcic serum which had been already exploited by Dr. Marmoreck, of the Pasteur Institute. It appears that an assistant of Dr. Roger was the medium of this manufacture, but the Doctor, when his attention was called to the business, did not take any steps to put a stop to it.

The Rontgen Rays in the Witness-Box.

WE note that at the trial of an action for damages at Nancy, in France, the surgeon who had charge of the injured plaintiff was accused of having caused the

damage by mistaking a dislocation for a fracture. The accusation was sustained by producing in court a Röntgen photograph, which showed clearly the bones in the dislocated position without any fracture.

It is announced from the War Office in an Army Order that Revised Instructions for the Organisation and Distribution of the Army Medical Staff, the Medical Staff Corps and its Reservists, and the Militia and Volunteer Medical Staff Corps on Mobilisation for Home Defence have been approved, and will be issued to all concerned.

At the last meeting of the Halifax Town Council the Health Committee decided, that as the Board of Guardians had deferred for six months the consideration of enforcing the provisions of the Vaccination Acts, to refer the matter to the Local Government Board.

THE Governors of the Bedford Infirmary have adopted designs for a new County Hospital, to be built at Bedford, at an estimated cost of £26,300. Among the subscribers to the fund is the Duke of Bedford, who has given £5,000.

WE regret to announce the sudden death of Sir George Johnson, M.D., F.R.S., on the 3rd instant at his London residence, from hemiplegia. Deceased was in his seventy-eighth year. A full obituary notice will be found in another column.

THE BOWMAN Lecture, "The Influence of Light on Vision," by Professor Snellen, of Utrecht, will be delivered on Friday next, at 9 p.m., before the Ophthalmological Society of Great Britain, in the rooms of the Medical Society of London.

MEASLES have broken out in Clapham in epidemic form, and by order of the local authority the three Board schools have been closed.

THE death-rate of London further fell last week to 16·9 per 1,000.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE ROYAL SOCIETY, EDINBURGH.—At the last meeting of the Royal Society of Edinburgh, Mr. R. C. Moseman read a paper on the meteorology of Edinburgh compiled from statistics for the last 125 years. From the long period under review, and from the fact that he had taken daily values instead of monthly or even weekly means with regard to the element of pressure, an extraordinary dip in the barometer appeared with great regularity on or about the 26th of November, which was the annual minimum. Although the figures given were for so long a period and were also expressed in averages of threes (Bloxamed), those representing the temperature showed no gradual rise and fall during the year, but very considerable variations from day to day. The coldest day of the year was the 8th of January, the warmest the 8th of August. The wettest days of the year were the seven ending on the 18th of August, known as the Lammas floods. The driest were the seven ending on the 27th of March. No appreciable difference could be observed in

the number of gales about the time of the equinox, notwithstanding popular opinions. The definite weather types recurred year after year with great regularity, due to the direction of the wind at these times, which, in turn, was ruled by the periodicity in the distribution of pressure. In winter a low pressure system over Iceland; in spring and summer a high pressure over Russia, and a low one over India had much to do with this.

TYPHOID FEVER AT KIRKCALDY.—Over thirty cases of typhoid fever have been reported in Kirkcaldy, Fifeshire, within the last fortnight. Most of them have been of a very mild type. No indication has yet been given of the origin of the outbreak, but the difficulty of treating the cases at present will give a much-needed impetus to the proposed erection of a new hospital for infectious cases, to cost something like £9,000.

EDINBURGH INFECTIOUS DISEASES HOSPITAL.—Dr. Claude Buchanan Ker has been appointed Medical Superintendent to the Edinburgh City Hospital for Infectious Diseases, in succession to the late Dr. A. F. Wood. Dr. Ker, who graduated six years ago, was formerly Assistant Medical Officer to the same hospital.

THE GLASGOW HOSPITAL PROBLEM.—A series of articles is at present appearing in one of the evening papers of Glasgow on the subject of "maintenance." Up to Friday last two of these had been published, which were chiefly concerned with an historical survey of the question. The writer, who does not give his name, is evidently in favour of the municipalisation of all hospitals, we suppose for the good of the ratepayers, who would all be eligible for gratuitous treatment to the detriment of the medical profession. If all the hospitals in Glasgow are to be supported by the rates all the medical officers will have to be paid for their services, and we shall look for the further articles of the series to see if this intending benefactor of the race proposes to pay the staff or not in the development of his wonderful scheme.

A COCKADE AND CRESTS PREFERRED!—The subjoined advertisement appears under "special" in the *Glasgow Evening News* of the 6th inst. In these days of disputed questions in "Medical Ethics" and punitive eccentricities on the part of the General Medical Council, it is really too good to be left neglected in the columns of a daily newspaper:—

DOCTOR'S COCKADE.—Wanted from Cab Owners, by Doctor who has recently become surgeon in a Volunteer Regiment, estimates for hire of a Brougham three hours a day; driver must wear a Cockade: Brougham with one or two crests on doors preferred.—Apply No. 10,737, News Office.

Obituary.

SIR GEORGE JOHNSON, M.D., F.R.S.

THE death of Sir George Johnson has followed quickly that of Sir Russell Reynolds, and thus another prominent member of the profession has passed away within the short period of a week. Sir George died on the 3rd instant, at his London residence, 11 Savile Row after a brief illness of only forty-eight hours' duration. He was in his usual health on the morning of the 1st inst. (Monday), and was engaged in replying to a recent criticism which had appeared upon his book—"The Cholera Controversy." In the afternoon he went out for a drive, during which he made no complaint of feeling unwell. However, after his return, he suddenly became unconscious, and hemiplegia and aphasia supervened. Sir Alfred Garrod and Dr. Tirard were summoned, and it was soon seen that his case had assumed a serious aspect. He rallied somewhat during the earlier part of the following day. But subsequently a change for the worse ensued, the circulation became very feeble, and death took place as stated above, on the afternoon of the 3rd.

Sir George was born in November, 1818, at Goudhurst, in Kent, and was educated at the Grammar School there. At the age of nineteen he was apprenticed to a relative, a general practitioner, residing in Cranbrook, Kent, and two years later, in October 1839, he entered the Medical School at King's College, London, where he greatly distinguished himself as a student, gaining many prizes.

In the wards he was a Clinical Clerk under Dr. Todd, and a dresser to Sir William Ferguson, and after qualifying, he filled the posts of house physician and house surgeon. In 1844 he took his degree of M.D. at the University of London after having passed through a highly creditable university career. The position to which he had attained as a prominent Alumnus of his medical school at once marked him out as a likely candidate for an appointment on the staff of his hospital, and in 1857 he was elected one of the assistant physicians, succeeding Royle as Professor of *Materia Medica* and Therapeutics. In this appointment he continued until 1863, when he became Professor of the Principles and Practice of Medicine, an appointment which he resigned in 1876 when he became professor of clinical medicine. His connection with the Royal College of Physicians began when he became a member of that body in 1846. Four years later, an unprecedentedly short period, he was elected a Fellow of the College, and subsequently he held the offices of Examiner in Medicine, Junior Censor, Senior Censor, and Vice-President. The blue ribbon of science was conferred upon him in 1872, when he was elected a Fellow of the Royal Society. The following are further honours of which he was the recipient:—In 1884, the Presidency of the Royal Medical and Chirurgical Society; in 1889, a Physiciancy extraordinary to the Queen; in 1892, a Knighthood.

Sir George Johnson has left behind him many evidences of his professional work in the form of publications upon subjects which he had made his own. It is only true to say that he was a voluminous writer. But his contributions to the literature of Bright's disease, epidemic diarrhoea and cholera are the most original that he produced, and, perhaps, the best. In the evening of his days he devoted much of his time to literary work in connection with his profession. In 1887 he published a volume entitled "Medical Lectures and Essays," in which appeared many of his scattered papers on medical subjects. A feature of his writings was the controversial matters which he introduced into them. His views on various debated points in the pathology and treatment of chronic Bright's disease and cholera did not meet with general acceptance, and consequently he was often called upon to defend the position which he had taken in regard thereto. On these grounds may be partly explained the large number of papers and pamphlets issued from the press under his name. But controversy was an occupation in which he delighted, as may also be judged from the perusal of the correspondence columns of the medical journals of previous years. In reflecting upon the life work of Sir George Johnson, it is somewhat difficult to determine his position on the roll of famous physicians. That the profession is greatly poorer by his loss goes without saying, not only by reason of his scientific attainments, but also because of his personal qualities, which were such as to render him a *persona grata* among a large circle of his professional friends. Sir George married in 1850, but was left a widower ten years later with five children.

On the afternoon of the 8th inst. Sir George Johnson was buried in the little churchyard at Addington, Surrey, the first portion of the funeral service having taken place earlier in the day at St. James's Church, Piccadilly. There were many beautiful wreaths sent by Sir George's children, grandchildren, and servants. A stained window in the church bears testimony to the fact that Sir George's wife and sister-in-law were buried in a vault there some thirty-six years ago.

DR. JOHN RYAN, OF DUBLIN.

By the death last week of Dr. John Ryan, of Francis Street, Dublin, one of the last remaining links with the past generation of Irish practitioners is broken. Dr. Ryan was an ancient bachelor, once a dispensary doctor, one of the original founders of the Irish Pharmaceutical Society, and an Examiner, Director of the Apothecaries' Hall. By the humble means at his disposal he accumulated a fortune which is valued at over £40,000. He qualified as L.A.H. sixty-three years ago, and at his death must have been close to ninety years of age.

MR. H. C. BURDETT was yesterday presented by the Prince of Wales with an Address and Album in recognition of his services last year on behalf of the Hospital Sunday Fund.

Correspondence.

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

THE NEW GALENUS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR.—In your issue of this week, you comment upon an agitation by Dublin students against the appointment of a lady examiner in gynecology and obstetrics to the College of Surgeons, Ireland. May I be allowed to make a few observations on the whole question of the admission of women to the profession, in the hope that your columns will be opened to the discussion of the subject and an opinion formed of the views of the general medical world.

In the first place, I may state that I, with many that I know, strongly protest against the admission of women into the profession for four principal reasons:—

1. They are not worthy of it.
2. They lower the professional status.
3. Their motives are essentially selfish.
4. It is against the established laws of Nature.

If you will allow me, I will take these reasons *seriatim*. That they are not worthy, that is, do not deserve, to be admitted to the profession is evident from their past history.

The science and art of medicine and surgery have been built up step by step through the ages by men who sacrificed their all in adding to our knowledge, often against overwhelming odds, even to death at the stake itself, in order to advance or promote relief to suffering humanity. How much did woman add to our knowledge in medicine, surgery, or any other science? Even in our own time, which judged by the advances made in the sciences, is very long, woman, as far as my experience goes, has not added one iota to our knowledge.

She might have had, a full century ago, every facility of becoming well versed in all the sciences excepting the anatomical and clinical parts of our profession, if she wished, such as chemistry, electricity, geology, botany, physics in all its branches, and so on.

But no! they are not good enough. Nothing will suit her but to take advantage of the labours of centuries, and through the weakness of some members of the profession take all the profits that accrue.

That they lower the professional status I maintain, because not only are the vast majority of their own sex against it, but the profession is made a laughing stock of by the community at large.

That their motives are selfish is proved by my first contention. That is, they pick out the profession that pays best, not in money, for as a rule they are independent, but in notoriety, without adding anything to our common stock of learning.

Lastly, it is against the laws of Nature because it sweeps away the barriers erected by Nature between the sexes.

Let those members who support them follow the matter to its logical conclusion and having accepted women as Fellows vote to place them on the Council of their particular College, the General Medical Council, the Coronerships, the Army and the Navy. Do not do things by halves. In reference to your remarks anent Modesty (?) as between the Dublin Medical student and the Lady Examiner. Shade of Hunter!! That does not oppress, nor interfere with his sleep I assure you. Nor does he object in the least to a female examining him, but they do, I feel competent to say, very strongly object to having women on the roll at all, either as Fellows, Examiners, or Licentiates, and to their being placed in positions of emolument from which others equally efficient are excluded, having in view the above-mentioned objections to them. To sum up I consider it bad for the profession, bad for the individual, bad for the State, and bad for the home.

Hoping I have not trespassed too much on your space and assuring you of my deep respect in all other matters,

I am, Sir, yours, &c.,

C. L. HODGSON, L.R.C.P. & S.I.

187 Great Brunswick, Street, Dublin,

May 30th, 1896.

[We gladly afford our correspondent the opportunity to express his opinion, but we suggest that it is somewhat

too late to discuss the policy of admitting women to the profession, considering that years ago that question has been decided affirmatively in almost every civilized country in the world. Nor is this the question raised by the Dublin students, who—in common with the profession in Ireland and the Fellows of the Irish College of Surgeons—allowed, without effectual protest, the admission of women. Not, indeed, without plenty of debate of the *pros* and *cons*, for we know that here, in Edinburgh and elsewhere, their admission was carried against uncompromising resistance, both lay and professional, and after years of hard fighting. Our correspondent says that women doctors are unworthy, selfish, and unnatural, but, supposing they are, we submit that their being so is not sufficient reason for excluding them. Many men present similar disqualifications, yet they are admitted and are failures—just as it may be expected that women, if they are as our correspondent describes them, may be failures also. To upbraid them with not having contributed to medical science is like the objection to allow the boy to enter the water because he does not know how to swim. The women have been, until quite recently, denied the means for educating themselves in medicine and refused the right to practise it, when educated, and yet are sneered at because they fail to make bricks without straw.

The fact is that the public has pretty well made up its mind that, however at variance with good taste or with preconceived ideas of the position of women, their studies and practice of medicine may be, it is just that they shall have a fair stage and no favour, and the prejudice against their assuming functions heretofore strictly masculine is not strong enough to overcome this feeling in favour of fair play. As to the suggestion that they ought to be excluded lest they may push the male practitioner to the wall by competition, it is unworthy of a liberal profession. —Ed.]

THE ETIQUETTE OF LADY MEDICALS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—What your correspondents have lately said about the position of the lady doctors leads me to mention another fact that may have some bearing on the subject.

In an Edinburgh paper (*The Scotsman*), before the opening of the present Summer Session, a notice appeared giving particulars of a class which had been formed for lady medicals by Dr. Sophia Jex Blake. Now, such an advertisement appearing in the columns of a lay paper from a male lecturer would have raised an immediate storm of hostile criticism, and the matter would certainly have engaged the attention of the medical journals, if not of the General Medical Council.

Surely here, at any rate, we find a lady doctor making a law unto herself.

In pointing out the fact I do not express any opinion as to whether there is any harm in open advertisement. From the example of the many of the leaders of the profession, it seems not unlikely that one day we shall all advertise in the open instead of by furtive and mean methods such as you, sir, have more than once fearlessly exposed in your journal. But while the general view says professional advertisements of lecturers should not go into lay newspapers it will be wiser for Dr. Jex Blake and her friends to accept that position.

I am, Sir, yours, &c.,

FIAT JUSTITIA.

Carlisle, June 4th, 1896.

THE TREATMENT OF THE EXANTHEMATA BY RED HANGINGS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In Defoe's novel "Roxana," the following passage

occurs:—"My lord's man had received orders to make his bed in the crimson room, which name it received from the colour of the bed and furniture, and was reserved against the coming of strangers, or sickness."

The work was originally published by Defoe in 1724, and the continuation of Roxana's life in 1745. It naturally occurs to readers who are familiar with the "Rosa Angelica" of John Gaddesden, that the "crimson room" of Defoe is a popularising of Gaddesden's views, and it is interesting to note that the teaching of the "Rosa Angelica" influenced the English people for more than two hundred and fifty years.

In connection with this I might refer to Professor Feilberg's article (Danish Hospital Reports) published in 1894 on the treatment of exanthemata, in which, referring to the treatment of these fevers, he mentions that dark red cotton cloth was hung inside the window-pane, making the room dark.

John of Gaddesden's treatment was empirical, but the empiricism was based on observation, and as almost all exanthemata were treated in the crimson-room we find that for 250 odd years the domestic medicine of England anticipated our scientific views of to-day. May we not learn a lesson from this and be not too hasty to condemn usages that are the growth of centuries? Can any reader say from whom the idea of the red hangings in exanthemata came?

I am, Sir, yours, &c.,

GEORGE FOY.

HYPNOTISM FOR THE CURE OF INSANITY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am somewhat surprised that you should have criticised the absurd article which recently appeared on the above subject in the *New York World*, without having first acquainted yourself of the actual facts of the case.

I am therein accused of the most vulgar and offensive form of advertising. And I beg to state most emphatically that I had no hand whatever in the insertion of the article to which you refer. The claims which I am supposed to put forward in it, indeed, appear to be altogether too ridiculous to require refutation.

I am, Sir, yours, &c.,

J. F. WOODS, M.D.

Hoxton House Asylum,
London, N., June 8th.

Literature.

KAPOSI ON SKIN DISEASES. (a)

THIS volume has appeared at the proper moment, for hardly any branch of medical study has shown more restless activity than dermatology during the past few years. It is the work of a writer who occupies a foremost rank among European dermatologists. The present book represents the progressive developments on the former work of Hebra and Kaposi (translated by Mr. Waren Tay for the New Sydenham Society). It contains a systematic and thorough treatment of the diseases of the skin in the light of modern scientific advances, and contains many illustrations. In reviewing a work of this kind it is hardly possible to do more than point out its general features and its particular place in medical literature. First of all, it may be said that Kaposi's clearness and philosophical handling of a complicated subject has made his book fitted for the teacher, as well as the student of dermatology, and for the practitioner of medicine. Anyone who reads this volume and is, at the same time, acquainted with English writings on the same subject, cannot help being struck with the enormous influence Kaposi has had on English teaching. Turning to some of the diseases described we find an excellent chapter on rhinoscleroma, a condition first described by Hebra and Kaposi in 1870. The origin of this intractable affection is traced to a definite bacillus, in relation to which the

(a) "Diseases of the Skin." By Moriz Kaposi, Professor of Dermatology in Vienna University. Translated from the last German Edition by J. S. Johnston, M.D. London: Baillière, Tindall, & Cox. 1894.

author makes the following striking and suggestive remarks: "If we take into consideration the localisation of rhinocleroma, its constant development in the nares and upon the nasal mucous membrane, the frequent primary affection of the nasal, pharyngeal, and laryngeal mucous membrane, and, finally, the fact that inflammatory retractile processes take place in these parts as the results of chronic catarrhs, we may assume some relation, which is not well defined, between the bacilli of the catarrhs and those of rhinocleroma, and between the latter bacilli and the rhinocleroma itself." In discussing the interesting condition of herpes zoster the author thinks it may follow diseases of the spinal cord, but not as the result of affections of the spinal ganglia. The occurrence of herpes during an arsenical course he regards as accidental. The book is most admirably translated, and handsomely and substantially brought out. It should be in the library of every dermatologist, and of every advanced physician.

SCOVILLE'S ART OF COMPOUNDING. (a)

THE art of dispensing prescriptions, as the author correctly premises, depends largely on the practical application of small details, that is to say, the due recognition of the importance of certain details of manipulation. As these details cannot always and everywhere be borne in mind the author has set himself the task of providing a work of reference, where he who runs may read—what he has forgotten or has never known. The work is, of course, based on the United States Pharmacopœia, but as the main principles of practical pharmacy are everywhere the same, this does not constitute any very great drawback for pharmacy students and dispensers on this side of the Atlantic. In case of difficulty or doubt, much valuable information may be obtained by medical men from this work as to the methods of dispensing the numerous preparations which are not often prescribed by them, presumably because they do not remember at the moment how they can best be combined or exhibited, and have not at hand a ready reference book containing the exact information required. But to pharmacists it should prove even more useful, for we know of no work of the kind at all approaching this one in comprehensiveness. We have chapters devoted to mixtures, emulsions, pills, &c., in which the various processes, difficulties, and incompatibilities met with in each are carefully explained, and many valuable hints given. Articles, such as compressed tablets, tablet-triturations, cachets, capsules, and the like, are also fully dealt with.

We may observe *en passant* that it would have been better if the metric system had been used exclusively, or, at any rate, if attention had been directed to the differences between American and British standard weights and measures. This difference is most apparent in the paragraphs on percentage solutions, and it is necessary to bear in mind that the figures given are according to the American standards, as otherwise errors may result.

We note a few doubtful statements here and there, as, for example, when (page 47) it is stated that undissolved carbonic acid *floats upon the surface of the water*. That is not our experience, and, as it has a specific gravity of about 1050, we see no reason to believe that such is the case. Then, again, it is not the case that the rapidity with which a solution (of a salt) is formed, as well as the amount dissolved, is dependent on the temperature, witness the action of chloride of sodium, for instance. There is a distinctly erroneous statement on page 65, viz., that solutions for hypodermic use are to be injected *directly into the circulation*. This is the one thing to be avoided! We must also demur to the view (page 51) that pharmacists are expected to make such additions to prescriptions as shall make them more elegant in appearance or taste (elegant in taste?). Certainly not without consulting the physician, we should say. Our criticisms, however, bear mainly on details. The information given, and the ability with which it has been arranged should make this book a useful addition to the library of every physician and pharmacist.

(a) "The Art of Compounding." By W. L. Scoville, Ph.G., Professor of Applied Pharmacy and Director of the Pharmaceutical Laboratory in the Massachusetts College of Pharmacy. London: Keegan, Paul, Trench, Trubner, & Co., Limited. 1895.

THE NEW SYDENHAM SOCIETY'S LEXICON. (a)

THOSE who are impatient for the completion of this the most generally useful work undertaken by the New Sydenham Society should reflect on the fact that this is the twenty-second part. Twenty parts, each of which on the average included 9,500 definitions. It is no exaggeration to say that each number issued is equal to many a lexicon in the number of words defined.

But more than that its value is enhanced by the number of difficult and unusual words dealt with, the great majority of which are not to be found in any other lexicon.

As we turn over its pages we recall to memory Mayne's preface to the lexicon on which the present work is based, his desire was to have a convenient reference book in which the difficult, obscure, and unusual words would be explained. This object the Sydenham lexicon keeps in view, and so far as it has gone it has fulfilled all the requirements of a lexicon that the most exacting critic could demand.

Had the Society never done anything more than produce this great work, they might claim to have earned the gratitude of all succeeding ages.

THE INTERNATIONAL ENCYCLOPEDIA OF SURGERY. (b)

THE object of this supplementary volume is to furnish to the readers of the "International Encyclopedia of Surgery" a brief but sufficient account of such additions to surgical science and art as have been brought forward during the seven years which have elapsed since the revised edition of the original book was published. The object has been satisfactorily attained, and the results of such progress incorporated in this great work, and with rare judgment it may be added ephemeral theories have not been included in its pages.

Amongst the articles which deserve more than passing notice is that of McFadden Gaston on Hydrophobia, that of Dr. Wyeth on Hernia, and Dr. Hunter McGuire's description of his operation for the production of an artificial anterior urethra—a very marked advance in urinary surgery.

BINZ'S LECTURES ON PHARMACOLOGY. (c)

ONE of the advantages of the New Sydenham Society is the judicious selection of books made for subscribers. It has, however, been complained of that subscribers occasionally get volumes on subjects in which they have little or no interest. Such a condition of affairs is unavoidable. A subscriber to a medical journal finds articles on subjects in which he has little interest, but he finds that the great majority of the articles deal with matters which concern him; so it is with the Society's books. In the present instance, the selection cannot, we think, prove other than pleasing. All practitioners are interested in pharmacology. Adopting the author's definition that pharmacology denotes the scientific investigation—with reference specially to the requirements of the physician—of such substances as are contained in the official pharmacopœias of various countries, and are employed in the treatment of disease, we at once find ourselves on a common ground, where physician, surgeon, specialist, and, in short, every member of the profession finds something worth culling.

This, the first volume of Binz's work, treats of anaesthetics, morphine, bromides, nitrites, iodides, hypnotics, strychnine, alcohol, and so forth, of—

(a) "The New Sydenham Society's Lexicon of Medicine and the Allied Sciences" (based on Mayne's Lexicon). Twenty-second Part. Pin—Puke. London: The New Sydenham Society. 1895.

(b) "The International Encyclopedia of Surgery: A Systematic Treatise of the Theory and Practice of Surgery." By Authors of various Nations. Edited by John Ashhurst, Jr., M.D., LL.D., Barton Professor of Surgery and Professor of Clinical Surgery in the University of Pennsylvania; Surgeon to the Pennsylvania Hospital, &c. Illustrated with chromo-lithographs and woodcuts. In seven volumes. Vol. VII (supplementary volume). London: Macmillan and Co.; and New York. 1895.

(c) "Lectures on Pharmacology for Professors and Students." By Dr. C. Binz, Ord. Professor and Gehelmer Medicinal Path.; Director of the Pharmacological Institute in the University of Bonn. Translated from the Second German Edition, by Arthur C. Latham, M.A., M.B. Oxon., M.A. Cantab., Radcliffe Travelling Fellow in the University of Oxford. Vol. I. London: The New Sydenham Society. 1895.

"Herbs, many that are healing in the cup, and many baneful."

A knowledge of the physiological effects of drugs is essential to scientific medicine. We cannot continue prescribing, empirically, after the manner of evangelical quacks, who dose every epileptic with bromides; or of a pharmaceutical chemist who doses every case of constipation with purgatives whether the case is one of hernia, carcinoma, or intussusception.

The practitioner's study must embrace the curative properties of drugs. He must know their effect on the healthy, and the influence of disease in modifying their action—if he is to practise scientific medicine. He should be able to say, with Cerimon:

"I ever
Have studied physic, through which secret art,
By turning o'er authorities I have
(Together with my practice) made familiar
To me and to my aid, the bless'd infusions
That dwell in vegetives, in metals, stones;
And I can speak of the disturbances
That Nature works, and of her cures."

We warmly recommend the present work, although, perhaps, to the modern scientific pharmacologist, it can scarcely be said to be up to date. It is, nevertheless, the result of a life's work carried on with every facility for its accomplishment. Those who read it will, like ourselves, be quick to acknowledge that they have learned much from it, and will feel that in some of our oldest and best-known drugs there was a potentiality for good which the profession generally little dream of.

The New Sydenham Society has done a good work in placing such a valuable book in the hands of its subscribers.

COOPER ON SYPHILIS. (a)

THE second edition of this work marks a considerable advance in knowledge since the appearance of the first edition. This statement is admirably illustrated by the fact that a new chapter has been added on the relationship between syphilis and insanity. The fact that this connection has been recognised should stimulate afresh the efforts of practical prevention of both these scourges of mankind. We notice that the author mentions rupia as generally developed towards the end of the second or third year, or later, but in malignant syphilis, it may appear quite early. We have seen this condition while the primary chancre still existed on the penis. We note that the treatment by mercury is advised over a period of two years, to be given first for six months, left off for a month or six weeks, to be resumed for three months. After a second interval, longer than the first, a third and fourth course of three months, to be then given, with intervals of a similar duration. Many surgeons would think these divisions rather long and arbitrary. The value of iodide of potassium as a curative agent is questioned, but no mention is made of its suggested use in washing the mercury out of the system. The value of the present edition is much enhanced by a number of beautifully executed and artistic chromolithographs.

THE OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.

We are asked to publish the following letter which has been addressed to the members of the Ophthalmological Society:—

DEAR SIR,—I beg to inform you that a Committee has been appointed by the Council to report to this Society on the relative value of simple enucleation of the eyeball, and the operations which have been substituted for it, viz., evisceration, with or without the introduction of a globe; insertion of a globe into Tenon's capsule; abscission; optico-ciliary neurectomy, and neurotomy.

The Committee invite you kindly to furnish them with any of your unpublished cases, or reference to published ones, which you may consider have any bearing upon the following questions:—

1. What are the relative risks of meningitis?

2. What are the relative risks of sympathetic affections?
3. What are the other disadvantages, immediate or remote, of the various alternative operations (such as excessive reaction or non-permanence of desired result, &c.)?
4. What are the special advantages with relation to the wearing of an artificial eye?
5. Are there any special points to be emphasised in the technique of any of the above operations?
6. To what extent should the choice of operation depend on the nature of the case?

It is requested that, if possible, any communications in answer to this letter should be sent in before October 1st.

I am, dear Sir, yours truly,

E. TRACHEE COLLINS,
Secretary to the Committee.

84 Wimpole St., London, W.

AN APPEAL.

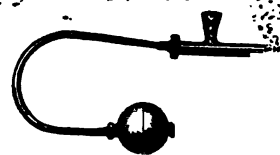
THE following is a first list of subscriptions received on behalf of the widow and children of the late Dr. C. R. Illingworth, since the publication of the appeal last week:—

	£	s.	d.
T. J. Walker, Esq., M.D., Peterborough	5	5	0
Geo. W. Potter, Esq., M.D., London	5	5	0
"A. B."	2	2	0
F. Mansy, Esq., Tunbridge Wells	1	1	0
A. Kershaw, Esq., M.D., Farnmouth	1	0	0
W. E. Humble, Esq., M.D.	0	10	6
"A. B."	3	3	0
G. Sims Woodhead, Esq.	3	3	0
Thomas Milne, Esq., M.D., 14 Bonocord Square, Aberdeen	2	2	0
J. Inglis Parsons, Esq., M.D., M.R.C.P., 3 Queen's Street, Mayfair	1	0	0
J. A. Erskin Stuart, Esq., L.R.U.P., Batley	10	6	0
Geo. Kirkwood, Esq., M.D., Peterborough	5	0	0
Peter McBride, Esq., M.D., Edinburgh	1	1	0
Griffith Wilkin, Esq., M.R.C.S., London	1	1	0
W. A. Satchell, Esq., F.R.C.P., Ealing	1	1	0
Edgar Duke, Esq., M.R.C.S., St. Leonards-on-Sea	1	1	0
F. Birtwhistle, Esq., M.B., Lincolnshire	1	1	0
"F. F."	10	6	0
J. N. Brown, Esq., M.R.C.S., London	10	0	0
Dundas Grant, Esq., M.D., F.R.C.S.	5	5	0

Novelties.

THE ZEPHYRON.

THE object of this invention is to provide for the combination of various medicinal agents, such as opium, stramonium, and cannabis indica, so that the fumes can be easily inhaled, and their effects obtained without smoking. For the relief of asthma, whooping-cough, and many other maladies affecting the pulmonary organs there is no doubt but that inhalation is being much resorted to; and considering the advantages to be derived from the use of opium by inhalation, it is probable that any method will be useful by which combustion is supported.



× Marked for Fumerettes.

The Zephyron is a small vulcanite tube, into which a jet of air is forced by an elastic ball, and an induced current is obtained by which the combustion of any substance is effected. Messrs. Maw, Son, & Thompson are introducing the Zephyron to the profession, and the Apothecaries' Society of London are preparing Fumerettes for use in it. As there is no other instrument of the kind, and the

(a) "Syphilis." By Alfred Cooper, F.R.C.S. Late Surgeon to the Lock Hospital, &c. London: J. and A. Churchill. 1895. Price 18s.

want has long been felt of some simple way to obtain the fumes of many drugs, the Zephyron is likely to be turned to good account in the relief of many complaints.

THE LIQUOR CARNIS CO.'S PREPARATIONS.

We have received from the Liquor Carnis Co. a fresh batch of samples, including one or two novelties. Some are old friends, such, for instance, as the veritable Liquor Carnis, a preparation of the uncooked juice of muscle-plasma, rendered proof against decomposition as to the merits of which we need on this occasion add nothing to our previous encomiums beyond observing that the recent samples are decidedly more palatable. Then we have *Virol* (red bone-marrow), an excellent food material for the delicate and the ailing. It is rich in the organic compounds of iron and phosphorus, also *Virol Sans Sucre* which contains neither sugar nor starch. It is, therefore, indicated especially in cases where maltose and the like are disliked or forbidden, though its usefulness is not restricted to these cases. We are also introduced to Malto Carnis, an elegant and tasteful combination of Liquor Carnis, malt extract, and cocoa. Mixed with hot or cold milk Malto Carnis makes a highly nutritious and palatable beverage, comprising the qualities of meat as well as those of malt and cocoa. As an artificial food-product it takes a first place. *Marrol* has already been dealt with. It is a preparation of white bone-marrow, and although it does not contain red marrow as supplied by *Virol*, it is an excellent substitute for cod-liver oil and the like.

LITMUS PENCIL.

The new "Litmus Pencil," manufactured by Messrs. T. Christy and Co., of Lime Street, London, is a simple and ingenious device for dispensing with the use of reactive papers. It contains red and blue litmus inserted in an ordinary wood pencil, and if the pointed ends are moistened and rubbed on a strip of paper, we have the means of ascertaining forthwith the reaction of the fluid under examination. It is claimed to be vastly more sensitive than litmus paper, though this is possibly less important than its convenience in other directions.

Medical News.

The Annual Meeting of the Irish Medical Association.

The annual reunion of the Association was held on Monday, the 1st inst., at the Royal College of Surgeons, and it was followed in the evening by the annual dinner, at which 73 members and guests, including many distinguished and official personages, were present. We regret that the great pressure on our space compels us to "hold over" until next week our report of the proceedings.

Banquet to Mr. Kendal Franks, of Dublin.

ARRANGEMENTS are being made, with the approval of the Council of the Royal College of Surgeons, to entertain the Vice-president, Mr. Franks, of the Adelaide Hospital, at a banquet, before he proceeds to South Africa, where, in consequence of domestic considerations, he will reside and practice in future. The entertainment will take place on the 25th inst., and applications for dinner tickets will be received from members of the profession by G. F. Blake, Esq., at the College, up to the 15th inst.

A Bacteriological Laboratory for London.

ON Saturday last a joint deputation of the British Institute of Public Health and the Incorporated Society of Medical Officers of Health waited upon the Asylums Board, at the County Council's Board Room, Spring Gardens, to urge the establishment of a bacteriological laboratory. Sir Charles A. Cameron, Vice-President of the Institute, said that, as representing both departments, he thanked the Board for their courtesy in receiving them. At considerable length, he pointed out the advantages which would result from having a well-equipped and manned bacteriological laboratory in connection with the Asylums Board, who had the care of the infective sick of 4½ millions, and from whose enormous revenue of £600,000 a year it would be easy to supply the fund necessary for founding and maintaining such a laboratory. In its rapid diagnosis of such diseases, for example, as diphtheria, could be made for the ordinary practitioner, and it should be done for him through the local medical officer of health without any charge. Much valuable information

was published by the Board in their invaluable reports, and the results, if tried in a great laboratory, such as that proposed to be established, would greatly enhance the value of these reports. Dr. Dempster said a few words in support of the proposal, and the Chairman said that it would have the most careful consideration.

Congress of Dermatology.

THE Third International Congress of Dermatology will take place this year in London, from August 4th to 8th inclusive. The Meetings of the Congress will be held at the Examination Hall, on the Victoria Embankment, and the programme will be as follows:—August 4th: Presidential Address; "Prurigo" will be discussed by Dr. Besnier (Paris), Prof. Kaposi (Vienna), Dr. J. C. White (Boston, U.S.A.), and Dr. Payne (London). August 5th: "Keratosis," by Dr. Unna (Hamburg), Dr. H. G. Brooke (Manchester), Prof. V. Mibelli (Parma), Dr. W. Dubreuilh (Bordeaux); "Syphilitic Re-Infection," by Prof. Fournier (Paris), Prof. Lang (Vienna), Mr. Alfred Cooper (London), Dr. Fitzgibbon (Dublin). August 6th: Clinical demonstration of cases, followed by papers on "The Connection of Tuberculosis with Diseases of the Skin," discussed by Dr. J. Nevins Hyde (Chicago), Dr. Hallopeau (Paris), Dr. Radcliffe Crocker (London), Prof. G. Riehl (Leipzig); "The Duration of Contagion of Syphilis," Mr. Hutchinson (London), Prof. Campana (Rome), Prof. Lesar (Berlin), Dr. Feulard (Paris); and "Ringworm and the Trichophytosis," discussed by Dr. Sabouraud (Paris), Prof. Rosenbach (Göttingen), Mr. Malcolm Morris (London). August 7th, the subjects are: "The Erythema Multiforme Group," by Prof. de Amicis (Naples), Dr. T. H. Veiel (Stuttgart), Dr. Prince A. Morrow (New York), Dr. Stephen Mackenzie (London) "Malignant Syphilis," by Prof. Haalund (Copenhagen), Prof. Neisser (Breslau), Prof. Tarnovsky (St. Petersburg). The programme for the last day is not yet definitely settled.

The Royal College of Surgeons.

THE following gentlemen, having passed the necessary examinations, were admitted Members of the College, viz:—

J. M. Acland, H. B. Emma, A. C. H. J. Hackney, J. C. Leicester, H. J. Price, of University Coll. Hosp.; H. Hallam, of Firth Coll. and General Hosp., Sheffield; R. C. Hope, of Malbourne Univ. and Univ. Coll. Hosp.; J. W. Fridmore, of University College Hospital and Masons' Coll.; W. F. Adams, M. Cameron, H. W. Evans, A. B. Fry, A. S. Grant, E. K. Hamilton, H. Innes, and T. Jones, of London Hosp.; C. E. Dashwood, W. B. Heywood, of Cambridge Univ. and London Hosp.; W. A. Greene, of Ledwich School and Mercers' Hosp., Dublin; J. B. Gunson, of Adelaide Univ. and London Hosp.; E. S. Savage, of Oxford Univ. and London Hosp.; C. W. Aitorn, W. F. V. Bonney, H. C. Clark, J. Gardiner, H. E. Goulden, H. P. Goble, H. B. Shepherd, A. E. Walter, of Middlesex Hosp.; L. P. Black, of Cambridge Univ. and Middlesex Hosp.; W. H. Allen, W. Eley, J. W. Farndale, H. Lowe, T. H. Price, W. H. Rowlands, W. G. Thomas, of Masons' College, Birmingham; J. S. Anderson, T. Anstey-Chave, J. J. Blagden, J. A. O. Briggs, J. Brook, A. K. J. Douglas, S. R. Douglas, E. G. Drury, G. H. Wemyss, Ell, H. R. Ellis, F. Follott, G. H. Forman, C. H. Hopkins, T. J. Horder, J. M. Murphy, J. C. Powell, E. Pratt, E. G. Simmonds, J. A. Spear, C. M. Welburn, H. C. Wimbles, of St. Bartholomew's Hosp.; A. B. Ward, of Cambridge Univ. and St. Bartholomew's Hosp.; M. C. Barclay, of Univ. of Otago; E. M. Barker, of Cambridge Univ. and St. Thomas's Hosp.; E. L. Collie, of Oxford Univ. and St. Thomas's Hosp.; G. L. Hanwell, H. E. Haynes, R. A. L. Hill, E. H. T. Nash, L. W. Richards, W. G. Ridgeway-Macaulay, B. Slocock, F. H. Sturdee, E. H. Sutcliffe, G. E. O. Taylor, M. A. Teale, A. Warner, of St. Tho's Hosp.; T. W. N. Barlow, E. J. Evans, S. W. Williams, of Univ. Coll. and Royal Infirmary Liverpool, E. R. Grakebrook, of Univ. Coll. and Royal Infirmary, Liverpool, and King's Coll. Hosp.; E. A. Smith, of Yorkshire Coll. and General Infirmary, Leeds, S. Gross, W. H. Holliday, A. E. Hutton, A. T. Letchmore, C. A. Phillips, A. C. B. Pierson, of Yorkshire Coll. and General Infirmary, Leeds, D. B. Behramjee, of Bombay Univ. and Charing Cross Hosp.; N. S. Bickford, F. J. Godwin, A. W. Henley, H. H. P. Johnson, P. C. Spark, S. R. Wright, of Charing Cross Hosp.; W. B. Bell, J. R. Benson, C. Bramwell, S. A. Francisco, W. B. Murray, J. B. Prior, C. E. Williams, R. P. Williams, of King's Coll. Hosp.; F. Bennett, E. O. E. Browne-Mason, F. G. Bullmore, S. C. C. Fenwick, H. E. Fryer, W. B. Maurice, E. G. Moon, C. O. Parsons, S. Stephens, E. H. Sweet, E. G. Sworder, F. Whitlaw, of St. Mary's Hosp.; E. A. Draper, M. R. Johnson, R. P. McCarthy, of Cambridge Univ. and St. Mary's Hosp.; C. C. Preston, of Owen's Coll. and Royal Infirmary, Manchester, and St. Mary's Hosp.; G. O. F. Sealy, of Grant Medical College and Bombay Univ.; L. B. Betts, J. Heard, J. N. B. Vise, of Westminster Hosp.; J. Broadbent, E. Knowles, of Owen's Coll. and Royal Infirmary, Manchester; C. Coventry, of Owen's Coll. and Royal Infirmary, Manchester, and Guy's Hosp.; F. H. Cann, J. W. Culmer, W. L. B. Davies, E. Flak, G. H. Flory, J. J. Foster, R. Heddon, A. E. Hitchcock, S. Infield, H. J. M. Milbank-Smith, B. F. Pender, W. E. Plummer, B. A. Richmond, E. L. Roberts, A. H. Spicer, T. W. Stanton, E. H. Tipper, P. N. Vallaocott, of Guy's Hosp.; A. V. Clarke, W. L. Garner, G. B. Marial, M. H. Smith, C. O. Stead, of Cambridge Univ. and Guy's Hosp.; H. M. Cooper, S. F. Smith, B. B. Tahmianian, of St. George's Hosp.; C. F. Drakitt, of University Coll. and Bristol Infirmary.

Notices to Correspondents, Short Letters, &c.

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

READING CASES.—Cloth board cases, gilt-lettered, containing twenty-six strings for holding the numbers 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.

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

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before type is broken up.

DR. J. B. (Boston).—Our correspondent has been correctly informed.

M.R.C.S., L.R.C.P. (Lond.).—The announcement reached us in time, but at the last moment space could not be found for it, owing to the crowded state of our columns. Our correspondent will see that his wishes have been attended to in the present issue.

PROVINCIAL PRACTITIONER.—We understand that the matter is still *sub judice*.

A MIXED METAPHOR.

THE Vice-President of the English Pharmaceutical Society, at its annual meeting last week, uttering a eulogium upon the retiring President, Mr. Cartelghe, who had filled that post for 14 years with distinction and ability, said that "the bread which that gentleman had cast upon the pharmaceutical waters would bring forth fruit to his own satisfaction."

MRS. SKINNER.—We cannot recommend any particular specialist. Our correspondent should consult her medical man, and be guided by him as to the choice of a surgeon.

S. P. G.—The matter has not come under our notice, and, under any circumstances, it would be against our rule to deal with it.

POLICE SURGEON.—The contents of the stomach should have been saved, and submitted to a careful analysis.

ASSISTANT (Kreter).—There is no precedent that we know of for such a decision, nor do we think that our correspondent's principal could legally enforce it. Perhaps it would be best to take the advice of a solicitor upon the point.

Meetings of the Societies.

THURSDAY, JUNE 11TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11 Chandos St., Cavendish Sq., W.).—8 p.m. Card Specimens:—Mr. S. Walker: (1) Tumour of Optic Nerve; (2) Oxytocerus of the Conjunctiva.—Dr. B. Taylor: Cases of Cataract Extraction.—Mr. Lawford: Pigmentation of the Conjunctiva.—Mr. Silcock: Lymphangloma of Orbit.—Mr. Juler: Macrophthalmos.—Mr. M. Gunn: Acute Eruption with Associated Affection of the Conjunctiva.—Mr. H. Spicer: Acute Double Optic Neuritis. 8.30 p.m. Papers:—Mr. Bookliffe: (1) Leuco-sarcoma of Choroid; (2) Cataract Extraction and Gout.—Mr. T. Collins: On the Origin of Ruptures in Detached Retina.—Mr. W. E. Cant: Cyst of Orbit.—Mr. Snell: (1) Cases of Acquired Nystagmus in Occupations other than that of Coal Mining; (2) Note on Electrolysis in Detachment of the Retina.

BRITISH GYNAECOLOGICAL SOCIETY (20 Hanover Square, W.)—8.30 p.m. Specimens will be shown by Mr. O'Callaghan and Dr. Lawrie. Paper:—Dr. Fancourt Barnes: On Some Psychological Consequences of Suppressed Menstruation. A Note by Dr. Holland on a Successful Case of Transfusion.

VICTORIA HOSPITAL FOR CHILDREN (Chelsea).—4 p.m. Mr. R. Johnson: Hernia in Childhood.

FRIDAY, JUNE 12TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11 Chandos St., Cavendish Sq., W.).—9 p.m. Prof. Snellen (Utrecht): The Influence of Light on Vision. (Bowman Lecture.)

LONDON POST-GRADUATE COURSE, King's College, 3 to 5 p.m., Prof. Crookshank: Typhoid Fever and Diphtheria.

Vacancies.

Brentford Union.—Medical Superintendent of Infirmary and Medical Officer of Workhouse and Schools. Salary £250 per annum, with furnished residence in the Infirmary, rations, washing, &c., or £300 with furnished residence, washing, &c., but without rations. Also an Assistant Medical Officer. Salary £100 per annum. Full particulars of the Clerk to the Guardians, Union Offices, Isleworth, W.

Chester General Infirmary.—Visiting Surgeon. Salary to commence at £50 per annum, with residence and maintenance. Applications and testimonials to the Chairman of the Board of Management, 29 Eastgate Row, North Chester, not later than June 27th.

Isle of Man General Hospital and Dispensary, Douglas.—House Surgeon. Salary £200 per year, with apartments, gas, coals, and washing free. Full particulars of Mr. Fredk. B. Fleming, Hon. Sec.

Lowes Dispensary and Infirmary and Victoria Hospital.—Resident Medical Officer. Salary £110 per annum, furnished apartments, coal, gas, and attendance. Application and testimonials to the Hon. Sec. by June 20th.

Parish of Creich (Sutherland).—Medical Officer. Salary £45 per annum with customary fees and allowances. Applications to David Ross, Inspector of Poor, Bonar Bridge, Sutherland, N.B.

Parish of Kincardine (Scot.).—Resident Medical Officer and Vaccinator. Salary as Medical Officer £45 10s. per annum, as Vaccinator the statutory fees, with an additional £5 per annum. Applications and testimonials to the Chairman of the Parish Council by June 19th.

Appointments.

CHAMBER-PEARCE, A. M.B., B.S.Lond., House Surgeon to the Kea County Ophthalmic Hospital, Maidstone.

DE BANTI, P. E. W., F.R.C.S., Lecturer on Aural Surgery to the Westminster Hospital Medical School.

HARTLEY, J., M.B., B.Ch. Vict., L.R.C.S., L.R.C.P. Ed., Junior House Surgeon to the Ancoats Hospital, Manchester.

HAYNE, L. B., M.B., B.C. Cantab., House Surgeon to the Victoria Hospital for Children, Chelsea.

HILL, R. A. L., L.R.C.P., M.R.C.S., House Surgeon to the Chichester Infirmary.

LIGHTFOOT, C. L., M.D., C.M. Edin., M.R.C.S., Surgeon to the Northumberland, Durham, and Newcastle Eye Infirmary.

LYONS, E., M.B., B.Ch., B.A.O. Dubl., L.M. Rotunda, Senior Resident Surgeon to the Jervis Street Hospital, Dublin.

ROLSTON, J. R., L.R.C.P. Edin., M.R.C.S., Honorary Surgeon to the Plymouth Royal Eye Infirmary.

TAGGART, J. S., M.B., Ch. B. Vict., Senior Resident Medical Officer to St. Mary's Hospital for Diseases of Women and Children, Manchester.

THOMPSON, W., F.R.C.S., Senior Anesthetist to the General Infirmary, Leeds.

WARWICK, J., M.B., C.M. Aberd., Resident Medical Officer to the Burnley Victoria Hospital.

Births.

ANDREWES.—June 7th, at 25 Welbeck Street, London, W., the wife of F. W. Andrewes, M.D., of a son.

ERHARDT.—June 4th, at Portland House, Battersea, the wife of J. M. Erhardt, L.R.C.P., of a daughter.

HOUGHTON.—May 31st, at East Loos, Cornwall, the wife of Leonard F. Houghton, M.R.C.S., L.R.C.P., of a son.

FLOWMAN.—June 2nd, at Eggle House, Clapham Common, S.W., the wife of T. A. Barrett Flowman, M.R.C.S., L.R.C.P., of a daughter, prematurely.

Marriages.

COLLEY-WATTS.—June 2nd, at Oudtshoorn, South Africa, Courtenay R. Colley, M.R.C.S., L.R.C.P., of Streatham, to Jennie Watts, of Oudtshoorn. (By telegram.)

COLLIER-BOWATER.—June 6th, at St. John's Church, Lewisham, Kent, Henry William Collier, M.B., B.S.Lond., of Adderbury, Oxon., to Gyneth, daughter of Francis Bowater, of Apna Ghur, St. John's.

HOVEDEN-PHILLIPS.—June 1st, at Holy Trinity Church, Selhurst, S.E., Arthur Cecil Hoveden, M.B., B.S.Lond., son of the late Thos. Henry Hoveden, Esq., of South Norwood, to Madeline Besse, younger daughter of the late William Phillips, Esq., formerly of South Place, Finsbury, and Shepton Mallet.

LEAF-GRIERSON.—June 6th, at St. Barnabas Church, Kensington, Cecil Huntington Leaf, M.A., M.B., F.R.C.S., to Fanny, daughter of the late James Grierson, Esq., of 4 Holland Villas Road, Kensington.

MUIR-REID.—June 2nd, at St. George's Church, Hanworth, Middlesex, Harold Muir, M.D.Lond., of Lowestoft, to Violet, second daughter of Neville Reid, The Oaks, Hanworth.

SIMPHERD-STACKHOUSE.—June 3rd, at St. Peter's Church, Stainforth, near Settle, Henry Bowman Shepherd, L.R.C.P.Lond., M.R.C.S. Eng., of Castleton, near Sheffield, to Elena, youngest daughter of the late Thomas Stackhouse, of Tatlands, Settle.

THOMAS-MCLEOD.—June 6th, at Christ Church, Galle Face, Colombo, Thomas J. Llewellyn Thomas, F.R.C.S., son of the late Rev. J. Davies, C.M.S., Ceylon, to Mary, eldest daughter of the late Lt.-Col. W. S. McLeod, M.S.C., of Hampstead.

Deaths.

Fearnside.—May 28th, at Mellow, Bournemouth, Henry Fearnside, M.B.Lond., F.R.C.P., aged 78.

McLAREN.—May 29th, at Newport Road, Cardiff, of pneumonia, Kenneth McLaren, M.B.Lond., third son of the late J. W. McLaren.

REID.—June 3rd, at 304 Walworth Road, London, after years of suffering, Frank Reid, M.B.C.S., eldest son of the late Commander Robert Reid, R.N.

SHOPPER.—May 31st, at the residence of his father, Ed. C. Shoppee, Dudley House, Tufnell Park, Sidney E. Shoppee, M.R.C.S., L.R.C.P., aged 24.

NOTICE.—Announcements of Births, Marriages, and Deaths in the families of subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

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Original Communications.

ON SOME POINTS CONCERNING THE HYGIENE OF INFANCY AND CHILDHOOD.

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

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Master, National Lying-in Hospital, &c.

THE object of the Council of the Dublin Health Society in instituting this Course of Lectures is, as I understand it, to afford a platform for the exposition of those elementary principles of sanitary science and hygiene by attention to which so many of the ills of suffering humanity might be obviated. Hence, trite as is the subject of the following observations, and although I have on previous occasions taken a similar part in its discussion, I have willingly acceded to the suggestion that I should address you, firstly, in the hope of securing your interest and co-operation in the much needed work of diminishing the appalling waste child-life now going on around us.

Secondly, I shall endeavour to point out some of the preventible causes of disease, suffering, and death to which, as I have learned by long experience as Physician to the Hospital for Sick Children, the young are exposed. And, thirdly, as this mortality or suffering is largely due to either ignorance or neglect of the principles of child culture—hygienic or physical, and moral or mental—I shall venture to make a short reference to the most important of those, and so afford a bird's-eye view of some salient features in the vast range of topics included under the heading of this lecture.

We find that at the present time the mortality of the first year of life still constitutes nearly one-fifth of the total death rate, or very little if anything less than it was according to the earliest of those reports half a century ago. Moreover, although the average mortality of our population of all ages is only twenty per thousand, the death-rate in children under five years of age is fifty-nine per thousand in England and Wales, and thirty-six per thousand in Ireland; whilst in the case of children under one year, it is one hundred and thirty-six per thousand, and in some places such as Dublin, it has reached two hundred and ten per thousand.

With regard to the mortality of infancy and early childhood in these countries, it has been shown that of every million children, 150,000 die in the first year after birth, 53,000 in the second year, and 28,000 in the third year. From other Reports of the Registrar-General this fearful death-rate may be easily shown to be directly consequent on the hygienic mismanagement of infancy, and more especially to the substitution of unsuitable artificial foods for the natural nutriment of infants. Thus, for instance, of 10,000 deaths in the first year of existence registered in Dublin no less than 7,646, or three-fourths, occurred in the case of children who were thus artificially fed. Moreover, the consequences of this hygienic mismanagement are as distinctly recognisable in the causation of many of

the non-immediately fatal diseases by which the fairest portion of existence is too often embittered.

Management of Infancy.

Commencing our brief survey of the principles of child-culture with the first of the periods into which life is divisible—namely, infancy—we may here consider how our new-born fellow-creatures should be treated on their arrival amongst us, or in what manner should infants be fed, clad, and managed.

The first of these questions may be briefly disposed of. Nature has written in unmistakable characters the primary law of hygiene—namely, that every infant should, unless under exceptional circumstances, be nursed by its mother, whose milk, if she is fairly healthy, is a more salutary compound of nutriment than it can ever otherwise receive.

For perfect nutrition, as Dr. Eustace Smith says, four classes of food are required, viz., albuminates, fatty substances, carbo-hydrates, and salts. These are found in the most digestible form and the most perfect proportions for the young child in the casein, butter, sugar, and salts of human milk.

Nor in this connection should it be lost sight of that the nursing mother herself generally profits hardly less as regards future health than her child from the discharge of this duty whenever it is possible. Otherwise, a wet nurse should be got for the child if there be one obtainable of unimpeachable mental and moral tone as well of physical health. These requirements are, however, so difficult to secure that, unless in the case of some delicate children who require the personal warmth of the nurse, and with whom nothing but breast milk agrees, I generally advise my patients to bottle-feed their children.

When a child is to be fed by hand, its best nutriment is that which comes nearest to its natural food, the most generally available substitute for which is the properly prepared, fresh milk of a healthy cow.

Every nurse knows that this is richer than woman's milk and hence she imagines that the addition of so much water is all that is wanted to bring the former to the standard of the latter. Now this error cannot be too strongly insisted on. Bovine milk is not merely of higher specific gravity, or, in other words, contains a larger proportion of solid matter, but it also differs from the natural food of an infant in character, as well as in the amount of these constituents, containing less sugar and more insoluble casein. Hence it is less easily digested, and the resulting curd, or caseous mass, left in the child's stomach commonly gives rise to discomfort, pain, or disease.

To prevent this, cow's milk should be diluted and rendered non-accent by the addition of from two to four ounces of lime-water with a little sugar and milk, and a few drops of fresh cream if procurable, to each pint. After four or five months the amount of lime-water may be gradually lessened and curdification effectually prevented by adding a small pinch of salt and as much bread-soda to each bottle. If the child appears unsatisfied or is not thriving, one part of thick barley-water may be added to three or four parts of milk. This should be given by the old-fashioned boat-shaped bottle in preference to those furnished with rubber tubes, which are difficult to keep clean, and with which a child is more liable to be overfed.

With regard to the use of cow's milk as a substitute for the natural food of an infant there is, however, a new possible source of danger that must be referred to, viz., the practice now largely adopted in some places by milk dealers of adding antiseptics, such as boric acid and other still more active germicides to their milk. Some of the agents thus employed, such as formaline, are of a toxic character, and even the least poisonous of them, viz., boric acid, cannot be added to milk in sufficient quantities to act as a preservative of it without, at the same time endangering the health possibly of adults and still more certainly that of any infants thus subjected to its long continued action. This abuse is, therefore, a matter urgently demanding the attention of the sanitary authorities, and if necessary the interposition of the legislature for its repression.

The most common causes of infantile disease are overfeeding and unsuitable food. It cannot be too often reiterated that children are nourished by what they digest and not merely by whatever they swallow. Hence overfed children are frequently at the same time semi-starved by the unsuitable aliments with which they are supplied.

For the first few weeks the child must be fed frequently, not every time it cries, as is too often the case, but at regular intervals of two or three hours, the interval between feeding being gradually lengthened as the child approaches the period of weaning or dentition.

Artificial Milk Foods.

At the present time, besides cow's milk, artificial foods are very commonly given from the earliest period of child-life. Many of these tinned, preserved, and concentrated so-called lacteal aliments mainly consist of an admixture of various farinaceous compounds with a considerable amount of saccharine matter and a certain proportion of evaporated milk. Such articles may be handy to use and cheap, but these advantages cannot compensate for their deficiency in elements essential for child-nurture. Moreover, in some instances artificial foods, if not previously malted, are actually injurious, as, owing to the non-secretion of saliva in the case of infants, the digestion of unmalted starchy substances is rendered impossible. In other cases these also, apparently, retard the elimination of waste material from the system by their tendency to appropriate the oxygen, by the aid of which this physiological process is accomplished.

Within the last twenty years the proportion of strumous and tuberculous disorders brought under observation in the Children's Hospital has, as I elsewhere showed become notably increased. This fact is probably connected with the indisposition to nurse their children observable in women of all classes, and unsuitable to the substitution of artificial compounds for the natural food of an infant.

Tuberculosis in human beings is undistinguishable from the tuberculous bovine epizootic known as *perlsucht*. Moreover, those acute forms of tuberculosis which are most common during childhood resemble closely the infective diseases in their zymotic origin from a specific virus, whether generated in the body from caseous matter or introduced from without. The latter seems not unlikely to be the case in the tuberculous diseases especially prevalent amongst children of the poorer classes, of whose common dietary, preserved or prepared, starchy foods, that may be mixed with imported or other milk possibly contaminated by the germs of tuberculous infection, now constitutes so large a portion.

Hygiene of Early Childhood.

No less important than its dietary is the personal cleanliness of the child and its surroundings, such as the nursery, &c. Every child should be thoroughly

tubbed once or, preferably twice, a day. In the latter, the evening bath should always be warmer than the morning one, which at first should be fairly warm, and gradually reduced in temperature as the child grows stronger, until it can be given cold in summer and tepid in winter. If the child be puny, a handful of sea-salt should be added to each bath, and in every case it should immediately after the bath be well rubbed with a soft Turkish towel until the skin is aglow.

The Nursery.

To a large extent the health of children is dependent on the sanitary condition of their nursery, which, when possible, should consist of two rooms—one for day, the other for night, and should be the most sunny, spacious, best ventilated, and further removed from septic emanations of all the rooms of the house. I need hardly add that there should be no gas in the nursery or any water-closet adjoining it.

Special attention should be always given to the lightness or free exposure to sunshine of the nursery, as the development and health of children are greatly influenced by this circumstance. Thus the physical deformities and tendencies to strumo-tuberculous diseases here so commonly observed amongst children are comparatively infrequent in those sunnier Oriental and southern climes, in which much of my early life was passed. To the want of sufficient insolation in this country is mainly due the pallid, sallow aspect and stunted physical development especially noticeable in town-bred children, to whom too frequently—

"The goodly light and air
Are banned and barred—forbidden fare."

In fact, the influence of sunlight on the sanitary and physical condition of the young may be tersely summed up in the Italian proverb, "*Dove il sole non intra, il medico viene.*"

Exercise.

Little need be said on this point, as during infancy the child will be sufficiently exercised by the movements of its nurse, in whose arms it should be carried for the first year, and never allowed, as is commonly the case, to shiver or roast in the perambulator at the caprice of its attendant.

Sleep.

With regard to sleep no better rule can be adopted than that when fatigue is experienced rest should be allowed. Young infants require a great deal of repose—the first few weeks after birth being passed almost entirely in sleep, with the exception of the time occupied in satisfying the instinctive calls for food; and even as they gradually grow older throughout the whole period of childhood more sleep is required than in adult age. To permit of this, children should be put to bed early in the evening, so that they may enjoy sleep for ten or twelve hours; and until they are three or four years old, they must be allowed to rest for an hour or two in the middle of the day before dinner. In awaking a child care should be taken to do so gradually and gently, otherwise much injurious excitement may be produced.

All children are disposed to be early risers; this propensity should therefore be cultivated, by putting them sufficiently early to rest, and not allowing any preventible interruption of this. When children first awake in the morning, however early this may be, provided it be after daylight, they should be allowed to get up and be dressed in clothing which during early childhood should, in a climate such as this, be as warm, loose, and light as possible.

Childhood.

For the first years of life, or from one to ten years of age, the child's food should be such as may be easily digested and, at the same time, supply material for its

daily increasing physical development. The period when animal diet may begin to be used is indicated by Nature, which furnishes teeth when solid nutriment begins to be necessary. The teeth are then slowly and successively protruded, and during this period milk and farinaceous diet should predominate over that purely animal, the proportions of which should be gradually increased as the incisor teeth multiply.

Children should breathe a pure atmosphere both by day and night. By day they should be much in the open air, and allowed to exercise their limbs freely, short of fatigue, it being borne in mind that the bones of infants have little resistance, and time is required ere those of the legs are capable of sustaining the weight of the body. From the termination of the period of dentition exercise should be regulated chiefly by the impulses of nature—in the first years of life exercise being play, and play being exercise. Boys generally in this respect come off better than girls, being left more, under ordinary circumstances, to follow Nature's dictates than the latter, who, amongst the better classes, are subjected to the restraints imposed on the free exercise of physical powers by the trammels of prejudice and system, and are consequently more specially subject to pulmonary and spinal diseases. To prevent this, the dress of a girl should be as light and incompressive as that of a boy, and as much indulgence in play and sportive amusement allowed as may be consistent with the habits it is right to encourage.

Moral Culture of Children.

From the earliest period of childhood its moral discipline and training is a matter the practical importance of which cannot be over-estimated. Even in infancy natural propensities and mental disturbances manifest themselves, and good dispositions are capable of being cultivated and evil ones of being restrained even in the cradle. Children cry from pain; they cry also from passion. The one should be promptly quieted by removing the cause of pain; the other is less speedy corrigible, requiring both time and a system of kindly sound moral discipline. With regard to the mental amusement of children—such as I prize the dear old nursery rhymes and tales, which have been hallowed by the usage of countless generations, and which will survive, as they have preceded, all other literature—some caution should be observed. It should not be forgotten that many a child is seriously injured by its mother's fond anxiety to foster, develop, and extend its budding talents in the committal to memory of those time-honoured and familiar nursery stories and tales, the recital of which in the gladsome voice of a favourite child is sweetest music to a parent's ear, but the acquisition of which may prove an undue and, possibly, a disastrous strain on the little child's brain. Under no circumstances should children be frightened with ghost stories or sent to bed in the dark and then punished for crying. Nor should the nursery ever be made a place of punishment, by banishing children to it for any little delinquency. On the former point I would venture to commend to the consideration of all interested in the care of children an observation of the founder of the first Children's Hospital in England, Dr. Charles West, to whom modern pediatric medicine so largely owes its present development, viz., "The mind of the child is feebler than that of an adult, but it may be proportionately active and vivid in its imaginations. The child who dreads solitude, and asserts that it hears sounds and sees objects, often tells a literal truth. The sounds have been heard; in the stillness of the nursery the little one has listened to what seemed to be a voice calling to it; or, in the dark, phantoms have risen before its eyes, and the agony of terror betrays an impression far too real to be explained away or to be suitably met with by hard words or unkind treatment."

In morale, as well as physique, the growing genera-

tion I may repeat contrasts unfavourably with the physically stronger, morally superior, and less intellectual race of the pre-educational period. Looking at the pallid and anæmic little children chained to the desk by the School Board, we might well be tempted to believe that—

"Twas not the sires of such as these
Who dared the elements and pathless seas;
Who made proud Asia's monarchs feel
How weak their gold against Europe's steel,
But beings of another mould—
Rough, hardy, vigorous, manly, bold!"

The deterioration of physical and mental stamina thus observable is, I think, mainly due to the fact that a large part of the first ten years of life, which should be primarily devoted to religious or moral as well as physical training, is now given up to the development of the mental powers. For this purpose, by the elementary education code, the child when a mere infant is compelled to attend some school, where the immature brain is forced into abnormal and disastrous activity. On its return home, jaded in mind and body, to prepare for next day's task, such a child is necessarily unfit to receive that far more important elementary training of the affections and moral faculties and that instilment of Christian principles which are best, if not only, acquirable from a mother's teaching. If, therefore, there was no other objection to the Compulsory Elementary Education Code than its interference with home, and religious training, the acquisition of which in early childhood is no less essential to the safety of society at large, than to the welfare and future happiness here and hereafter of our children, this alone would justify resistance to that system.

In connection with the moral management of childhood, I may add a few words on the abuse of alcoholic stimulants and of tobacco even during the early period of life. The former I have brought before the British Medical Association, and may here repeat that the evils resulting from the abuse of alcohol were never so prevalent as at present, and are traceable in the diseases of youth as well as in those of adult existence. Amongst the results of the killing pace at which the race of life is now generally run from its start, childhood has now become so abridged, in many instances, by the necessity of entering on the struggle for existence before the sufficient development of the moral, mental, and physical powers, that a premature breakdown in any of these is no longer exceptional. This, in one of its phases, is exemplified by the painful exhibitions of juvenile drunkenness daily witnessed, especially amongst the neglected little street arabs, who are forced into the thoroughfares of our great cities, there to eke out a living as best they may, and the pathological consequences of whose acquired or inherited alcoholism are brought under clinical observation in the form of gastric and hepatic disorders, and especially cirrhosis of the liver, as well as the protean forms of cerebro-spinal disease and the various neuroses, which are so frequently noticed in hospitals for children.

Elsewhere I have reported several instances of juvenile alcoholism that came under my care in the Children's Hospital where some deaths from this cause have occurred amongst children under ten years of age. In the majority of those cases of juvenile alcoholism this tendency appeared inherited, and was most marked in those whose mothers were inebriates—intemperance in women also bearing in other ways on the diseases treated in the hospitals for children, where its effects are strikingly evinced by the moral and physical deterioration of the offspring of the drunken, and by their special predisposition to strumous, tuberculous, and other constitutional taints.

The evil thus resulting from the prevailing intemperance of the young as well as the old should induce us to warn those whom our counsel may influence

against that custom of giving alcoholic stimulants as a *bonne bouche* to children which is so general in its practice amongst all classes, and so calamitous in its results. Even in those exceptional cases in which such stimulants may be necessary for children, we should never sanction their administration save under the guise and in the defined doses of other remedial agents—my experience in hospital and private practice having amply confirmed the view expressed in a work of mine published many years since, viz., that it is physiologically wrong, as well as morally unjustifiable, ever to allow a healthy child to taste alcohol in any form.

With regard to the effects of the abuse of tobacco during childhood, of which we see too many instances amongst the neglected children of the poor in this city, I may refer to an observation I made long ago on the stunted and prematurely aged appearance of children in Portugal, where smoking is indulged in from the earliest possible age. There, in the streets of Lisbon, I have often seen with astonishment boys, whose ages could not have exceeded five or six years, gravely sucking a strong cigar with apparently the same gusto which our less precocious infants derive from the forbidden delights of the sugar stick. There can be no doubt that the influence of the nicotine thus absorbed must be most injurious at this tender age, and this is evident in the physical aspect of the children referred to. (a)

Mental Training or Education of Children.

This question, always of great importance, is of special interest at the present time in connection with the Compulsory Elementary Education Law. We are all, of course, agreed as to the duty of suitably educating children so as to fit them properly for the daily increasing requirements and competition of modern life. But as to the extent to which this should be carried in early childhood there is unfortunately a great discrepancy between the doctrines of the Education Department and the views of those who have any knowledge of the laws of Nature, or who as physicians have to deal in disease with the consequences of their violation. And hence, whilst little children are therefore overworked into disease or death, the physician must still raise his protesting voice, albeit it would apparently seem unheeded.

The first eight or ten years of child-life should be mainly occupied by moral and physical training, and during this period the amount of mental cultivation which a child's brain is capable of receiving with permanent advantage is much less than is commonly believed. No greater physiological mistake is possible than the prevailing idea of attempting any considerable degree of mental culture until the sufficient development of the physical stamina and moral faculties is accomplished. The organ of the mind is as much a part of the body as the hand, and ere either can perform its function properly its vital force must be developed and maintained by nutrition. Hence arises a very important practical question in connection with compulsory elementary education. A large proportion of those who in this and other cities must come within the provisions of this law are those semi-starved children of the poorest class, such as those with whom for many years I have had to deal in the Hospital for Sick Children. As a matter of fact, I may observe that children thus debilitated by privation are necessarily as much incapacitated for any mental strain as they are for the accomplishment of any feat of physical strength and that it is as inhuman, injudicious, and impolitic to expect the former as it would be the latter from children so circumstanced.

If the State, for reasons of public policy, determines

that all children shall be compulsorily educated from their earliest years, it should certainly afford the means by which this may be least injuriously and most effectually carried out, by providing food as well as education for every pauper child compelled to attend an elementary school.

Amongst the results of over-pressure in such schools, referred to in Sir Crichton Browne's Report on this subject, are cerebral disease in all forms:—viz., cephalitis, cerebritis, and meningitis, as well as headache, sleeplessness, neuroses of every kind, and other evidences of cerebro-nervous disorders. On no other ground can the increasing prevalence of these affections amongst the little victims of the Education Department be explained, than by ascribing them to the new factors, i.e., "brain excitement" and "over-pressure," which in the case of young children are associated with the abuse of education.

It would be difficult to over-estimate the pathological consequences of thus directing all the available energies of the system to the brain during early childhood, to the irreparable injury of the over-stimulated cerebral organisation and at the expense of the other functions and organs of the body. Time, however, does not permit my dwelling on the ill-effects of mental over-pressure brought under my own observation, nor of any reference here to the painful scenes of misery thus occasioned with which a long and sad experience has made me but too familiar. I now allude to this subject merely with the view of pointing out the imminence of the danger and the importance of its avoidance.

I may, in conclusion, venture to hope that you, being so forewarned, may be thus spared, and may be instrumental in sparing others, from ever being helpless and hopeless witnesses of the intense, and often most patiently endured, sufferings of some little child, and more especially of one peculiarly bright and gifted, for such are the favourite victims of meningeal disease, untimely stricken down in the moment of fairest promise and dying in cruel pain from the pernicious results of the premature over-straining of its mental powers.

CASES IN PRIVATE PRACTICE.

UNDER THE CARE OF

J. CHRISTIAN SIMPSON, M.D., C.M.,

Tunbridge Wells.

A Case of Perforative Appendicitis and Extra-peritoneal Abscess Containing a Faecal Concretion.

J. W., a carpenter, æt. 16, had to leave his work on July 15th, 1893, on account of sudden abdominal pain. He was treated at home by his mother for a week, and as he did not improve a medical man was called in to see him. During his absence from home on July 26th, I saw him, and found him in a very critical state, temperature 102°, and pulse 120, small and wiry. He was vomiting, and his legs were drawn up. On examining the abdomen, the right iliac fossa was particularly tender to the touch and a considerable swelling, fairly localised, was discovered in that region. Rectal examination revealed tenderness and tension in the right side of the pelvis. There was no doubt as to the correct line of treatment, so next day, I made an incision about 3 inches in length, half an inch internal to Poupart's ligament and the middle of it opposite the anterior superior spine. When the muscles were divided to the same extent as the cutaneous incision, adhesions were found, and on gently separating them, pus welled up. On introducing the finger, I found a smooth-walled cavity the size of a walnut; there was no palpable orifice, but it contained a faecal concretion the size and shape of a date stone. After this was extracted, a large drainage tube was inserted down to

(a) "The Health Resorts of Europe and Africa in the Treatment of Chronic Disease." By Thomas More Madden, M.D. Third edition, p. 185, 1891.

the bottom of the cavity; the muscles were stitched with catgut and the skin with horse-hair. On the third day the flatus became very troublesome, but was got down with mist. alb., and a turpentine enema. The subsequent progress of the case was uninterrupted; the tube was removed on August 4th, and by the 10th the wound was superficial. He was soon able to be up and has been perfectly well ever since. When I saw him in April, 1896, he stated that there was no tendency to a hernial protrusion, and only complained of slight dragging sensation in the right iliac region during Militia drill.

Excision of Lymphadenomatous Glands causing Dyspnoea.

Mrs. S., æt. 24, was suffering from lymphadenoma chiefly on the right side of the neck, and in the supraclavicular and axillary regions. There were a few enlarged glands elsewhere, but, as far as could be ascertained, there were none in the thorax. She complained mostly of dyspnoea, and had bad paroxysmal attacks, which at first were evidently due to nerve pressure from the enlarged glands at the site of the bifurcation of the carotid. Her temperature was constantly varying from 100 to 101°, and sometimes higher. The pulse was rapid, and there was considerable pallor and emaciation. No splenic enlargement could be detected at this time. As she begged for relief, I excised five enlarged glands in front of, and behind, the sterno-mastoid muscle on account of an attack of dyspnoea being always produced when slight pressure was applied to them. Dr. Aldren Turner kindly examined these microscopically, and reported that each had a typically simple lymphadenomatous structure. The relief from dyspnoea was almost immediate, and the wound healed by first intention. This operation was performed on June 10th, 1893. She continued to feel better for some time, then the supraclavicular mass began to trouble her, apparently pressing both on the trachea and nerves. It was about the size of a small fist, and extended from the middle line to the outer third of clavicle. It was connected with the mass in the axilla and also deeply up the neck. It was very tender and pressure on it caused great distress. The temperature remained high, but unfortunately I had no opportunity of examining the blood minutely.

There was no recurrence at the site of the former operation, nor was there any enlargement of the spleen, ascites, or thoracic pressure symptoms. I again operated on July 29th, 1893, at her urgent request. The supraclavicular tumour was exposed by an incision about four inches long, parallel to, and above the clavicle. The skin was very adherent, probably in part due to a liberal application of iodine for some time before my attendance commenced. The sterno-mastoid was partly divided, and the inner end of the mass freed, but it was firmly adherent posteriorly, and, while separating these adhesions, the internal jugular vein was unfortunately torn. The hæmorrhage was immediately arrested by digital pressure by my assistant, and I cut off the whole remaining part of the tumour as deeply as possible. The vein was now able to be secured by forceps. Some more of the tumour was then removed, and the brachial plexus was visible. The breathing was manifestly greatly relieved, a double ligature was now applied to the vein, and the wound sutured. The patient made an uninterrupted recovery, and was so far relieved that she was able to go about again. In the middle of September, considerable enlargement of the spleen and ascites were detected. Though the breathing was rapid, on account of the anæmia, which was not improved at all by iron and arsenic which had been administered since May, there was none of the old dyspnoea. She left the town shortly after this, and her husband informed me that she died in July, 1894. There is no doubt death would have resulted long before this, had not these operations

been performed, though, as a rule, and according to Gowers, operative interference is not advisable if the temperature be constantly high, or if the blood contains less than 60 per cent. of hæmoglobin.

INFECTIOUS SORE THROAT AND DIPHTHERIA. (a)

By GEORGE REID, M.D., C.M., D.P.H.,
Medical Officer of Health for Staffordshire.

It is with considerable diffidence I venture to direct your attention to a subject of so debatable a character as infectious throat ailments; and I wish to emphasise the fact that my only object is to present for discussion certain impressions I have formed as to the nomenclature of such ailments—impressions which in the first instance were the outcome of personal observation, but which have since been strengthened by the experience of others. I cannot say I have any definite theory to advance, as my impressions are too visionary to admit of being formulated; but, such as they are, they may serve as an introduction to what may prove to be a useful debate upon a subject in which we are all keenly interested, and concerning which there is by no means unanimity of opinion, namely—the relationship between diphtheria and allied infectious throat ailments.

It is a generally recognised fact that diphtheria outbreaks are frequently preceded by, and associated with, a throat affection of a comparatively trivial character, which, however, do not present the typical feature of diphtheria proper. Also, in recent years, bacteriology has introduced a considerable element of doubt as to the true nature of certain throat ailments which previously would have been pronounced to be diphtheria, and the term pseudo-diphtheria has been coined in consequence.

Under the circumstances, and until our knowledge of such ailments becomes more exact, this term will serve a useful purpose in limiting the risk of minimising the danger of outbreaks in which bacteriological proof is wanting, and in stimulating inquiry into the true nature of these so-called spurious ailments.

Dr. Thorne Thorne, who in his well-known "Milroy Lectures" has so ably presented the evidence on this question—to which, indeed, he himself has so largely contributed—propounds the theory "that attacks of so-called sore throat exhibit under favouring conditions a progressive development of the property of infectiveness, culminating in a definite specific type which is indistinguishable from true diphtheria." This theory, I think, has been pretty generally accepted, although its accuracy has been doubted by more than one observer. It is in some measure in support of these doubts that this paper has been written, although I fear, as I have said, it may be thought I have nothing more substantial in the shape of a theory to offer in its place.

In these days of germ diseases one can well understand why the throat should be a favourite site for septic ailments conveyed by the air and by food, but, according to our present nomenclature, the number of such ailments is very limited. Excluding scarlatinal sore throat, which is fairly distinctive, and although frequently associated with other nondescript throat ailments, may usually be differentiated from them by accompanying symptoms which are characteristic of the disease, the list of septic throat ailments is narrowed down to diphtheria, pseudo-diphtheria, and an ill-defined affection called lacunar or follicular tonsillitis, membranous croup being now usually regarded as laryngeal diphtheria. Quinsey, it would seem, must be classed with other simple catarrhal inflammations, which are neither infectious nor septic; and, strictly speaking, mumps can hardly be looked upon as a throat disease.

The symptoms of all inflammatory throat ailments are, naturally, owing to physical causes, more or less identical. When we consider that the physical effects which result from scalding the throat with hot water may give rise to symptoms which are hardly distinguishable from so called

(a) Read before the Epidemiological Society of Great Britain and Ireland, May 15th, 1896.

membranous croup, it is not surprising that idiopathic inflammatory throat affections should occasionally be mistaken one for another, and it is but reasonable to ask, whether under the term lacunar or follicular throat, several distinct though symptomatically allied diseases may not be included.

This idea, which for some time I had entertained, was very forcibly impressed upon me three years ago by the occurrence of a nondescript throat outbreak, apparently of an infectious nature, in which I was consulted. This outbreak formed the subject of a paper I read, soon after its occurrence, at a meeting of the Birmingham and Midland Counties Branch of the Society of Medical Officers of Health, and the conclusions arrived at were warmly discussed and by no means generally accepted, although several observers have since then recorded outbreaks which bear out my contention.

In support of the theory which I will afterwards attempt to explain I will trouble you with a short account of these outbreaks.

The one in which I was interested occurred in a village school in a scattered rural district of Staffordshire. It was not until about a fortnight after the first cases occurred that the Medical Officer of Health of the district became aware of their existence, and he consulted me regarding them the following day. On inquiry, I found that the disease started in the infants' department of the school, beginning with twelve cases, and increasing daily up to that time. Ten days after its first appearance the numbers attacked greatly increased, and then the older children, whose class-rooms, it is important to note, were situated some distance from the infants' department, for the first time showed any symptoms of attack. By the date of my visit, at least one-third of the three hundred children attending the school either had suffered, or were suffering, from the ailment; and at that time the whole staff of teachers, including the schoolmaster and his wife, the assistant mistress, and the pupil-teacher, were actually ill, some of them seriously so.

The first symptoms complained of were headache, feverishness, and pain on swallowing; on the second day the throat began to swell and become painful, and the patients, as a rule, felt too ill to get about. In addition to the throat symptoms, the lymphatics of the neck became swollen and tender, in some cases very much so, in others less, but in all to some extent; in fact, the swelling and tenderness in many of the cases was so great that the master of the school thought the patients were suffering from mumps, until he was disabused of this idea by the Medical Officer of Health, who was consulted only when the master's own children were attacked. The throat appearances resembled those of follicular tonsillitis, and in none of those examined, either by the Medical Officer of Health or by myself, was there any trace of diphtheritic membrane to be found; neither was any skin rash apparent. About the fourth day the acute symptoms began to subside, but the tonsillar swelling and the enlargement of lymphatics remained for some days after the patients were able to swallow ordinary food. There were no fatal cases, and although careful inquiry was made concerning upwards of a hundred children who had suffered, no sign of any paralytic trouble, however slight, was met with. As regards the numbers attacked among the three hundred children attending the school, during a period of about fourteen days previous to its closure, when the disease appeared to die out, it is probable that the hundred known cases did not represent the total, for on examining some of the throats of the children who had not complained, I discovered that some showed symptoms of the affection in a mild degree, accompanied in some instances by slight glandular swelling—the most striking symptom in the more pronounced cases.

As regards the possible origin of the outbreak, two or three days previous to the occurrence of the first cases an old drain had to be opened at a point immediately under the windows of the infant class-room, in connection with certain structural alterations which were being carried out. This drain—which was allowed to remain open for a fortnight, although it had been covered in previous to my visit—was found to be almost completely obstructed with foul deposit, the smell from which was said to be most offensive. Besides the sink waste from the schoolmaster's house, the school privies and urinals were all connected

with the drain, so it is not surprising that a most offensive nuisance was experienced when it was opened.

In view of the possible connection between this nuisance and the sudden outbreak, the order of attack is of interest. As I have stated, it was in the infants' department that the first cases occurred, and these happened almost simultaneously, a few days after the opening of the drain. After this, for some days, there was a lull, followed by a sudden increase of attacks—also in the infants' department—which was maintained for a week before the affection broke out among the elder children in another part of the school. A Table which I prepared at the time, showing the daily percentage of absentees in the respective departments for some weeks previous to the outbreak, and up to the day of the closure of the school in consequence of it, indicated this very plainly, but the fact in itself was so apparent that the schoolmaster had observed it, and called our attention to it.

If, then, one is right in attributing the outbreak to the drain nuisance, it would seem that a certain number of children—the more susceptible possibly—contracted the ailment from the original source of contagion, and that the others were subsequently infected from them direct. This theory is also borne out by the fact that the infants, whose class-room was in close proximity to the open drain, were attacked in the first instance, while the elder children in the more distant class-rooms—the windows of which, I should mention, were all on the other side of the building from the open drain—were not attacked for some eight or ten days.

As against this theory of infection, however, it is but fair to state that a house-to-house inspection of the village failed to afford any very positive evidence that the school children who had suffered had conveyed the disease to others not attending the school. It is true that here and there an inflammatory throat was met with, but the symptoms were of the mildest description and unattended by glandular swellings.

As to the nature of this outbreak, I unfortunately have no bacteriological evidence, either of a positive or negative character, to offer, as the facilities which now exist for conducting such investigations were not then conveniently available. I have no hesitation in saying, however, that, apart from the fact that the ailment was located in the throat, and was attended with glandular enlargement, there were absolutely no diphtheritic symptoms. The fact also, that among upwards of 100 persons who suffered no fatal cases occurred, although the illness in many instances was by no means trivial, together with the entire absence of subsequent paralytic symptoms, points to the non-diphtheritic nature of the ailment. The impression I formed at the time was that everything pointed to this being a specific infectious throat affection, with characteristic symptoms which, viewed collectively, did not fit in with any named disease; and this impression has since been strengthened by other recorded examples of outbreaks, the symptoms of which resemble in a marked degree those of the school outbreak I have described.

Two years ago Dr. Wheaton read a paper before this Society entitled, "Certain Affections of the Mucous Surfaces and their Relation to Diphtheria," and from his description of the symptoms in outbreaks he had met with, it would appear that the cases resembled very closely those I have just referred to. His attention was first directed to these ailments in 1890, when they were very prevalent in a district in South London. Up to the date of the reading of his paper he had seen about 150 cases, and had exceptional opportunities of watching the course of the disease, as several of the cases were under his care in hospital. From notes which he preserved of over thirty cases he describes the symptoms very fully, and his description may be summarised as follows:—The face of the patient is at first flushed, swollen, and puffy, and in all cases there is marked enlargement of the glands on both sides of the neck, together with tenderness on pressure. Indeed, it was pointed out, as in my cases, that the swelling of the glands of the neck, which persisted for a considerable time after all other symptoms had disappeared, was one of the most marked features of the affection. At the commencement of the disease there is more or less swelling of the palate and fauces, and also, in some cases, but not invariably, of the tonsils. The throat presents red, injected patches, with a

central white film, which soon, however, disappears, and is rarely to be seen from twenty-four to forty-eight hours after the first appearance of the symptoms. After the disappearance of this film, which has none of the microscopic appearances of diphtheritic membrane, a red, raw surface is exposed, very much resembling the exposed surface after the separation of the membrane in cases of undoubted diphtheria. The temperature at first rises to 102° to 103°, but in the course of two or three days it subsides to normal. The illness is followed by prolonged debility, but, although the patients were under observation for from four to six weeks, no paralytic sequelæ were observed in any instance. There were no fatal cases.

Dr. Wheaton then referred to certain affections of other mucous surfaces presenting identical appearances to those described, which had also come under his observation, sometimes associated with the throat affection, and at other times not, and which bacteriologically proved to be identical. Subsequently, in 1893, Dr. Wheaton met with a similar outbreak, associated with an epidemic of diphtheria, in a town of about 10,000 inhabitants, where the evidence pointed to the public elementary schools as being the chief means of spread. It is interesting to note that, besides the cases of this throat affection associated with diphtheria, it was found, on inquiry at the houses of the town, that similar cases occurred unassociated with diphtheria, in families in which no children attended school. Also, the infection was found to exist in an institution in which none of the children had been attacked with diphtheria.

The bacteriological evidence in Dr. Wheaton's cases was entirely negative; no organisms resembling the bacillus diphtheriæ were ever found, neither was the "thrush" fungus nor any other fungus met with, but a micrococcus growing in orange-yellow colonies was always obtained by cultivation tests with the throat pellicles and secretions.

Dr. Thresh has paid considerable attention to this subject, and for some years past has carefully inquired into all throat outbreaks in schools, special notice of which had been sent to him, at his request, by various schoolmasters. By this means his attention was directed to many such outbreaks, and the information he thus acquired, in addition to facts ascertained in consultation with local medical officers of health, formed the subject of a paper which was read at the Home Counties Branch of the Society of Medical Officers of Health a year ago.

In this paper Dr. Thresh detailed the facts of nine or ten outbreaks to which his attention had been directed. In some instances true diphtheria cases were met with, associated with cases supposed to be diphtheritic but which proved not to be so; and in other cases Dr. Thresh came to the conclusion that the throat symptoms were symptomatic of influenza. On more than one occasion, however, somewhat extensive outbreaks occurred, which, although infectious, did not present the symptoms of diphtheria, and in which bacteriological examination failed to detect the presence of the bacillus. Dr. Thresh thus describes the typical symptoms of such cases:—"One or more points in the mucous membrane of the tonsils, soft palate, or uvula become infiltrated, appearing paler than the surrounding membrane. The patch becomes paler and paler, until nearly white. It is but slightly, if at all, raised, and has no sharply-defined margin. Before becoming white the infiltrating material may be absorbed, and the part resume its normal appearance, but when it has assumed the milky white colour, it finally peels off, leaving a shallow ulcer which speedily heals. It may or may not be associated with a mild form of tonsillitis. The constitutional disturbance is as a rule very slight, but occasionally there are marked premonitory symptoms—headache, nausea, languor, and feverishness—but these speedily pass away and the patient feels fairly well." Dr. Thresh also refers to an accompanying glandular enlargement, so marked in many of the cases that they were regarded as mumps, although the patients had no affection of the parotid gland.

As regards the bacteriology of these cases, Dr. Thresh found various organisms associated with them, but came to no definite conclusion as to whether they had any direct causal relation to the disease. In concluding his paper, he said:—"One thing is becoming clear: that under the name 'diphtheria' we are including two, if not several,

distinct diseases, due to the development of different organisms on or in the mucous membrane of the throat. Amongst the countless multitude of micro-organisms which occur in nature, it would indeed be wonderful if one only were capable of developing upon nature's medium, and in nature's incubator, and of injuriously affecting its host. During sleep, the back of the mouth forms the incubator *par excellence*. Many different organisms flourish there, more than one of which are probably capable of penetrating the mucous membrane, and causing its infiltration and exfoliation; and the products of its metabolism, toxins, &c., becoming absorbed, may be the cause of constitutional disturbances, such as those described in connection with the epidemic of 'sore throat.'"

Among other nondescript infectious throat outbreaks which have recently been recorded, may be mentioned one which occurred in the Finchley district, and was investigated by Dr. Kenwood. This outbreak presented several interesting features. The disease attacked adults in preference to children, in the proportion of two to one, and the origin was traced to a certain milk-supply from a dairy farm where three of the cows were found to be suffering from a febrile ailment accompanied by ulcerated teats. Milk from this dairy was supplied to seventeen per cent. of the houses, and ninety-four per cent. of the families attacked obtained their supply from this source.

Gentlemen, I think it will be admitted that the occurrence of the outbreaks which I have shortly summarised points to the existence of other throat ailments of an infectious nature besides scarlet fever and diphtheria. It is true these ailments are often associated with diphtheria and scarlet fever, but sometimes they are met with alone. Also, although one outbreak may differ from another in some respects, they have many features in common, and, apart from differences in degree, the cases in each outbreak strikingly resemble each other; and one cannot but look upon them as specific although unnamed ailments, which are entitled to a special place in the zymotic group, even if, for the present, no more distinctive name than "pseudodiphtheria" can be found for them.

I would now refer, very shortly, to the possible light which such outbreaks throw on the "progressive development" theory. First, however, as a basis of argument, I must attempt to define what, as I understand, is meant by that theory. It would seem to imply that under certain conditions throat ailments, which present no characteristics of diphtheria, and are not even infectious, may in the course of an outbreak assume infective properties, and ultimately become truly diphtheritic, as proved by the presence of the characteristic bacillus: the development process being a gradual one, brought about by conditions intimately associated with the patients themselves or their surroundings.

Now I may say at once that I am willing to accept this theory, provided it can be shown to be the only reasonable explanation of events. In fact, I am prepared to go almost any length in upholding evolution as a factor in the production of zymotic disease, but I am inclined to think that it operates in a less radical fashion. For example, it is not unlikely that a mild ailment of a specific type may, by progressive development during the same outbreak, assume a more malignant form, but this is very different to the transformation of one affection of a specific type into another of a different type. To my mind, if this were possible, one might with as much reason conclude that measles may develop into whooping-cough, or small-pox into scarlet fever.

Evolution, in my opinion, exercises a most potent influence in the production of disease, but there are limits to its operation. It is likely that to it is to be attributed the apparent *de novo* production of disease—an occurrence, indeed, which is sometimes used as an argument against its bacterial origin, because it is supposed that it occasionally implies a belief in the re-creation of life. This argument was recently made use of by Dr. Harrison, who hesitated to accept as proven the bacterial origin of diphtheria, because of his experience fifty years ago in Ontario. He writes:—"Diphtheria reached us before railways had opened up the country, and I repeatedly saw it on isolated farms surrounded by woods, and where it could not possibly have been carried from without, and where the land had been so recently redeemed from the forest that it could not have been derived from some previous but forgotten case."

In reply to Dr. Harrison, I would ask why should we be at a loss for an explanation of such an occurrence, when we know that under our very eyes organisms assume different forms and shapes, through infinitesimal changes in their environment brought about by artificial means, and that the chemical products of their existence—which, in all probability, are in most cases the active disease-poisons—are entirely altered by the process? May not similar changes be constantly brought about by natural processes, and if so does not this explain the apparent mystery? If, owing to the extreme morphological variability of micro-organisms their character and habits can be altered by artificial means, such as a change of pabulum, a lowering or raising of temperature, a moistening or drying of their surroundings, may not similar changes, acting in nature, be instrumental in transforming, not one type of organism into another type, but one in a non-pathogenic phase of its existence into a pathogenic phase, and thus give rise to disease. A great deal more than this must take place, however, if the progressive development theory implies all that it would seem to imply, when viewed in the light of the outbreaks to which I have called attention.

In all probability, in the case of my school outbreak, had a case of diphtheria been introduced into the school many children would have been attacked, in consequence of the favourable field which the already impaired throats presented for the reception and growth of the bacillus; and in that case it is highly probable that the outbreak would have been cited as an example of the progressive development theory. In the case of similar outbreaks to which I have referred, diphtheria did break out and run concurrently with the other cases; and Dr. Kenwood mentions a case in which thirty persons suffered from true diphtheria during an outbreak of so-called acute follicular tonsillitis, ten of whom showed the first symptoms of the disease after convalescence from the original ailment had been well established, and the throats had resumed almost their normal appearance.

It is now known that the bacillus diphtheriæ is frequently found in perfectly healthy throats; it may be, therefore, that an impaired surface is essential to its development, and that this is the sole explanation of the fact that diphtheria outbreaks are so frequently associated with milder throat ailments.

Gentlemen, this question is not merely one of scientific interest. If the contagia are often the outcome of a process of evolution dependent upon agencies which are within our control, may we not, by exercising that control, be able to stamp out such diseases before they can get hold of our bodies, and so propagate themselves direct from person to person. So far, our efforts in the case of those affections we are considering this evening have not been successful, but with improved knowledge of the life-history of the responsible bacteria, I believe that such diseases will no longer remain the only ones in the zymotic class which have not yielded to the advance of sanitation.

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

MEETING HELD WEDNESDAY, JUNE 3RD.

The President, Dr. CHAMPNETS, in the Chair.

SPECIMEN.

DR. A. ROUTH showed a specimen of Hydrosalpinx removed by anterior colpotomy.

CASES OF FIBROMA OF THE OVARY AND OVARIAN LIGAMENT REMOVED BY OPERATION.

MR. ALBAN DORAN first read notes of two cases of fibroma of the ovary in his own operative practice; one typical and recently in hand, whilst in the second the tumour was removed in 1889, and though it seemed to present some of the microscopic characters of sarcoma, no recurrence has occurred. Eleven cases are tabulated; they include the above, whilst the remainder were reported, when recent, in the Society's "Transactions" since 1879, the author adding after-histories. This is done on account of the question of recurrence; since in four (Nos. 1, 8, 9, and 10) at least, malignancy was suspected, yet the after-

histories proved innocence. Most of the eleven bore the naked-eye characters of a fibroma. The suspicious microscopical elements in Nos. 1, 8, 9, and 10 were apparently connective-tissue cells between bundles of white fibre. Myomata of the ovary are not considered in this communication. In only one case (No. 1) was the disease bilateral. One (No. 4) exceeded ten pounds in weight; but older writers, in days when operation was deferred long after diagnosis, recorded heavier fibromata. In two the patient was under twenty; in four under twenty-five; in one no age was reported, but the patient was young. In three she was between twenty-seven and thirty-six; and in one (No. 7), under the author's care, she was fifty-two. Thus the disease is relatively frequent in youth, yet may develop after the menopause. The tumour was observed in most cases about eighteen months before operation. In the only instance (No. 1) where there was no operation the patient died of double pleurisy with ascites six years after the tumour was first detected. In six (Nos. 1, 2, 3, 7, 8, and 11) extreme hardness was noted on clinical examination; none seem to have been actually soft. Calcification was observed in one case (No. 2). Dysuria was a prominent symptom in two cases (Nos. 3 and 11); indeed in one of them (No. 11) an attack occurred a year before the tumour was detected. In more than half the cases the catamenia were regular. In three at least (Nos. 3, 7, and 11) the uterine cavity was abnormally long, though no uterine myoma existed. In ten out of the eleven the tumour was removed by ovariectomy. In none was the operation very difficult, and all recovered. In seven no adhesions were found. The pedicle was always anatomically normal and long enough to be secured with ease. In two cases (Nos. 3 and 11) it was twisted, without causing the pain and other symptoms so prominent in twisted dermoids. In the eleven cases free fluid was found in the peritoneum in at least five (Nos. 1, 7, 8, 9, and 11). The after-histories of the ten operation cases are, without exception, favourable. Eight remained free from recurrence two to twelve years after the operation. The two which remain recovered rapidly, but are quite recent cases. Though always hard and heavy, fibroma of the ovary causes less pain than dermoid or any other solid or semi-solid ovarian tumour. A markedly hard and painless tumour, moving separately from the uterus, in a very young woman is most probably an ovarian fibroma. Pedunculated subperitoneal uterine myoma is practically unknown in early womanhood, whilst dermoids, very common in youth, are seldom uniformly hard; and the hardest usually set up the most pain. Sarcoma of the ovary, relatively frequent in girlhood, is nearly always soft and associated with amenorrhœa and cachexia. Ovariectomy is the only treatment for fibroma of the ovary. The abdominal wound bleeds very freely, as in cases of uterine myoma; it must not be made too short, else it may be badly bruised during extraction of the hard tumour. Three authentic cases of fibroma of the ovarian ligament are tabulated. Two (Nos. 1 and 2) are certainly fibromata with cystic cavities; one (No. 3) is said to be sarcoma, but its extreme hardness and slow growths do not favour that theory. This tumour grows to a large size, the author's (No. 1) weighing over sixteen pounds. In all three the disease was unilateral and the adjacent tube and ovary free from the new growth. When large, the tumour may become œdematous and soft. Ascites and adhesions do not readily develop. In all three cases the patient was in the prime of sexual life. Menstruation was regular in every case. Diagnosis is hardly possible. The uterus may be enlarged, yet free from fibroids. All three tumours were removed. In two cases (Nos. 2 and 3) the tumour alone was taken away, the ovary and tube being saved; but one (No. 3) died on the fourth day. There seems to be no tendency to recurrence, the author's case (No. 1) and M. Doléris' (No. 2) being both still alive and healthy six years and a half after the operation.

DR. MACNAUGHTON-JONES related a case of his own which confirmed the remarks made by the author. The patient was a young woman, æt. 22, who came with anæmia, gastric troubles, and amenorrhœa of two years' standing. He accidentally discovered the existence of a rounded tumour in the left iliac region, which felt like a pedunculated uterine fibroid. He decided to examine her under an anæsthetic, but on doing so he was surprised to

find that all trace of the tumour had disappeared through the abdominal wall. *Per vaginam*, however, a solid tumour could be felt lying in front of the uterus, blocking the pelvis. This was removed, and proved to be a fibroid tumour of the ovary. The ovary on the other side was healthy. He showed sections from the growth which proved it to be composed of fibrous tissue.

Dr. HANDFIELD JONES said that his first case of the kind, referred to by the author in his list (No. 8), was also a young woman, but a second case of the kind which had come under his notice was in a woman, *æt.* 58. She had a slowly-enlarging tumour above Poupert's ligament, which ultimately developed to the size of a full-term pregnancy. On its removal it was found to be a fibroma of the left ovary, which had been pushed up under the ribs by a cystic tumour of the opposite ovary. Sections of the growth looked very much like those from his first case, *i.e.*, rather sarcomatous than fibrous. Clinically, however, the appearances were in favour of fibroma rather than sarcoma.

Dr. HORROCKS said he would really like to have further and more precise information as to the distinguishing features by which they could decide whether a given section was fibroma or sarcoma. The more he had inquired into the matter the less he understood what these differences were. He suggested that sarcomatous growths possibly commenced as fibromata, and that in certain cases the fibroma was removed before it had developed into a sarcoma.

Dr. CULLINGWORTH pointed out that the fact of no recurrence having taken place did not *per se* suffice to establish the non-malignancy of the growth. Otherwise it might be inferred that all operations for sarcomatous growths must necessarily be unsuccessful. The most that could be said was that the subsequent history of the case threw some doubt upon the validity of the original diagnosis. His view of the occurrence of fibroids of the uterus in young people was that they were exceedingly rare, but he could not agree with the author that they were "practically unknown."

Dr. SPENCER said his own experience of this class of cases was limited to three. He agreed with what had fallen from the author in the main, that growths containing spindle cells might remain many years without recurrence. He had come across such a tumour in a woman who had died of phthisis and the most careful search failed to reveal any other growth of the kind elsewhere. In his third case there was a small tumour on the right side, and on the other side an enormous multilocular cyst. She was kept under observation for several years without any recurrence taking place. In this case there were the same microscopical appearances. The presence of effusions into the peritoneum or pleura was not in his experience a certain sign of malignancy, for in two non-malignant cases these have been present. He had several times observed small fibrous nodules in the walls of multilocular cysts of the ovary which were not followed by recurrence. He had also met with diffuse tumours and thickening of the pedicle and broad ligament, but these cases belonged to a different class.

The PRESIDENT asked the author whether he considered non-recurrence as a sufficient proof of non-malignancy; also whether he maintained that fibroid tumours before the age of 25 were "practically unknown," or, as Dr. Cullingworth had suggested, only "exceedingly rare"?

Mr. ALBAN DORAN, in reply, urged that malignancy was a clinical term, and if the growths did not behave in a malignant manner he took it that they were not malignant. He had asked a number of experienced gynaecologists whether they had met with instances of fibroid tumours before 25, and they have all replied in the negative, and this fact appeared to him to justify the statement that they were "practically unknown."

ANTERIOR COLPOTOMY.

Dr. JOHN PHILLIPS read a paper on this subject, in which he pointed out that the credit of proposing this operation appeared to belong to Dührssen. Anyone who had performed either vaginal hysterectomy or fixation must have been struck by the ease with which the pelvic organs could be examined through the opening in the anterior *cul-de-sac*. He had performed the operation four times, in the first of which vaginal fixation only was origin-

ally intended. All did well. When practicable this operation presented the advantages over the abdominal operation of avoiding the risk of subsequent adhesions of omentum or intestine, or of intestinal obstruction, which were apt to follow abdominal operations, and, moreover, it does not leave the patient exposed to the risk of ventral hernia. There was no troublesome sickness afterwards, and the convalescence was materially shortened. There was no bleeding of consequence, and no drainage was required. On the other hand, there was greater difficulty in rendering the vagina antiseptic, and there was greater risk of wounding the bladder, ureter, or rectum. The operation was unsuitable in large ovariectomies or large fibroid tumours, also in cases of abscess pointing towards the abdominal walls. It must, moreover, always be borne in mind that the peritoneal cavity was opened with the usual risks, and its ease did not do away with the fact that removal of the ovary was a mutilation, to be avoided if possible.

Dr. A. ROUTH alluded to the two alternative incisions used in this operation, *viz.*, the transverse incision in front of the cervix, or the longitudinal incision from the cervix to the neck of the bladder. He thought that a combination of the two incisions, as originally suggested by Martin, was preferable. If the bladder were stripped from the anterior wall of the vagina, it rose out of harm's way. He had always found a difficulty in tilting the uterus, and he suggested that possibly this might be done either by means of the finger in the rectum or by sutures passed through the fundus by which it could be dragged down. These sutures might in certain cases be subsequently used for suturing the fundus for fixation purposes.

Mr. MALCOLM said there was always the very great difficulty of rendering the vagina aseptic, and it would be difficult to improve on the statistics of the abdominal method. Then too, if one happened to stumble upon a difficult case—and it was impossible beforehand to know whether a case would be easy or difficult—it might be impossible to complete the operation in this way. He failed to see how the results in the easy cases treated by the abdominal method, could be improved upon, the mortality being almost *nil*.

The PRESIDENT did not think that cases of chronic ovaritis with adhesions could be as effectually dealt with by this method as by the abdominal operation. Indeed, under certain circumstances, it would not be possible to break down the adhesions through the vaginal opening. He thought too it would be risky to attempt to deal with an extra-uterine gestation sac through the vagina. Small fibroids of the anterior part of the uterus rarely called for removal and if they had to enucleate a small ovarian tumour it would be difficult by this operation. In short, cases where the operation would be easy, might very well be left alone, and when serious they had better be dealt with by the other method. He pointed out that although theoretically it ought to be dangerous to operate through the vagina on account of the difficulty of rendering it aseptic, statistics prove the reverse to be the case.

IMPACTED DERMOID CYST REMOVED DURING THE NINTH MONTH OF PREGNANCY.

Mr. T. H. MORSE, of Norwich, contributed the case of a woman, *æt.* 30, multipara, whose last confinement was two years previously. She was seen at the eighth month of pregnancy, when it was seen that the pelvis was blocked by a semi-solid tumour. This was not attached to the sacrum. Delivery under these circumstances being impossible, it was removed by abdominal section through an incision 11 inches in length, of which the middle was opposite the umbilicus. It proved to be a dermoid cyst of the right ovary, just large enough to fill the pelvis. The pedicle was 3 inches long, and was twisted one and a half times from left to right. The operation lasted twenty-five minutes, and the patient made an uneventful recovery, labour taking place at term without complication.

Dr. BOXALL asked whether the cicatrix became pigmented. He was engaged in collecting data with reference to the pigmentation of cicatrices at different periods of pregnancy. This pigmentation did not appear to cease with labour, for he had seen the scar become pigmented when the operation was performed during labour, even the suture holes becoming pigmented.

ROYAL ACADEMY OF MEDICINE IN IRELAND.
SECTION OF SURGERY.
MEETING HELD FRIDAY, MAY 1st, 1896.

The President, SIR THORNTON STOKES, in the Chair.

NOTES ON OVARIOCTOMY.

SIR WILLIAM STOKES read a paper on this subject, and commenced by pointing out that in the modern evolution of abdominal surgery ovariectomy stands out in boldest relief. Reminiscences connected with the keen interest that was excited in the surgical world by the early cases of Clay, Sir Spencer Wells, and Baker Brown were detailed, and reference made to the fact that, although the operation was for many years regarded as exclusively in the domain of specialism, it has now, owing to improvements in *technique* and a wider knowledge of aseptic and antiseptic surgery, become one constantly performed with signal success in our general hospitals. The author's "Notes" were based on the results of the last twelve cases he had operated on, of which ten were brought to a successful issue. Some of these cases had already been published, but the principal details of the last four ones were given. All these were successful. The treatment preparatory to operation of such cases was discussed, and the views of Professor Ashton, of Philadelphia, on this subject were quoted with approval. Several points in connection with the *technique* of the operation as regards the question of a free or limited incision, the mode of dealing with adhesions and with the pedicle, the variety of ways in which the ligature may be employed, and sutures inserted, and lastly, the rules that should be observed in the post-operative treatment, were all discussed. The author concluded by remarking that although the number of the cases in which he based his observations were few in number, in comparison with the stupendous statistics published by some practitioners, they were sufficient to justify him in maintaining the view that the operation should no longer be regarded as belonging exclusively to the limited province of the specialist, but may be undertaken with confidence, in the great majority of instances, in a general surgical hospital—the hygienic surroundings being suitable, and the operator one who works conscientiously and is possessed of judgment and ordinary manipulative dexterity.

MR. FITZGIBBON said that the best incision was one which would let the operator's hand into the abdominal cavity with ease.

MR. TWEEDY did not think that general surgeons should perform the operation of ovariectomy. All the tumours mentioned by Sir William were large. The larger the case the more difficult was the diagnosis and the operation. In none of the cases were the symptoms mentioned of any practical value as regards the diagnosis of an ovarian tumour. A fibro-myoma would present the same symptoms, as far as measurements were concerned. A fibro-myoma often lasted for years without any menstrual show. The only way to diagnose an ovarian tumour was to feel the pedicle and the round ligament. The person who diagnosed the case should operate on it. The necessary asepsis could only be obtained in a room wholly set aside for abdominal surgery and not in an ordinary operating theatre. As regards the abdominal incision, if the tumour was cystic, by tapping the cysts an enormous tumour could be brought through a small incision. The larger the incision the greater the danger of abdominal hernia, though if the operation was strictly aseptic and no stitch abscess formed, there was very little fear of abdominal hernia. In ligaturing the stump the danger was not that the stump might tie, but that the stump might become adherent to the intestines, and intestinal obstruction follow. A good precaution to prevent adhesions was to suture the peritoneum over the stump. There was another danger, that the ligature might slip. The best knot to tie on a small stump was a Staffordshire knot, although even it sometimes slipped. Martin, of Berlin, even ligatured the ovarian ligament as well as the stump. He wished to know how Sir William stitched up the abdominal incision.

MR. WILLIAM THOMSON said the length of the incision entirely depended upon the size and character of the tumour. It was never desirable to make an incision longer

than was necessary, and therefore he first made a small one and enlarged it as required. Sir William Stokes had rightly claimed that these cases should be operated upon by the general surgeons. Mr. Tweedy's claim was for the gynaecologist. But when it came to a question of septic hands, he wanted to know what position the gynaecologist held in that respect after his morning's work of examination of his cases. If a general surgeon was not fit to open a serous cavity because of the state of his hands, then he ought not to operate at all or touch a wound. Yet, in spite of this inability to have aseptic hands, septicæmia had been practically banished from general hospitals. Mr. Tweedy said that the case ought to belong to the person who diagnosed it—meaning the gynaecologist. But this assumed that no one else could diagnose an ovarian tumour, and that only a gynaecologist was necessarily able to operate. This whole question of diagnosis was abandoned when it was laid down that doubtful cases were to be determined by opening the abdomen. Anyone could diagnose under such conditions. This claim was an impossible one. The gynaecologists had been taught by the general surgeon, to whom were due the splendid developments in abdominal surgery.

MR. CROLY said that the only difficulty he found in ovariectomy was the diagnosis. His ovariectomy and hernial cases did best with rectal feeding for three days after the operation. He strongly condemned Spencer Wells' trocar and cannula. Having made the abdominal incision, he punctured with an ordinary scalpel.

MR. M'ARDLE said that a general surgeon might cut into the liver, might remove the kidneys or spleen, but he was not to be allowed to touch an ovarian tumour. It was a great deal more dangerous to deal with a kidney than with an ovarian tumour. He had had to remove portions of the bladder and to interfere with the intestines and ureters, and had no calamity. He agreed with Dr. Tweedy that a long stump was a great danger on account of its adhering to the intestines. He had to open the abdomen twice on this account.

DR. WINIFRED DICKSON said that a gynaecologist did not meet with much pus because the general rule was that the patient was douched before being examined. The vagina did not generally contain streptococci or staphylococci, and the gonococcus was not particularly dangerous in the peritoneum. One point about the after-treatment, not mentioned by Sir William, was that the sooner purgatives are begun the more quickly the patient seems to recover. A great many surgeons gave a purge twelve hours after the operation.

MR. LENTAIGNE said that in cases of laparotomy a great diminution in shock could be effected by avoiding injury to the peritoneum by a foreign fluid. He now always douched and irrigated with sterile normal saline solution. In suturing the wound he first sutured the peritoneum, and then the layers of the abdominal wall with silk, and, lastly, the skin with catgut. He then sealed up the wound with collodion, and used no dressing except to prevent it from being rubbed by the bed clothes. The wound could be seen through the transparent collodion. The collodion was a great improvement in the treatment of strictly aseptic wounds. He thought it made no matter whether a man was a general surgeon or a gynaecologist, if he was a good surgeon he should do ovariectomy well enough.

SIR WILLIAM STOKES, replying, said that Mr. Tweedy said that large tumours were difficult to diagnose. That was not in accordance with his experience. His fourth case was a very small ovarian tumour, and it was very difficult to diagnose. He also stated that unless the pedicle could be felt an ovarian tumour could not be diagnosed. A considerable number of ovarian tumours had no pedicle at all. He agreed with Mr. Thomson with regard to the incision. In Germany they made very large incisions, but it increased the shock of the operation and the tendency to the formation of abdominal hernia. He always transfixed the pedicle before tying it $\frac{1}{2}$ to $\frac{3}{4}$ inch above where the section was made, and he thought there was no possibility then of it slipping. In stitching the abdominal wound he did it in the same way as Mr. Lentaigne, but without the collodion dressing. If Wells' trocar was used with discretion there was no danger. With it there was less chance of the contents getting into the peritoneum.

The Section then adjourned.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD FRIDAY, JUNE 5TH, 1896.

CLINICAL EVENING.

Mr. A. SYMONS EOCLES, M.B., President, in the Chair.

Rodent Ulcer.—Dr. CLEMON showed this case, in which an area of skin of the upper lip of about the size of a sixpence was involved. Excision, with grafting according to Thiersch's method, had been entirely successful.

A Skin Affection of Doubtful Origin.—Dr. SWINFORD EDWARDS showed drawings of this case taken from a male patient, the subject of acute phthisis. There were two circumstantial areas involved, one, the smaller, being apparently papillomatous, the other closely resembling eczema. The diagnosis appeared to rest between mucous tubercle and scrofuloderma.

Dr. ABRAHAM suggested that the case presented some analogies with Paget's disease of the nipple.

Chronic Ulceration and Induration of the Lip.—Mr. SWINFORD EDWARDS also brought forward this case. The history dated back some 20 years, and the original lesion appeared to have been inflammatory. The present condition was not typical and presented some features consistent with epithelioma, syphilia, lupus, or simple ulceration.

Rodent Ulcer of the Cheek.—Mr. KRETLEY showed this case in which owing to the failure of Thiersch's grafts, an arm flap had been brought into requisition.

Oedema of Both Legs from Venous Thrombosis.—Dr. CHAPMAN showed this case, a girl, *æt.* 17, the subject of heart disease both of whose legs became oedematous, but with an interval of a year between the onset of the swelling on each side.

Dr. CHAPMAN also showed a case of "Linear Yielding of the Skin from Premature Obesity" in a girl, *æt.* 15, and weighing twelve stone. The skin of the shoulders, mammae, and buttocks, was affected.

Extensive Acne with Comedones.—Dr. ABRAHAM showed this case and also water colour drawings of a congenital lymphangioma of the shoulder which had been successfully removed by scraping.

Osteo-Arthritis in Father and Daughter.—Mr. McADAM EOCLES showed these cases. In the male patient, *æt.* 45, the hands were affected in the typical manner. His daughter, *æt.* 12, had worn ill-fitting boots, and presented a painful swelling on the metatarso-phalangeal joint of the great toe.

Mr. EOCLES also showed a woman, *æt.* 44, whose hand was typical of osteo-arthritis, she had also swelling of the elbow, probably of the same nature.

Mr. ADAM EOCLES also exhibited a man, *æt.* 28, with "Cleft of the Soft Palate and a Double Hare Lip," who through debility had escaped operation during infancy. The clefts on the two sides of the lip were not complete; the intermaxillary bone was not carried forward, but the prolabium was attached to the columna.

Dr. MORGAN DOCKRELL showed the case of a boy, *æt.* 11, with "Uterythema." The end of the nose and both ears were involved.

Deformity of the Chest produced by Bicycle Riding.—Dr. WILLIAM HUNTER showed this case, a boy, *æt.* 16, well-nourished and of good personal history. His occupation involved a considerable strain, and always with an inclination of the body to the right. He presented a projection of the right edge of the sternum and adjacent costal cartilages, with falling in of the corresponding ribs and another projection of the left costal arch outwards and forwards. On imitating with the right arm the usual position necessary for supporting the bicycle learner, the deformity was much exaggerated, which when placed supine pressure on the projecting edge of the sternum nearly annulled the deformity.

The PRESIDENT pointed out that in addition to the deformity described there was slight gastropnoxis, which was probably also due to the excessive strain involved in his occupation.

Aneurism of the Dorsalis Pedis Artery.—Dr. HOME showed this case, a man, *æt.* 56, the subject of general atheromatous degeneration of the arteries. The aneurism followed a crush of the foot.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD WEDNESDAY, JUNE 3RD.

The President, Dr. ARGYLL ROBERTSON, in the Chair.

MR. C. W. CATHCART demonstrated on a patient the similarity which tertiary syphilitic sores often present to tuberculous inflammation of the skin.

Dr. LOGAN TURNER exhibited Dr. Kirstein's AutoSCOPE for examination of the larynx without the use of a reflecting mirror, and demonstrated its use on the human subject.

The PRESIDENT showed three Indian instruments used by native oculists for couching cataract. The points were of copper and were roughly bayonet-shaped.

Dr. ATCHISON ROBERTSON read a paper entitled—
THE ROLE OF THE CARBOHYDRATES IN DIETETICS, WITH AN INQUIRY INTO THE CONSTITUTION OF INFANTS' FOODS.

Only the second part of the paper was read.

Dr. Robertson commenced with a statement as to the digestion of starch in the stomach. It was a mistake to say that infants were unable to digest starch shortly after birth, although the secretion of saliva at that period was very small. Carbohydrates, however, should be given in any quantity only after the first year. Gastric digestion in infants was practically the same as in adults. He then gave details of some analyses of infant foods, all of which contained certain amounts of unchanged or soluble starch, erythro- and achroo-dextrins, and sugars. Summing up, he concluded that it was better to do without them, if possible.

Drs. Carmichael, Black, Gillespie, Jamieson, Burn Murdoch, and Ritchie took part in the discussion.

Dr. BYROM BRAMWELL gave a short description of a remarkable case of

PRIMARY SARCOMA OF THE LIVER WHICH SIMULATED HEPATIC ABSCESS.

There was an enlargement of the liver in an adult patient which felt like a fluid-containing sac, and which presented a painful spot. Some dark chocolate-coloured fluid was drawn off with a hypodermic syringe, and later 53 oz. of a similar fluid with an aspirator. The fluid was very like that found in hepatic abscess. As the cavity refilled again it was incised and drained. Hæmorrhage continued from the wound in such quantities and for such a length of time that it was found necessary to stitch up its edges. The sac had again to be aspirated shortly after, but the patient died a month after admission. The only alternative diagnosis to abscess which he could make was that of angioma of the liver.

Dr. LEITH described the post-mortem appearances, and handed round photographs and specimens of the tumour. It had proved to be a large soft primary sarcoma, with parts broken down into a thick grumous material.

Dr. AFFLECK detailed a case with much the same symptoms, in which, however, an abscess cavity was found in the liver communicating directly with the stomach through a perforated gastric ulcer.

Dr. J. RITCHIE read a note on two cases of opium poisoning, in the first of which laudanum was removed from the stomach several hours after ingestion by means of the stomach tube, owing to delayed absorption consequent on catarrh of the stomach. In the other case permanganate of potash had been tried with satisfactory results.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, June 16th.

THE TWENTY-FIFTH GERMAN SURGICAL CONGRESS.

THE celebration of the Twenty-Fifth Anniversary of the formation of this Society has given more than usual interest to its proceedings. Amongst other things it has brought to remembrance the circumstances under which it was founded. After the return of the army from Nancy

to Germany, Gustav Simon and Bernhard v Langenbeck prepared a plan for a yearly meeting of German surgeons for the purpose of interchange of experience and opinion, and for social intercourse. After Volkmann and Billroth had with pleasure fallen into the proposal, a call was sent out in the autumn of 1871 for a meeting in Easter week of 1872 in Berlin. Since that time the meeting has regularly taken place in Berlin.

In 1892, the Society took possession of the present house, a building erected to the memory of its chief founder and called after him the Langenbeck Haus.

In pious memory of departed worthies the members proceeded to the graves of Langenbeck and v. Bardeleben, and there deposited costly wreaths, Bergmann, for the German Society of Surgeons; Sir Spencer Wells for English surgeons; Prof. Ollier for French surgeons; and representatives of the Berlin Medical Society. The meeting hall of the Langenbeck House was specially decorated for the occasion with portraits. The only one on the walls previously was that of Langenbeck, but for the occasion a number of others had been added. They were those of surgeons whose names are household words in all lands, amongst them those of Billroth, Volkmann, Bardeleben, Thiersch, Esmarch, Bergmann, König, Gussenbauer, Wilms, Gräfe, Lister, Spencer Wells, Paget, and Ollier.

After the meeting had been addressed by Hr. v. Bergmann, the Cultus Minister, Dr. Bosser, was called upon. He said that if the German Society for Surgery celebrated that day its twenty-fifth anniversary it had every cause to look back with pride and joy on its activity during those twenty-five years. The country itself participated with them in that pride and joy. The State Government also participated in that joy. It had been very justly remarked that the great aims of science could not be reached by state organisations, at least not by these alone; they had, therefore, every reason to be thankful that they had united their powers in the service of science and suffering humanity. The presence of numerous foreign guests was a proof how highly the efforts of the Society were valued. But the presence of these foreign guests was also a proof of the great and exalted idea of the international solidarity of science and of humanity. He offered the Society the congratulations of the Royal Government, and hoped the next quarter of a century would be as fruitful in good work as the last; then would its glory, and also the gratitude of humanity, be secured.

Hr. Bruns, Tübingen, gave an address on the modern treatment of goitre. He said that it was in 1877 that Rose, supported by his wide experience, first decidedly advocated radical measures, for the reason that goitre was not only a local lesion, but that it also endangered the whole organism. Up to 1877, 150 goitre operations had been performed, with a mortality of 21 per cent.; between 1877 and 1882 205 operations had been performed with a mortality of 12 per cent.

The operation was at first looked upon as a removal of a tumour, and it was later under the influence of Billroth and Kocher that it began to be looked upon as the extirpation of an organ. Preliminary tracheotomy was not advisable, as soiling of the field of operation was then unavoidable. He had never seen a case where the dyspnoea continued after removal of the goitre, even when the trachea had been badly compressed by it.

Total strumectomy was carried out for a time until Reverdin and Kocher observed those peculiar changes

that had become known under the name of cachexia strumipriva, and which had already been seen by Schiff, in 1856, in animals, after extirpation of the thyroid, but which had not at the time attracted great attention. The study of the physiology of the thyroid was therefore begun afresh, from which it became plain that the thyroid was a true gland, with a specific secretion that was indispensable for the economy of the body.

Endeavours were now made to treat the goitre but not remove the gland. In about fifty cases, the arteries were ligatured, but the operation was abandoned. Enucleation found greater favour, but it was not practicable where the capsule was not sharply defined. He had performed the operation in about 200 cases. In 70 per cent. the bleeding was slight, in 20 considerable, and in 10 per cent. profuse. Resection of the struma was a further step that could be properly combined with enucleation. The operation was difficult, but interesting, as careful individualism was necessary.

He had performed 400 goitre operations; 40 per cent. were enucleations, 24 per cent. resections, and 12 per cent. were combined operations. The operation was now so far developed that there was no danger when the tumour was benign and the delay had not been too great. He had had no death in his last 150 cases.

Hr. König, Berlin, gave an address on
ADVANCES IN OUR KNOWLEDGE OF LOCAL TUBERCULOSIS.

He said that although tubercle had been known for one hundred years, the knowledge of its specific character was of a much later date, as the study of tuberculosis of the lungs was very complicated. It was only when the disease was known in other organs, glands, bone, &c., that we gained an insight into its nature. There was no such strictly local tuberculosis as was at one time represented. Forty years ago we were powerless as regarded any form of tuberculosis. It was v. Volkmann who, by his observations and experiment, brought tuberculosis of the bone into the foreground of interest. It was known that tuberculosis of the bone might heal, it was seen later that it might sequestrate. He agreed that joint tuberculosis in great part started in the bones, but in an equally large proportion from the synovial membrane, from a serofibrinous inflammation. When it was recognised that joint tuberculosis started from a focus in the bone it was at first hoped that early resection would bring about complete recovery, but these hopes were not realised and so treatment became more limited in its scope. V. Volkmann's investigation led to the attempt to seek and remove the bone affection before the joint was attacked. This did not succeed often, but when it did the recovery was an ideal one. To the modern achievements along the introduction of medicinal applications such as iodoform and carbolic acid, in favour of which he spoke strongly and the treatment by stasis—that had often been successful. If operative measures had to be resorted to one could often be satisfied in children with removal of the capsule; in adults it was advisable to add to this resection of the ends of the bones.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, June 12th, 1894.

SPONTANEOUS FRACTURE OF THE THIGH.

ERDHEIM recorded the history of two cases of spontane-

ous fracture to the Medical Club. The first was a young man, *æt.* 39, who received a slight injury to the leg in September last by colliding with a piece of furniture. The wound became tender and inflamed, subsequently becoming phlegmonous and rapidly extending up the leg. On his recovery from this severe attack he felt a sharp pain in the right leg while sitting on the cloest one day, and on endeavouring to rise discovered that he was helpless. When Erdheim examined the leg he found a large tumour extending from the middle of the femur to the trochanter, which he diagnosed as sarcomatous. At the lower margin of this, abnormal movement and crepitation could be distinctly observed. It was resolved to disarticulate the leg at the hip, which revealed an osteomyelitic condition of the bone.

The second case was attacked with pain in the right thigh a year previously, and the symptom was relieved by massage. On putting on his boots one morning he was suddenly seized with severe pain in the affected leg, without power to move it. On examination it was found to be fractured, and forthwith put up in splints. After several weeks' confinement, in the usual way, it was found that no union had taken place. It was then discovered that a tumour lay along the upper fragment of bone, presumably a sarcoma, for which disarticulation at the hip was performed, with the result of the microscope revealing a "perithelioma." In this case another centre seems to have commenced simultaneously in the right kidney, though the growth did not become palpable or suspicious till shortly before death.

CARCINOMI PYLORI.

Kukula in his lecture on gastrotomy this week gave a vivid picture of the insidious onset of carcinoma of the pylorus and its consequences. Pain in the hypochondrium, vomiting, and diarrhoea are frequent precursors that are finally confirmed by emaciation, local swelling, and feebleness. These were the common symptoms of a labourer, *æt.* 35, whom he operated on a short time ago. Within two months he lost 18 kilos. = 39 lbs. A firm dense tumour could be felt under the xiphoid cartilage and extending to the umbilicus. By insuflation the greater curvature of the stomach could be traced in an arc three inches below the navel. Splashing and movement with respiration, &c., led to the diagnosis of carcinoma of the pylorus with gastroptosis and dilatation.

The operation, undertaken after the patient was narcotised with chloroform 55 grammes, and ether 70 grammes, lasted one hour and a half.

The tumour was smooth and circular, surrounding the pylorus, but without adhesions. There was no swelling or enlargement of any of the mesenteric or omental glands that favoured pylorotomy. The whole disease was removed and the lumen of the duodenum brought into apposition with the opening of the stomach, the two free ends being secured by sutures. The section removed measured six centimetres of the smaller curve and 11 of the greater, with a lumen that would not admit a quill. The thickness was about 7 centimetres. The hypertrophy of the muscular and mucous coats was inconsiderable, while the submucosa measured 5 millimetres alone and was made up of a fine cellular infiltration. The indurated submucosa contained epithelioid cells in small groups resembling incipient scirrhous. The patient was collapsed immediately after the operation, but this was obviated by wine enemata and saline solution. On the following day the temperature was 37°, pulse 92. The day after, the collapse recurred,

and was successfully treated in a similar manner as the first occasion. On the tenth day profuse diarrhoea supervened, and the case terminated fatally.

MORBUS MENIEREI.

Alt gave the details of a case of Ménière's disease, whose history he had followed in common with Peneles. The patient, a labourer, *æt.* 66, took ill in the winter of 1894 with indefinable pains, among which were headache, weakness, and feelings of great fatigue. About the end of last year he was attacked with giddiness and "buzzing" in the ears, which finally resulted in insensibility. After recovering from this sudden attack he found his hearing defective, which gradually became worse till total deafness was established in fourteen days. In this condition he was brought to hospital, and the diagnosis pronounced "leucæmia myelo-linealis chronica." The red blood corpuscles were 2,600,000, while the white were 600,050, or 1 in 4. There were many mononuclear cells with large leucocytes, lymphocytes, and granular blood corpuscles. The spleen was enormously enlarged, as well as the liver. On examining the tympani both were retracted, and the radial reflex destroyed. The C₂ sound could not be perceived. When placed on the left mastoid C₂, C₁, and C were negative, while slightly heard on the right. Loud calling could also be heard on the right, but the left was completely gone. A current of 15 to 20 milliampères did not produce giddiness.

After death the leucæmic condition with hæmatoma was confirmed. A microscopic examination of the cerebral centres and ganglia was undertaken by Politzer, who adopted Weigert-Pal's method. The intra-medullary origin of the auditory nerve in the lateral as well as the medial root had numerous small as well as large leucæmic patches with fine cellular infiltration. At the part where both roots join, the infiltration was more intense and the pia mater decidedly thickened. No other changes of a pathological nature could be found in the brain to account for the phenomena. The middle ear was found intact and nothing in the labyrinth of a morbid condition could be discovered. Calcareous degeneration was present, although small in degree, a condition which in other observers has been chiefly assigned as the cause of the disorder. In the whole of the literature of the subject no other author has referred the morbid condition to the auditory nerve alone.

GENERAL MEDICAL COUNCIL OF EDUCATION AND REGISTRATION.

SUMMER SESSION, 1896.

SIXTH DAY.—MONDAY, JUNE 8TH.

THE MEDICAL DEFENCE UNION AND AMENDMENT OF THE MEDICAL ACT.

THE first thing was the reading of an opinion by Mr. Muir Mackenzie on the subject of a letter received from the Medical Defence Union. The opinion *en résümé* was as follows:—In reference to the question whether the Council should submit to Parliament an Act for the amending of the Medical Acts by altering the provisions of Section XL. of the Act of 1858, he thought any such legislation would present grave difficulties. He himself had found the task of drawing up such an amended clause a difficult one. On the whole, he did not think that there was any urgent need for such amendment, and he asserted that no difficulty was experienced in securing a

conviction under this section *before a strong and competent tribunal*. He admitted that the decisions of justices varied in this respect, and he further admitted that the two recent decisions would afford weak justices an excuse for dismissing cases under this section. After discussing various recent cases, he concluded by saying that any amendment to Section XL should be with a view to including a large number of false assumptions of title not at present included under that Section, and not merely for the purpose of more easily securing conviction.

APOTHECARIES' HALL OF DUBLIN.

The Council then resumed the debate on Sir William Turner's motion, deferring the expression of an opinion on the application of the Hall pending representations to the Royal College of Surgeons in Ireland (see THE MEDICAL PRESS AND CIRCULAR, page 603).

The legal advisers of the Council pointed out that no decision had been arrived at by the Privy Council as to whether the General Medical Council had or had not a discretion to decline to appoint the assistant examiners for which the Hall had applied. They suggested that the observations of the Lords of the Council afforded ample grounds for the Council to review, and if thought fit, to alter its former decision, thus avoiding any possible difference of opinion between the Privy Council and the General Medical Council.

Dr. CHURCH pointed out that the Council could not alter their decision on a point which they had not yet considered.

Counsel replied that the last application differed in that medical examiners were also asked for.

Dr. MACALISTER brought forward an amendment to the effect that the Council did not see its way to acceding to the application, and urged that a direct vote should be taken on the subject.

Dr. ATTHILL supported the amendment, considering that the grant of the application would have most disastrous consequences on the Irish School of Medicine.

Sir PHILIP SMYLY did not think the College of Surgeons would be likely to recombine with the Hall.

Sir JOHN BANKS supported Sir William Turner's motion as did also Sir WALTER FOSTER, and the PRESIDENT opined that "no suggestion more condemnatory of the Council than the second part of the amendment could be penned" in that if the Council admitted its inability to maintain a proper standard of efficiency the Privy Council might hold that it was not fit to exist.

Ultimately the amendment was lost by a majority of 1.

On the original motion being put the voting was equal when the President gave his casting vote in its favour, and it was consequently declared to be carried.

MR. F. THEOBALD AGAIN.

Mr. Theobald renewed his application to be re-instated on the *Register* from which his name was removed in consequence of the support he had given to Mattei's pernicious fraud. As he has at present no diploma which could be registered the Council declined to re-open the case.

WITHDRAWAL OF A QUALIFICATION.

A communication was received from the Royal College of Surgeons in Ireland announcing that the name of Mr. Samuel Frederick Murphy (whose name was removed from the *Medical Register* in June, 1895) had also been erased from the list of licentiates.

THE PENAL POWERS OF THE QUALIFYING MEDICAL AUTHORITIES.

Mr. BRYANT brought up the report on the penal powers of the various qualifying bodies. It appeared, therefrom, that a certain number of the educational bodies had power, others had very little; most of the corporations had power, but the universities had very little.

Mr. MUIR MACKENZIE, in a letter addressed to the President, pointed out that the law in respect of persons whose names had been removed from the *Register* continuing to practice was in an uncertain and unsatisfactory position, and he suggested that it would be of the greatest public benefit if the charters of the bodies which have insufficient penal powers could be amended as suggested in the report. He added that in each case the formal procedure would be for the University or other body to petition Her Majesty in Council for amendment of its charter.

On the motion of Mr. BRYANT, it was agreed "that this report, as amended, be adopted, and that the recommendations contained therein be carried into effect by forwarding this report, first, to the universities and other bodies concerned, secondly, to the Scottish Universities Commissioners, and, thirdly, to the Privy Council.

DENTAL BUSINESS.

The rest of the sitting was mainly devoted to a discussion on documents bearing on the appeal of one Merrill, a dentist, to the Privy Council, and the opinion of the Council's legal adviser was ordered to be forwarded to the Privy Council as an answer to Mr. Merrill's appeal.

LAST DAY—TUESDAY, JUNE 9TH.

After deciding to cause copies of the resolution passed by the Council in respect of the application of the Apothecaries' Hall to be sent to the various bodies concerned, the Council entered upon the consideration of

THE REPORT OF THE EDUCATION COMMITTEE,

on which Dr. TUKE moved "that, in the opinion of the Council, each candidate for a licence to practise should produce evidence in a specified form of having attended twenty cases of labour, five of which at least have been conducted throughout under the direct supervision of a registered practitioner."

This motion was seconded by Dr. GLOVER, and was agreed to, and copies thereof were directed to be sent to the authorities of the Scottish Universities, and to the other licensing bodies.

REPORT ON PRELIMINARY EXAMINATIONS.

Dr. TUKE submitted for approval the form in which the Education Committee proposed to issue the revised list of recognised examinations. From the report, it appears that the recommendations of the Council have been carried into effect, with the one exception of the Royal Colleges of Physicians and Surgeons in Ireland, and the Committee express the opinion that their preliminary examination should be abandoned in the interests of general education.

Dr. MACALISTER animadverted on the persistence of the Irish Colleges in holding this examination in spite of the recommendations of the Council.

Mr. BRYANT criticised the second class certificates of the College of Preceptors, the standard being, in his opinion, very low indeed. He suggested that in future only first class certificates should be accepted, and he asked whether the time had not come for the second class certificate to be erased from the list of recognised preliminary examinations. He moved that the Education Committee should be asked to consider this question.

Mr. B. CARTER seconded the motion, taking advantage of the opportunity to insinuate that candidate who failed in the Arts examination of the Apothecaries' Society usually adjourned to the College of Preceptors.

Dr. TUKE's motion was then agreed to, and was ordered to be transmitted to the Colleges concerned.

Dr. THOMSON pointed out that the examinations of the two Irish Universities and of the intermediate Board were both held at about the same time, so that practically there was only one opportunity of going in for a preliminary examination in a year. This was why the Colleges, which were not otherwise wedded to the examination, thought their examination ought not to be discontinued until the whole subject was dealt with. He said that in his opinion the Council had for years occupied itself with the professional parts of the curriculum leaving untouched what was possibly the most important part of the educational course, viz., the standard of the entrance examination. He thought that under the circumstances the Council should not strike off the examination for the present.

Dr. MACALISTER pointed out that there was no proposal to strike it off.

After some remarks by Dr. Atthill and Sir John Banks the motion was agreed to.

Mr. Bryant's motion (*vide supra*) was then agreed to.

Dr. TUKE stated that the Education Committee had admitted to the list of recognised preliminary examinations the first examination in Arts by the University of Madras, and the matriculation examination of the College of Physicians and Surgeons of New Brunswick. This part of the report was agreed to.

RECOMMENDATIONS RESPECTING PROFESSIONAL EXAMINATIONS.

Sir DYON DUCKWORTH brought forward, in a consolidated form, a series of definitive recommendations suitable for transmission to the several licensing bodies, and the schedule was adopted by the Council as proposed.

REPORT OF PUBLIC HEALTH COMMITTEE.

Dr. THORNE THORNE brought up the report of the Public Health Committee. He discussed the bearings of the definition of the Council of "a large urban district" as one with over 50,000 inhabitants, and pointed out that this entailed some hardship on certain medical officers of health in districts with less than this number of inhabitants. They had been unable to frame any recommendations which would include all the medical officers of the metropolis, but they were prepared to admit medical officers of health in districts under 50,000 wherever situated if they were also teachers in public health in connection with a recognised medical school. To put England and Scotland on an equality they thought that 30,000 in Scotland might be taken as equivalent to 50,000 in England. As Ireland had not as yet a Local Government Act that point could not be at present dealt with.

These proposals were agreed to.

The Report of the Inspector on the Examinations for the Diploma in Public Health of the University of Oxford, to the effect that they were in all respects satisfactory, was received and adopted, and a copy of it was ordered to be sent to the University authorities, "no further action being on this occasion required."

MIDWIFERY DIPLOMAS.

Mr. WHEELHOUSE brought up the Report of a Committee appointed to report and consider a letter received from Dr. Rentoul, in November, 1895, accusing the authorities of the Rotunda and Coombe Lying-in Hospitals with granting diplomas to other than qualified medical practitioners, which, he alleged, entitled the holders to conduct confinements on their own responsibility, in fact, to "practise midwifery." The Committee reported that in so doing the bodies referred to acted under Royal Charters, and all they suggested was that the certificates should assume a more simple character.

In spite of a warm protest by Dr. ATTHILL copies of the adopted report were directed to be sent to the bodies in question.

RESIGNATION OF DIPLOMA.

Mr. Rutherford, of Exeter, is a gentleman who feels so strongly on the question of the Royal College of Physicians of Ireland in respect of its members acting as officers of Medical Aid Associations that he returned his diplomas of Member and Licentiate to the College, and requested that these qualifications should be removed from the *Medical Register*. Circumstances prevent the College at present from accepting the resigned diplomas and the Council was asked to decide what should be done.

As it was not very obvious what the Council had to do in the matter, the further consideration thereof was postponed.

After the transaction of some formal business the Session came to an end.

The Operating Theatres.

ST. MARY'S HOSPITAL.

ACUTE SEPTIC OSTEO-MYELITIS.—RESECTION OF UPPER END OF FEMUR.—Mr. EDMUND OWEN operated on a girl, *et. about 10*, who a few days previously, while playing in the street, had been pushed down and had fallen upon her left hip. The child seemed to have been in a good deal of pain for a while, but next day was running about as well as ever. A few days subsequently, however, she began to complain of her hip, and could not bear it to be touched; she passed sleepless nights, and was so ill that admission to the hospital was sought. The temperature was found to be 102°. The pulse was quick, and the face flushed. Mr. Owen said that in all probability it was a

case of acute septic diaphysitis, but that, as the girl dreaded being hurt, he would have an anæsthetic administered before examining her. Whilst she was being put under chloroform, he remarked that it evidently was not a case of fracture or dislocation, as the child had completely recovered from the effects of the injury within twenty-four hours, and that the symptoms were far too acute for ordinary traumatic synovitis, and too sudden in their onset, and too acute for tuberculous disease. He thought, therefore, that it would turn out to be one of those serious and disastrous cases in which, as a result of the injury, staphylococci had undergone successful cultivation at the upper end of the femoral diaphysis—that is, in the upper part of the neck of the femur, within the embrace of the capsular ligament. On careful examination under chloroform, however, no thickening about the neck of the femur, or fulness of the synovial capsule, could be detected, and all the movements of the joints were found to be perfectly free and smooth. The house surgeon, Mr. Brodribb, also examined with a like result. Mr. Owen, however, remarked that although he had been unable to confirm his diagnosis he still held to it, and said, moreover, that he feared an unfavourable termination to the case. On the same evening—the first night of the child being in the hospital—she was so much worse that an exploratory trephining was done through the great trochanter and up into the neck of the femur, but no abscess was reached. Next morning she was rather better, though her aspect, temperature, and pulse were still unsatisfactory. She had less dread of her thigh being moved. On the following morning the thigh was a good deal swollen and a little pus was escaped from the wound. There was, moreover, a red patch on the back of the left hand which was thought to be septicæmic, though it had been attributed to her having struck the extremity against the corner of the locker: The trephine wound was enlarged, and the interior of the joint was explored by thrusting a director—guided by the fingers—through the front of the capsular ligament. But the paracentesis revealed no intra-articular suppuration. For the next day or two she seemed brighter, though she was occasionally light-headed and delirious. The thigh became more swollen, and on the third day she had a serious hæmorrhage from the wound. On the day of the operation it was found that broken clot and serum were escaping from the wound; the base of the great trochanter and the shaft of the femur were bare and a pyæmic abscess was found upon the dorsum of the left foot. It looked as if amputation at the hip-joint would give the girl the only chance—and that a very poor one. But as permission had not been obtained for so serious an ordeal, Mr. Owen had to content himself with a resection of the upper end of the femur. There was no pus in the joint, but the trochanteric region of the cervix and diaphysis were found after removal to be darkly mottled and blood-stained; there was no purulent infiltration of the bone. It was noticed that during the resection the trochanteric epiphysis had become detached from the diaphysis, the site of its disjunction being covered by purulent granulation-tissue, and it became manifest that that part of the diaphysis, and not the intra-capsular part of the shaft, had been the starting-point of the disease. The periosteum had been stripped from the chief part of the diaphysis by hæmorrhage, with a certain amount of suppuration. Over the lower end of the diaphysis, in the space between the ilio-tibial band and the tendon of the biceps, an opening

was made in order that the sub-periosteal collection of septic clot and serum might be thoroughly cleared out and the cavity effectually drained. In the course of his remarks upon the case, Mr. Owen said that he had met with several instances of acute septic otitis beginning in the neck of femur, just below the head of the bone; they were, as in this case, characterised by great constitutional disturbance, by much local tenderness, and by acute effusion into the capsule, and they almost invariably ran on to complete wreckage of the joint. In his experience, it was quite unusual for the disease to start in that part of the diaphysis which underlies the great trochanter, though in the unfortunate case which had just been seen, there was no doubt as to its having begun in that situation. The disease was an acute pyæmia from the very commencement, and was apt to be mistaken for acute rheumatism. Salicylic acid, however, failed to bring down the temperature as it would do in the case of rheumatic fever; the rapid occurrence of metastatic abscesses, he considered, sometimes revealed the exact nature of a doubtful case.

RICHMOND HOSPITAL, DUBLIN.

TOTAL EXTIRPATION OF THE LARYNX.—Mr. ROBERT H. WOODS performed total extirpation of the larynx for cancer on a man, æt. 65, whose symptoms began twelve months ago with hoarseness and slight cough. The laryngoscope showed a growth on the right larynx wall extending across the mesial plane both in front and behind. The tumour was diagnosed cancer, and a morsel taken away with forceps through the mouth confirmed the diagnosis under the microscope. An incision was made in the middle line of the neck from the hyoid bone to the sternum. A transverse incision was carried across the thyrohyoid membrane, and two triangular flaps reflected outwards; the patient was then tracheotomised, and chloroform administered through the tube during the subsequent steps of the operation. The thyroid cartilage was divided in the middle line, and a sponge inserted into the trachea above the tube. The growth was then inspected, and complete excision decided on. The larynx was bared laterally, the trachea cut across below the cricoid cartilage, and the dissection carried on from below upwards, care being taken not to buttonhole the œsophagus. The larynx being freed from its inferior connections, the epiglottis was cut transversely; it was, however, found that the epiglottis was infiltrated, and the remaining portion was dissected away from the base of the tongue. The trachea was next sutured to the tracheotomy wound, the posterior wall and anterior wall of the œsophagus drawn forwards like a cowl, thus shutting the trachea off from the pharynx, and obviating the necessity of wearing a tube. A stomach tube was then tied in the end coming through the wound in the neck, between two sutures. An enlarged gland lying under the sternomastoid, and on the jugular vein, was next dissected out through a separate skin wound, and the patient put to bed.

“THE Cavendish Lecture” will be delivered this (Wednesday) evening by Mr. Thos. Bryant, ex-President of the Royal College of Surgeons of England, at the West London Hospital, at 8 p.m., the subject being “Jenner and his Work.” A large gathering is expected to greet the lecturer. A *conversazione*, with music and smoking, will follow the delivery of the lecture.

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The Medical Press & Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, JUNE 17, 1896.

GENERAL MEDICAL COUNCIL.

AFTER a session fully up to the average in point of duration, the General Medical Council has been disbanded and we are at liberty to indulge in a retrospect of their proceedings. The thorny question of the application of the Apothecaries' Hall of Dublin for the appointment of examiners in all departments was discussed in a half-hearted sort of way, and it looked for a time as if the threat of a possible conflict between the Privy Council and the General Medical Council would have the desired effect of rallying the waverers to the views so forcibly expressed by the President. The division lists, however, show that no material change has taken place in the relative position of the parties to the resolution which has proved the source of so much friction; indeed, the motion by which the matter has been temporarily shelved, was carried only by the President's casting vote. The representative of the Royal College of Surgeons in Ireland held out but little hope that the proposal to recombine would be favourably received by that body, and it seems extremely likely that when the Council next meets it will be confronted by the question *quo ante bellum*, except that possibly feeling may run a trifle higher after having been allowed to ferment for another six months. It would perhaps have been better for the Council to define its attitude in the matter once and for all; there the matter must be left for the present, so that we may pass on to other matters of interest, of which we are constrained to admit there are not many. A distinct step in advance in

respect of practical education in midwifery has been made in that, in future, candidates for a licence to practise will be required, as an alternative to three months' attendance on the indoor practise of a lying-in hospital, to have been present at not less than twenty labours, of which at least five shall have been conducted under the direct supervision of a registered practitioner. If proper precautions be taken to ensure the validity of such certificates a distinct progress will have been effected, for midwifery is a subject which cannot be wholly learned from books, and neo-practitioners of the future will no longer cut such a sorry figure when called to their first labour after starting in practice. The brief discussion which took place on the persistence of the Royal Colleges of Physicians and Surgeons in Ireland in continuing to hold their preliminary examination in arts threw into bold relief the unsatisfactory position of the whole question of preliminary education. At present the second class certificate of the College of Preceptors is recognised as admitting to the study of medicine, but no one can honestly deny that the standard thus enforced is ridiculously low. During the last few years the Council has devoted an enormous amount of time and energy to the elaboration of the professional curriculum, possibly, as has been asserted more than once, to an irritating and unnecessary degree, but the great question of the standard of preliminary education has been sadly neglected. There may be difficulties in the way of reform which do not strike outsiders, who cannot but wonder at the apathy of the Council in this important department of education. There are signs that we are within measurable distance of a thorough reconsideration of this matter, and for the present we can only express the hope that when it does come up it will be dealt with in a manner worthy of its importance. The Medical Defence Union has been well *en évidence* this session, not only in the prosecution of penal cases but also in suggesting certain necessary amendments of the Medical Acts with the view of extending their scope and defining their meaning. There is no disguising the fact that the efficacy of Section 40 has been immensely weakened by recent judicial decisions, indeed, the penalty of erasure from the *Register* has been shorn of many of its terrors, thanks to the curious construction which two of Her Majesty's judges have seen fit to place on the section in question. This fact gives special interest to the suggestions made by the Council to the various licensing or degree-conferring bodies in the direction of obtaining, where necessary, additional penal powers, those at present in force being, in many instances, very small, and, in some, altogether wanting. Here we are confronted by the difficulty that the licensing bodies, unprovided or inadequately provided with penal powers, do not seem at all anxious to possess the power to purge their Registers of the names of peccant licentiates or graduates, but if they have the best interests of the profession at heart they will not fail to act on the suggestion thus thrown out, and will take the necessary steps to remedy the deficiency. We may congratulate the Council on having remodelled the Standing Orders bear-

ing on the procedure in penal cases so as to obtain uniformity of treatment, but there is still ample scope for improvement in this not unimportant department of the Council's duties. It ought to be possible, without engaging the Council in the investigation of unfounded or idle charges, to secure the investigation of cases in which professional misconduct is alleged without the enormous cost to the prosecutors which is at present entailed. All complaints ought to be referred to a penal committee, aided, where necessary, by the Council's legal advisers, and on this committee should fall the duty of ordering such further investigations as may appear necessary, and of formulating the *mise en accusation* of the guilty parties. It is intolerable that the whole trouble, expense, and responsibility of initiating these proceedings should be thrown on the shoulders of private individuals or corporations, seeing that very important interests of the profession are involved.

MEASLES AND ITS DEATH-RATE.

THE reduction of the general death-rate is one of the chief aims of modern sanitary administration. Such an attempt has long been recognised by the State as a matter of sufficient importance to warrant the levying of vast sums from the popular purse in support of an elaborate preventive system. Moreover, in the case of infectious diseases public health legislators have insisted upon the necessity of interfering with the liberty of the subject, so far as to render compulsory the measures of notification, isolation, and disinfection. On the whole, the special laws dealing with these points have worked with little friction, and have been tacitly accepted by the average citizen throughout the United Kingdom. This fact offers a remarkable testimony to the sound common-sense that underlies the semblance of discontent, and the jealous hatred of interference with the individual, which are among our most fixed national characteristics. Nor has this tolerance been without its reward. Cholera has been expelled from our midst, small-pox reduced to a fraction of its former prevalence, scarlatina sensibly diminished, and the incidence of other zymotica, notably typhoid, signally checked. The economic benefits of such results are simply incalculable, and it is not open to a moment's serious question that they are in the main due to the progressive triumphs of public health reformers. But great as the fruits of conquest have been, there is still a large field in the possession of the enemy. Among the preventible causes that swell the mortality rates, and are at present practically unchecked, measles and whooping-cough take the foremost place. The question of the prevention of measles has been discussed in the current number of the *Nineteenth Century* by Drs. Waldo and Walsh. They estimate that the case mortality from the disease in a poor district of the metropolis averages about thrice that of a rich quarter. They point out that in 1894 measles headed the zymotic death-rate in London with 3,293 deaths, as against 2,670 due to diphtheria, and 2097 to whooping-cough. But their chief emphasis is laid on the remarkable statistical deduction

that during the year mentioned measles killed in the metropolis nearly twice as many persons as scarlet fever, fevers generally (including typhoid), and small-pox put together. In considering whether or no the disease should be made notifiable they pertinently remark: "The wisdom and necessity of these (preventive) measures have been admitted in the case of small-pox, of diphtheria, of scarlet and other specific fevers, and of erysipelas. It seems illogical to exclude measles, which has been shown to cause a greater mortality than any of the diseases named. . . . Why it should be right to notify and control, or attempt to control, diphtheria, while measles and whooping cough are left untouched, is somewhat of a mystery." About the main facts advanced in this timely article there can be no dispute, any difference that may arise will be on the main conclusion that measles should be added to the list of notifiable diseases. As to this important question, it may be broadly stated that if it is the duty of the legislature to endeavour to prevent the loss of life by preventable causes, such as scarlatina and small-pox, it is difficult to see why a similar obligation should not apply to measles and whooping-cough. The cost of preventive measures in the case of measles would be, on the face of it, enormous. An outlay of this kind, however, many economists regard simply in the light of a national insurance. So far as the people who die and the folks who pay the direct and indirect costs of sickness are concerned, it matters not one jot whether the destroyer comes in the shape of cholera or small-pox, or the more homely, but far more fatal, measles. Whatever views be taken upon the advisability of notification, everyone must agree with the concluding remarks of the authors above quoted. "In conclusion," they write, "it is not too much to say of measles and its death-toll that the question is one of national importance. Whether it is to be let alone, as heretofore, or to be dealt with in a manner worthy of this scientific and progressive age, must to a great extent be decided by the verdict of educated public opinion. Experience has shown again and again that the health reformer cannot travel far beyond the popular standard of enlightenment in these matters. That general rule holds good even in a matter so closely affecting the common welfare as the control of measles, one of the most deadly of the preventible diseases that devastate the populace of Great Britain."

TRADE-UNIONISM IN ASYLUMS

WE are not surprised to find that trades-unionism is beginning to break out in asylums, though some people might suppose that Ireland would be the last place in the world where it would first see the light. It is not at all surprising when we think of the occasional outbursts of complaint made by attendants in the newspapers regarding their treatment, their long hours, the want of sympathy shown with them in their work, and so forth. The drones are usually the most troublesome in all industrial communities: they do least work, and make most mischief. The same may be said of asylums. Just at present it seems to be the

fashion in medicine to develop self defence unions, and the recent combination to boycott a medical institution in Liverpool is an example of it. It is one of the unfortunate signs of the times, and however high our moral ideas may be in this *fin de siècle* age, there is no question about it that self is the predominant idea, however much it may be cloaked by other names. There is bound sooner or later to arise antagonism between asylum staffs and their superintendents, and sooner or later a union will be as necessary on the part of superintendents as on the part of their subordinates. This does not apply so much to the male side of the official staff as to the female, because woman is asserting herself more and more every day, and the more she asserts herself the more she is taken at her own value. It is doubtless true that she gives cheaper labour, and for this reason she is more in demand than the male competitor. In asylums it is difficult to draw the best class of women into the service, because there are so many outlets for them elsewhere, and asylums have not become fashionable as hospitals have up to the present. There is no doubt that a check could be put on the restlessness of female attendants by a combination of asylums, which would keep a register, and so prevent a too easy re-entrance into another asylum. In the case of Richmond Lunatic Asylum, Dublin, a Committee of the whole board have recently taken into consideration this question of trades-unionism, and resolved that the Board of Governors be requested to decline to recognise the National Union of Asylum Attendants of Ireland, with the result that the following resolution was adopted—"That we adopt the report of the Committee, the Medical Superintendent to see the men whose names are attached to the rules of the Society called 'Asylum Attendants of Ireland Trades Union,' and communicate to them the decision of the board, and that they are dismissed from service in the asylum unless they at once withdraw from the Society." This might be regarded by some as high-handed and arbitrary, but asylum service is one which requires high-handed and arbitrary administration, for a strike of attendants, happening at any moment would be a terrible calamity. To replace a whole staff at less than a month's notice, in the face it may be of boycotting or picketing, is a very different thing from meeting an ordinary industrial strike when you have sane men to deal with; and the action of the Board of Governors of Richmond Lunatic Asylum was therefore the only action open to them in the matter. The more experience one has in asylums the more one is satisfied that prompt measures and strict discipline are best for all concerned.

THE Medical Officer of Health for Battersea reports a high mortality from the epidemic of measles and whooping-cough in the parish. During the past seven weeks there have been 112 deaths in all from these diseases, and there are now a great number of serious cases.

Two medical women have been elected to the staff of the Melbourne Hospital, Victoria.

Notes on Current Topics.

Royalty and Hospital Charities.

THE past three weeks have been phenomenal for the good work done by the various members of the Royal Family in the cause of hospital charities. But far and away above every effort of the kind which has so far been brought to a successful issue, there stands the extraordinary result of the appeal for Guy's Hospital, the announcement of which was made at a Festival Dinner in the Imperial Institute last week. The sum announced was £160,000, and the applause with which the statement was greeted by the five hundred visitors present can be well imagined. But now that the success of the appeal has so far transcended the anticipations of the most sanguine of its promoters it is meet that some attention should be directed to the means by which it was attained. It is perhaps scarcely needful to remind our readers that the patron of the special effort was His Royal Highness the Prince of Wales. No sooner had the importance and, strictly speaking, national character, of the appeal in aid of Guy's Hospital been impressed upon His Royal Highness than he at once accepted the position and entered heart and soul into the enterprise. It is characteristic of the Prince that when he undertakes to do anything by which he hopes to benefit his future subjects he makes up his mind to succeed. Frequently has this been proved in the national undertakings with which he has been closely identified. But His Royal Highness succeeds where others, even of exalted position, would fail. The Prince has a great faculty of gathering around him those who are only too willing to help him in his enterprises. This willingness springs not from the fact that His Royal Highness is the Prince of Wales, but almost solely from the popularity which he enjoys. The Prince is known to be a man, endowed with those personal characteristics, which attract men to each other; he is genial, natural, full of good nature, as a man, and as a Prince tactful, kindly, and always knowing when to say the right thing at the right time. It is mainly by these qualities that this appeal, promoted by the Prince, has proved such a phenomenal success, that is to say, his great popularity and the friendship with which he is regarded, doubtless endowed many hundreds of persons with an infective enthusiasm to work for a cause of the success of which he was so keenly desirous. Never again, perhaps, can it happen that the pecuniary needs of a great charitable institution will be assisted by such a collection. But if the result was phenomenal, so also were the circumstances unusual for which the appeal was promoted. The re-endowment of a great hospital which in the days before agricultural depression had a large and adequate income of its own, was an undertaking which naturally called for a supreme effort on the part of its friends, and it may be regarded as certain that no one was more pleased with the result of this effort than His Royal Highness the Prince of Wales himself.

The Dublin Conjoint Preliminary Examination.

IT will be observed, from the report of the proceedings of the General Medical Council, that the Education Committee of that Council has reiterated the suggestion that the preliminary examination held by the Royal Colleges of Physicians and Surgeons, Ireland, should be discontinued, and, with the flippancy characteristic of insufficient information, a member of the Council upbraided the Colleges for maintaining this examination. The Report says: "In view of the fact that, in addition to those conducted by the Irish Universities three examinations held by the Intermediate Education Board of Ireland are recognised by the Council, the Committee reiterate their conviction that it is desirable, in the interests of general education, that the Royal Colleges should cease to examine in Arts." If the Committee had thought it worth its while to inquire, it would have learned that the Irish Intermediate examinations are not utilised by one in a hundred of the Conjoint examination candidates, simply because the arrangements of those examinations are entirely discordant with those of medical students. In the first place, these examinations are held at a period of the year least convenient for such students—in June-July. Secondly and chiefly, the latest age at which a student can present himself for the Middle Grade examination (which is the analogue of the Conjoint preliminary) is 16—too early to commence medical study. If the student should wait and offer himself for the Senior Grade he could postpone the ordeal until his eighteenth year, but, in that case, he would have to pass a proportionately severer test, and, if he then failed, would be shut out for ever from the profession, inasmuch as he would not be admissible at any future period to any Intermediate examination of any grade. Nor, as alternatives, are the Irish University examinations acceptable, because their dates are not convenient and the subjects required by the General Medical Council are not necessarily included. There is also a most potent reason which the Council cannot be expected to appreciate, against re-examinations being substituted for the Irish Conjoint Preliminary. In England, an examining body, *i.e.*, the College of Preceptors, is available, which is outside all professional influence, and to which all schools may unhesitatingly remit their students for examination. In Ireland this is not so. The Universities are in active competition with the Colleges as diploma-granting bodies, and the University of Dublin as a teaching body also. If the Conjoined Colleges handed over their *alumni*, for preliminary examination, to either of these institutions, it is nearly certain that they would never see them again. The Irish Colleges would be excessively foolish if they faced such a risk, and until the General Medical Council can indicate a practicable, independent, Preliminary Examination Body for Ireland, it may save itself the trouble of fulminating ridiculous resolutions which it cannot carry out.

Vaccination and the House of Commons.

DESPITE the delay, and the supposed opinions expressed, in the forthcoming report of the Royal Commission on Vaccination, it is evident that the House of Commons is a strong centre favourable to vaccination. In reply to a question last week in the House as to the recalcitrant action of a particular Board of Guardians, which had rejected a resolution to enforce the Vaccination Act, the President of the Local Government Board stated that he had addressed a communication to the Board in question pointing out to them that by failing to enforce the provisions of the Act they were incurring a very grave responsibility. This announcement, it is especially worthy of note, was received with cheers, thus showing, unmistakably, that the results of the Gloucester epidemic have not been lost upon the Members of the House of Commons. The *Gloucestershire Chronicle* recently published some interesting statistics respecting the visitation of small-pox to the town to which some reference may be made, and here it may be said that the inhabitants of Gloucester owe a large measure of gratitude to the editor of our contemporary for the unvarying, convincing, and disinterested manner in which he has pointed out to his fellow-townsmen the right course to take in regard to vaccination. In temperate language he has consistently advocated vaccination, simply because he had honestly satisfied himself that there was no other alternative to adopt in the presence of the terrible epidemic which was raging in the town. The statistics, moreover, which appeared in a recent number of our contemporary, regarding the epidemic, form a strong argument showing the utility of vaccination. The mortality among the total number of cases attacked was 21·7 per cent.; of the unvaccinated cases, 41·4 per cent.; of the vaccinated only in infancy, 8·5 per cent.; and of the uncertain cases, 32·2 per cent. When the anti-vaccinationist faddists of Gloucester and elsewhere attempt to reply to these statistics, we trust that they will endeavour to find some new answer than that of attributing the epidemic to insanitary conditions upon which they have been harping *ad nauseam*.

The Charity Organisation Society and Pauper Schools.

THE Charity Organisation Society has of late been showing a good deal of activity in various directions. A short while since it dealt with the central administration of hospitals, a subject which might be supposed to fall within the remoter spheres of the Society's work. Now it has held a special meeting to consider the question of the education of pauper children. How the state of the Poor-law schools can possibly concern the Society is a problem passing strange. The Chairman appeared to think some apology was needed, judging from his lame assertion that the subject concerned that body very considerably, because they had a good deal to do with children coming from Poor-law schools, and a large number of their members were guardians. On similar grounds, he might claim the right of the Society to

interfere with Board schools, with reformatories, with all scholastic charities, as well as with county councils, school boards, and municipal authorities. Why cannot the Charity Organisation Society stick to its last? It was founded for the very proper and laudable purpose of supervising the distribution of the gifts of charitable persons. While it is spending its energies in the discussion of abstract problems alien to its foundation, it has become an object of execration to the self-respecting poor, in whose interests it was, to a great extent, created. Let this society amend its ways, while the day of grace is yet at hand.

The Climbing Foot.

AN interesting theory has lately been advanced by Mr. George Wherry, of Cambridge, in an Alpine mountaineering book. It is to be found in a chapter devoted by the author to a description of "the climbing foot." As most readers know, the peculiar grip of a baby's hands and feet has been traced with every appearance of probability to an inherited manifestation of the arboreal habits of an ancestral race. This inherited form is now further compared with the acquired grip of the mountain guide, whose leg muscles are supposed to have reverted to the original type of our tree-living ancestors. The chief objection that occurs to us is that the ancestral grip must have been made by the naked foot, whereas all native guides known to us have been heavily shod in boots with unbending soles. The book which contains this ingenious observation has been prominently reviewed in the lay press, and its author described in so many words as "a surgeon in a Cambridge hospital." But we do not mention this in reproach, for he has many well-known brethren to keep him company with their names and their medical works in the same non-professional columns. Perhaps, after all, it is the publishers who are answerable for courting this form of notoriety for medical authors in the great outside vanity fair.

Diplomas in Midwifery.

FOLLOWING up the successful campaign against the London Obstetrical Society and other bodies which have been heretofore granting certificates in midwifery, colourably resembling diplomas in that subject, Dr. Rentoul took in hand, at the last meeting of the General Medical Council, the Rotunda and Coombe Hospitals of Dublin, which he challenged for issuing certificates of similar purport and effect. The Sub-committee appointed to consider the subject reported that the documents issued by these institutions do not represent authority to practise, nor are they colourable imitations, but it cannot be denied that, as a matter of practice, the documents are used as authorised diplomas, being recognised as such by the Regulations of the Irish Local Government Board. It would seem, however, that Dr. Rentoul and everyone else ought to be satisfied, inasmuch as the two hospitals have intimated their readiness to alter their certificates to the form approved by the General Medical Council. We do not think that any certificate issued by any hospital in any subject ought to be accepted as an official authorisation to

practise anything, and we therefore suggest that the Local Government Board shall amend its regulation in this regard.

Drug Stores and the Public.

THE danger of dealing with cheap drug stores is sufficiently exemplified by a case which was set down for hearing in the Court of Queen's Bench one day last week. It appears that some months ago a lady who happened to be passing an establishment of this kind casually entered and asked for a dose of sal-volatile for a bad headache. The young man behind the counter in an equally casual way, judging from the sequel, gave her a dose of a strong solution of ammonia, and was probably considerably surprised when he found that it produced an agonising pain in the throat, and caused the patient to cry out as soon as she could speak that she was poisoned. The manager who then appeared on the scene seems to have had some inkling that the symptoms were unusual, for after dragging her into the back of the shop, he administered what he described as an emetic. Finding that it failed to act, he probably did the best thing under the circumstances and sent her home in a cab, telling her to send for a doctor at once. It was too late, however, for medical treatment to be of much avail, and for some days she remained in a critical condition, the greater part of the mucous membrane of the œsophagus coming away in sloughs. After a tedious convalescence, she recovered from the acute symptoms only to find that her sense of taste was gone, and that she was not only unable to distinguish between different articles of food, but that even such pungent substances as oil of cloves, acetic acid, and strong solution of quinine, when applied freely to the tongue produced no sensation. She lost her appetite, and also lost considerably in weight. Dr. Murrell and Mr. Tubby, of the Westminster Hospital, as expert witnesses, were prepared to state that in their opinion the injury was permanent, while Mr. A. J. Pepper, who was retained for the defence, was prepared to take a somewhat more favourable view of the circumstances. A goodly array of counsel was engaged and damages were laid at £1,000. At the last moment the matter was settled out of court, on terms which were understood to be favourable to the plaintiff, the defendants undertaking to pay all costs. The unfortunate feature of the case is that the lady remains permanently injured from a mishap, the occurrence of which, with the exercise of ordinary skill and care, would have been impossible.

How History is Made.

IN an article which appeared in a recent number of the *Paris Figaro* on the malady of Napoleon III, the author, a Dr. Edmond Barré, among many other inaccurate and misleading statements, ventured on the assertion that the fatal termination was largely due to the treatment carried out by Sir Henry Thompson. To justify this remarkable statement, Dr. Barré mentions that the crushing was done on three consecutive days, that the patient during this period (!) was constantly under the influence of chloroform, and finally, that

when actually dying, a fresh dose of the anæsthetic was administered. A complete and crushing refutation of these preposterous allegations has since been given in a spirited letter signed by Sir Henry Thompson, published in a subsequent number of the *Figaro*. From this communication, it appears that lithotripsy was practised on only two occasions, at four days interval, neither in duration exceeding five minutes, and that chloroform, administered by the famous anæsthetist Clover, was not given except on these two occasions. It is difficult to appreciate the motives that could have prompted Dr. Barré to endeavour to make literary capital of statements so obviously absurd and so calculated to hurt the feelings of one of the most illustrious representatives of English surgery, indeed, the most eminent in this particular branch of practice. One can only surmise that politics, which are at the root of all journalism in France, may have had something to do with the writing of the article. This, however, does not inspire confidence in Dr. Barré as an amateur historian, nor admiration for his sense of professional amenities.

Vaccination and Small-Pox.

TO the literature of vaccination, Dr. Robert Cory's paper, "The Condition as to Vaccination of Persons Scarred by Small-pox," which appears in the new volume of "St. Thomas's Hospital Reports," is a valuable addition. We are apt to forget how great a blessing vaccination is until an outbreak of small-pox opens our eyes to the terrible nature of the disease from which the labours of Jenner protected us. Even those who live through the sufferings of variola not infrequently bear traces of the attack in loss of sight or painful disfigurement for life. Noticing the tendency to belittle the value of vaccination, Dr. Cory commenced in November, 1884, his investigations with the intent of placing on record the result of his labours. In 1888 he had collected notes of 152 cases, which he published in the "Transactions of the Epidemiological Society" of that year. Up to the time of writing he had collected 448, of these, 210 were admittedly unvaccinated before their attack of small-pox, or 46·87 per cent., and these admittedly unvaccinated people had by small-pox at the average age of 6·58 years. Criticising, he remarks:—

"This age is indeed high, when compared with the average age individuals were attacked with the disease in the last century; however, there are three circumstances to be borne in mind. First, the greatly diminished prevalence of small-pox in the present day to that which it obtained in the last century. It follows, therefore, that the opportunity to become affected is accordingly not so great, and this would delay the average age at which unvaccinated individuals contract the disease. Secondly, a large proportion of the unvaccinated individuals die of the disease, and these would, in the main, be infants; hence, we have a considerable portion of the youngest eliminated by death. And, thirdly, only those who have been obviously pitted with small-pox are dealt with in this paper."

Of those who professed to having been vaccinated 23·44 per cent. had no scar of vaccination. And, as a matter of fact 70·31 per cent. of those pitted by small-pox bore no evidence of having been vaccinated.

Now, as Dr. Cory says, the proportion of the unvaccinated to the vaccinated in London is not more than 5 per cent., yet we have seen that people pitted with small-pox are to the extent of 52.51 per cent. unvaccinated. If there be no protective power in vaccination, how can this be explained? We think our readers will agree with the author of the paper—that vaccination is a marvellous preventive of small-pox, and that his labours have done much to demonstrate the fact.

Academy Headache.

VISITORS to the Academy and to other picture galleries are usually conscious, in a more or less pronounced degree, of a peculiar variety of headache which has, not inaptly, been termed "academy headache." It is manifested by a strange feeling of exhaustion and lassitude with a desire for rest in the horizontal position, with perfect quiet in the absence of strong light. Many are the theories that have been suggested to explain this affection, but we think that the credit of diagnosing the real cause belongs to Mr. Simeon Snell, of Sheffield. In the course of his investigations on the occurrence of nystagmus in persons whose occupation obliges the eyes to be raised above the horizontal line, of which, curiously enough, miners afford the most frequent as well as the most striking examples, he noticed that the actual development of the oscillations of the globe was preceded by a stage of weariness of the elevators of the eye. In this modified form what is usually known as "miners' nystagmus" is far more common than is generally supposed. When, as at the Academy, it is necessary to direct the eyes considerably above the horizontal line a considerable number of times a great strain is thrown upon the muscles which rotate the eye upwards as well as upon the elevators of the upper eyelids, which have, of course, to be correspondingly raised to accommodate the eyeball. It is true that this strain may be largely avoided by tilting back the head so as to alter the visual angle, but from ignorance or laziness comparatively few people take the trouble to do so, and the consequence is that after an afternoon spent in glancing at pictures which, independently of their intrinsic merit, have been hung above the line, the visitor leaves the building with the symptoms above described. It is time that those who are responsible for the distribution of the pictures in galleries should recognise the fact that the human eye is not constructed for looking upwards for any length of time, and if considerations of space oblige the whole of the available wall space to be utilised, the higher pictures should be tilted at a suitable angle in order to minimise the strain on the eye muscles.

THE health of the British troops in Egypt is reported to be excellent. Of the 4,142 men comprising the force only 146 were on the sick list up to the 11th inst. Of these 41 were in Cairo, and 45 in Alexandria. At Wadi Halfa the sick amounted to 5.6 per cent.

THE Rev. J. G. Hine, B.A. Oxon., M.D. Lond., has accepted the post of the Bishopric of Likoma. Dr. Hine was formerly Senior Resident Medical Officer at the Radcliffe Infirmary, Oxford.

The Election of Councillors at the Royal College of Surgeons, England.

THE 11th instant was the last day upon which nominations could be received for the election to the Council of the Royal College of Surgeons, England, to be held on the 2nd proximo. The following is the complete list of candidates from whom applications have been received. The first two named are retiring Councillors who are seeking re-election, Mr. Thomas Bryant, who has already served two terms of eight years each, and Mr. Pickering Pick, Mr. George Pollock, (date of fellowship 1846), Mr. Davies Colley (1870), Sir William Dalby (1870), Mr. Clement Lucas (1871), Mr. Edmund Owen (1872), Mr. Walsham (1875). Thus eight Fellows are competing for three vacancies, and it is curious to note that three of the former belong to the Medical School of Guy's, three to the Medical School of St. George's, one to St. Mary's, and one to St. Bartholomew's. Mr. Pollock will come forward representing the Association of Fellows, of which he is President, and Mr. Clement Lucas will also deserve all the votes of those Fellows desirous of seeing the reforms in the College for which the Fellows have more especially lately been agitating.

A Fiendish Act.

THIS week's issue of our Spanish contemporary, *El Siglo Médico* contains an account by Don Decio Carlan of a fiendish cruelty practised by the Cuban rebels on a young surgeon of the Royal Army. A mongrel crowd of rebels having surprised a small detachment of Royal troops, took the surgeon of the party prisoner. At their request he attended the wounded rebels, and when he had completed his task his captors bound him and chopped off both his hands with a hatchet; they then bound him to a tree and left him to his fate. Fresh from a work of mercy he becomes a prey to the tender mercies of the wicked, which were carried out with fiendish cruelty. Probably none are more vile or cruel than the half-castes and filibusters recruited from Yankee corner-boys, who form the rebel troops.

Another Medical Anti-Vaccinationist.

IT cannot be said that a medical man, in the words of St. Paul, "magnifies his office" when he has to appear at a police court in order to answer a summons for refusing to have his child vaccinated; and yet this was the case with a practitioner at Bournemouth last week. The only consistent feature about Dr. Tebb's refusal to have vaccination performed was that he is the son of Mr. William Tebb, whose epistolatory inspirations against vaccination are so frequently to be seen in the columns of the *Echo*.

The Recent Riot in Cairo.

FANATICISM has just had another blow in Egypt. In commenting last week upon the riot which occurred in Cairo, caused by the students of El Azhar, the hope was expressed that the latter would be taught a lesson for obstructing the sanitary authorities in the performance of their duties. That hope has been fulfilled. The ringleaders of the outbreak were tried last week and sentenced to various terms of hard labour, from three

and a half years to six months, and some students were banished from the country. Altogether these Orientals have now had good reason to become sadder and wiser men, if it is possible to make an Oriental "sadder and wiser" when a severe lesson in wisdom is taught him.

The Alleged Death from Antitoxin Serum in Berlin.

It is satisfactory to be able to record that the fullest investigation has been made into the circumstances of the death of the son of Dr. Langerhaus, alleged to have been due to an injection of antitoxin serum, administered as a prophylactic against diphtheria. The inquiry has shown that the serum could be acquitted of all blame; it was submitted to a minute analysis and found to be quite pure. It is now held that the child died of shock, arising from the excitement to which he became subject, caused by the act of the injection. Thus the outcry, of which some of our lay contemporaries made so much, against the anti-diphtheritic serum, is proved to have been decidedly premature and unwarranted.

The Late Sir Russell Reynolds' Successor.

THE Queen has been pleased to appoint Thomas Barlow, M.D., F.R.C.P., to be Physician to the Household in Ordinary to Her Majesty, in the room of the late Sir John Russell Reynolds, Bart., M.D. Dr. Barlow, who received his medical training at University College Hospital, took his M.D. (Lond.) in 1874, and was formerly Examiner in Medicine at Edinburgh University. He holds the appointments of Physician to University College Hospital and to the Hospital for Sick Children in Great Ormond Street, and of Medical Adviser to the British Museum. Thus is the old connection between Royalty, Sir William Jenner, and University College Hospital, maintained. Many of the staff of this hospital have had reason to be indebted to Sir William.

THE following is a list of Medical Officers detailed for service with the Indian expedition to Suakim, in addition to those already mentioned:—Principal Medical Officer, Brigade-Surgeon-Lieut.-Colonel C. W. Calthrop; No. 34 Field Hospital (from the Bombay command), Surgeon-Major Bull, Surgeon-Captains Basu and Jackson, and Surgeon-Lieut. Kilkelly; No. 32 Field Hospital, Surgeon-Major Cretin and Surgeon-Lieut. Robertson from Bengal, and Surgeon-Capt. Morton and Surgeon-Lieut. T. Stodart from Madras.

THE Committee of the Metropolitan Asylums Board have for some weeks past been actively engaged in finding a site for permanent offices, to replace the present temporary offices at Norfolk House. It is expected that a site will be purchased on the Victoria Embankment at a cost between £70,000, and £80,000.

THE Pasteur Chair at the Academy of Medicine that has been vacant since the death of the savant, will now be filled by Dr. Roux, who has been made an Associate.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

NEW ASYLUM FOR EDINBURGH.—For some time back the accommodation at Morningside Asylum has proved quite inadequate for the reception of all the pauper lunatics coming under the jurisdiction of the Parish Council. Only one-third can be provided for. Under the circumstances the Parish Council will be called upon shortly to erect an asylum capable of accommodating from 400 to 600 lunatics, the building of which alone will cost about £50,000. A conference was lately held between the Council and the Lunacy Board, at which the above understanding was arrived at. Although the initial expense will be very great, the saving afterwards will probably counterbalance it.

POISONING FROM PRESERVED MEAT.—Some weeks ago several members of a family in Dundee developed serious symptoms of ptomaine poisoning after partaking of some preserved meat. Those of the household who had not eaten any of it escaped. All the patients convalesced in a little over a week, except the master of the house, who began to suffer from severe pain in the left leg. The unusual sequel of gangrene of the left foot supervened and the leg has had to be amputated above the knee, with satisfactory results so far.

DUNDEE ROYAL INFIRMARY.—At the annual Court of the Governors of this institution it was practically resolved to proceed with the establishment of a maternity hospital in the city. Of the £10,000 deemed necessary by the Managers, £7,000 have already been subscribed, and little doubt was felt but that the remainder could be obtained without much difficulty. The Managers of the infirmary have shown a commendable sense of duty in undertaking the supervision of this hospital in addition to the work already in their hands, and are to be congratulated on so reasonably assenting to the proposal of the Forfarshire Medical Association with regard to the use of the Cobb bequest.

Correspondence.

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

THE FORTHCOMING ELECTION OF DIRECT REPRESENTATIVES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—With your permission I should like, as a humble member of the profession, to associate myself with the letters that have appeared in your columns in support of the proposed candidature of Prof. Campbell Black for the General Medical Council. In my judgment a more admirable candidate could not well be found. I take it that something more is desiderated in a representative of the profession than mere professional eminence. That is one important desideratum, certainly, but a candidate, however eminent professionally, whose interests are bound up with those of the privileged few, who regards "the rights and interests of the rank and-file of the profession" with Laodicean complacency, who "coldly recognises the evils from which he does not suffer himself, and reserves his chief enthusiasm for the critical examination of every proposal for their redress," such a candidate, I say, will not do. The interests and grievances of general practitioners require a champion, and such they already possess in Dr. Campbell Black. That he is an expert in questions affecting the welfare of the profession, and approaches these questions in no scrump, lukewarm spirit, but *con amore*, his brilliant and trenchant public utterances sufficiently

testify. Dr. Black has proved himself one of the rare few capable of taking a course that is not popular in high places, and of making sacrifices for an idea. As a candidate, Dr. Black has, therefore, all the qualifications necessary, and his claims can hardly be ignored. I cordially support the proposal that Dr. Black's claims should be strongly urged, and a provisional committee appointed to carry this adequately into effect.

I am, Sir, yours, &c.,

C. RUTHERFORD.

Hartmanor, Langholm, N.B.,
June 11th, 1896.

JOURNALISTIC CONFIDENCE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of June 3rd, you publish a leading article in which you reflect severely upon some correspondence concerning the action of the General Medical Council with regard to the Apothecaries' Hall, which took place between a member of that Council who sits upon it as the representative of a London Corporation, and what you are pleased to call "personages in Dublin." Of the plural of this gracious term I know nothing; but although I cannot claim to be a "personage" even in the singular, the context of the article clearly points to me as the recipient of a letter to which you allude, and the writer of which you just as clearly indicate.

I claim the same publicity for the denial of your statements as you have afforded them in your leading article.

The letter I received was a perfectly proper, parliamentary, and moderate expression of views which its writer had previously stated to me by word of mouth, in London. They were views which it required no pressure from him to induce me to accept, as I held them, to his knowledge, even more strongly than he did. Had he hesitated to write such a letter, he would have been disfranchising himself from the rights of a citizen, no matter what his official position, and would, in my opinion, have failed in his public duty.

I take two exceptions to your leading article. One is, that you utterly misrepresent and exaggerate the nature and purpose of the letter. The other, more grave, is that your references to it are a violation of confidence. I read the letter as an emphasis of my own opinion, in the surgeons' room of the Richmond Hospital in the presence of Mr. Thomson, now President of the College of Surgeons in Ireland, Mr. Woods, the Secretary to its Council, and Dr. Jacob. The letter was communicated to no other person, and I specially and emphatically said to those present that it was a private one. Mr. Thomson and Mr. Woods assure me that the violation of a confidence usually observed has not come from them. I leave to you the alternative, and I repudiate both the accuracy of your article and the method of journalism which so abuses a private conversation.

I am, Sir, yours, &c.,

W. THORNLEY STOKER.

8 Ely Place, Dublin, June 12th, 1896.

[We interpret the duty of a journalist to be that, when he receives information in confidence or in a quasi-confidential official capacity, he is bound to observe the privacy imposed by the circumstances, but that, if afterwards he ascertains that the subject matter of the communication has become public (even to a limited extent), he is absolved from the obligation for such privacy. This is exactly what has happened on the present occasion. The fact that the writing of the letter or letters, and, in a general way, the purport thereof, became known to other persons than Sir Thornley Stoker and the other gentlemen named, decided us to give the information to our subscribers and to express opinions thereon.—Ed.]

ARMY MEDICAL COMPETITION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In the concluding portion of your article on "Army Medical Competition" which appears in your issue of the 10th

inst., you say, "that a certain Councillor of the Irish College of Surgeons went uninvited and at his own expense on the occasion of the recent deputation from that College to the War Secretary, and that he also without suggestion or invitation produced a programme of his own, totally unauthorised by the College, the chief item in which was the suppression of the Army Medical Department altogether, and its merging in the War Office as a petty back stairs office, and that, when he returned home, the Council of the College repudiated his action by passing a resolution for the purpose of preventing such unauthorised intervention in future."

Although I am not named in your article, I have no doubt, nor have many professional friends who are acquainted with the circumstances, that these observations are intended to apply to me. As the extract I have quoted contains three separate and distinct charges, I hasten to answer them. These charges are:—

1st. That I obtruded myself as an uninvited and unwelcome member of the deputation.

2nd. That I produced, at the interview with the Secretary of State for War, a programme of my own, totally unauthorised by the College.

3rd. That the Council by special resolution repudiated my action.

I attended with the full sanction of the President, who introduced me, and who was aware of my views (expressed at the committee when the College memorial was drawn up) upon the necessary reforms of the Army Medical Department. I did not apply to the Council for nomination when the deputation was formed, as I was not certain at that time when I would require to be in London on my own business. It is not necessary that a member of Council shall be nominated by that body to attend deputations, and on a comparatively recent date, when a deputation from the College attended at the War Office, a distinguished journalist was present as well as medical gentlemen not Fellows of the Irish College, nor, I believe, in any way connected with it. It is quite true I went at my own expense, as did another member of the Council. The College limits, and rightly so, the number whose expenses shall be paid.

With reference to the second charge, it is inaccurate to say that I produced a programme of my own totally unauthorised by the College. I had with me at the deputation the document sanctioned by the College, and had I not been in accord with the views there expressed I would not have attended. The question of the advantages of having examiners from every licensing body was one to which I did not give much consideration, and as it had been exhaustively dealt with by a speaker who preceded me I did not allude to it, but I emphasised the reasons of the unpopularity of the Army Medical Department as alluded to in the concluding paragraph of the College memorial, and advocated the advantages of converting the Army Medical Department into a distinct corps, with individuality such as is possessed by the Royal Engineers, &c. This latter suggestion I have for years held to be the solution of the difficulty. I have advocated it within the walls of the College and elsewhere, and am aware that it is the view held by numerous medical officers of all grades on the active and retired lists.

With reference to the third charge that the Council passed a resolution repudiating my action, this is inaccurate. True, Dr. Jacob proposed a resolution with reference to future deputations, but it contained no repudiation of any of my actions and I had no hesitation in seconding it.

With reference to the suggestions which lurk in your article, but which you have not the courage to convert into definite charges, to the effect that my action was attributable to personal motives, and that in furtherance of these motives, and with the object of securing for myself a personal advantage, I had undertaken to supply the War Office with a sufficient number of candidates for the Medical Department of the Army, I shall, for the present, merely say that each and every one of these suggestions is devoid of the smallest particle of foundation.

I am, Sir, yours, &c.,

W. I. WHEELER.

32 Merrion Square, Dublin.
June 13th, 1896

Obituary.

FLEET-SURGEON W. GORDON AYRE, R.N.

WE regret to announce the death of this gentleman, at Cheltenham on the 9th inst., in his 70th year. He obtained his medical education at St. Bartholomew's Hospital, London, and took his diploma of M.R.C.S., Eng., in 1850. The following year he was appointed a surgeon in the Navy, and was Assistant-Surgeon of the *Penelope* on the West Coast of Africa, when he participated in much active service against the slave trade, including the attack on the town of Lagos in 1852. He served in the *Recruit* during the Russian War in the Black Sea, 1855, and was present at the expedition to Kertch and the operations in the Sea of Azoff (Crimean and Turkish medals, Azoff Clasp). He was promoted to be Staff-Surgeon in 1860 and Fleet-Surgeon in 1872, and was retired in 1873. He was in the enjoyment of a Greenwich Hospital pension.

Medical News.

The Nursing Exhibition.

THIS exhibition, which was organised by the *Nursing Record*, has been open at St. Martin's Town Hall, Charing Cross, for the past fortnight, and closed on Saturday last. Taken as a whole it has differed but little from the "Museum" one is accustomed to see at every annual meeting of the British Medical Association, and it appeared to attract no more public attention than does its congener in August. As a matter of fact, exhibitions of this kind are "done to death," and the profession and the public have ceased to interest themselves in them, except for the purpose of getting "free samples" which the generous exhibitor is ever ready to grant. Whilst the exhibition was in progress, conferences were held and papers read on the various points connected with nurses and nursing; and a band discoursed music, not perhaps quite up to Philharmonic pitch at intervals, and several well-known professional instrumentalists and vocalists kindly gave their services from time to time. Among the exhibitors Messrs. Burroughs and Wellcome were as usual to the fore with their preparations, which are so well known to our readers as to require no notice at our hands. Beside their own manufactures, they exhibited the splendid pepsins and digestive ferments of Messrs. Fairchild Bros., of New York, and the unique beef juice of Messrs. Wyeth Bros., of Philadelphia, which has now an established reputation in this country. The Sanitas Company also had an imposing show of their disinfectants, soaps, fumigators, and antiseptics in every conceivable form; whilst the instrumental section was well represented by Messrs. Maw, Son, and Thompson, Messrs. Down Bros., Messrs. Arnold, and Messrs. Bailey and Son. Space was also found for some of the leading meat extracts, such as the Liebig Company, the Bovril Company, &c., but food-stuffs, which one would expect to find largely represented at a nursing exhibition, were confined to one stall, that of the Frame Food Company, which contained specimens of their highly nutritious productions for invalids, children, and nursing mothers. Messrs. Cadbury Brothers had a very complete exhibit of cocoa, from the early stage of the bean-pod to its final evolution into the delicious cocoa essence and chocolates for which the firm is so justly celebrated. Messrs. Cook and Sons, the well-known soap manufacturers, exhibited some novelties in the shape of medicinal and antiseptic toilet soaps. That of biniodide of mercury is made in two strengths, containing respectively 1 per cent. and 3 per cent. As is well-known, this mercurial salt has an exceedingly powerful germicide and antiseptic action. In the present case it has been incorporated with a delicate and freely lathering toilet soap, and should prove invaluable in the treatment of eczematous and other irritable conditions of the skin. Another good article supplied by the same firm is a 10 per cent. carbolic acid super-fatted soap, free from colouring matter, and prepared by a new process, whereby the necessity of using an excess of alkali is avoided. Water was also sparsely shown, it being confined to the well-known aperients, Hunyadi

Janco, Carlsbad, and Vichy. Wine was represented by one or two novelties. Messrs. Blandy Brothers, whom we do not remember as exhibitors previously, were officially responsible for a display of Australian wines. The increased imports from our Australasian colonies in this direction have certainly been very pronounced of late, for whereas in 1885 they were 53,000 gallons, in 1895 they reached 607,000 gallons. Nor is this to be wondered at, as their purity is guaranteed by having to pass the Government tests both in Adelaide and in London before they reach the consumer. Those we saw were from South Australia, the "Orion Brand," and were certainly excellent specimens of cheap and wholesome wines, and though the palate, in virtue of usage with more highly-alcoholised beverages, is at first prejudiced, the simple grape-juice, and the absence of volatile acids in these wines, quickly gain for them converts. The only other exhibitors of wine were Messrs. Stephen Smith & Co., of Bow, whose Coca Wine is too well-known to need comment, and who were exhibiting for the first time specimens of the Liebig Company's extract of meat in a Spanish red wine, a decidedly palatable preparation. The exhibition of nursing appliances was decidedly attractive and complete, a practical application of which was shown by the inventor—a Mrs. Brooke—carrying about her own baby during the exhibition slung on a support of webbing in front of her, while her own arms were free, and the child apparently comfortable. Some of the hospitals contributed nursing appliances, and beautifully-modelled dolls were shown fitted with Mr. Bryant's splints in hip-joint disease. The Gorham bedstead was also worthy of attention, showing as it did the wonderful facility with which an invalid can be handled, placed in any desired position, or shifted from house to train if necessary with little or no movement or fatigue.

Vital Statistics.

THE deaths registered last week in thirty-three great towns of England and Wales corresponded to an annual rate of 17.8 per 1,000 of their aggregate population, which is estimated at 10,846,948 persons in the middle of this year. The deaths registered in each of the last four weeks in the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000:—

Birkenhead 16, Birmingham 16, Blackburn 18, Bolton 23, Bradford 15, Brighton 16, Bristol 18, Burnley 12, Cardiff 20, Croydon 11, Derby 12, Dublin 19, Edinburgh 14, Gateshead 22, Glasgow 21, Halifax 19, Huddersfield 19, Hull 18, Leeds 18, Leicester 16, Liverpool 21, London 17, Manchester 23, Newcastle-on-Tyne 15, Norwich 16, Nottingham 20, Oldham 21, Plymouth 12, Portsmouth 13, Preston 10, Salford 22, Sheffield 17, Sunderland 14, Swansea 13, West Ham 14, Wolverhampton 19. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 1.4 in London and Manchester, 1.8 in Portsmouth and in Oldham, and 2.6 in Gateshead; from whooping-cough, 1.9 in Cardiff, and 2.2 in Salford; from fever, 1.1 in Gateshead; and from diarrhoea, 1.0 in Burnley. In no case did the death-rate from scarlet fever reach 1.0 per 1,000 in any of the large towns. The 76 deaths from diphtheria included 52 in London, 6 in Birmingham, and 3 in Liverpool. No death from small-pox was registered in any of the large towns, but in Gloucester, which is one of the small towns, 11 deaths were registered from this disease.

The Mortality of Foreign Cities.

THE annual death-rate per 1,000 in the principal foreign cities according to the weekly returns communicated the Registrar-General, is as follows:—Bombay 35, Madras 37, Paris 20, Brussels 18, Amsterdam 22, Rotterdam 17, The Hague 17, Copenhagen 15, Stockholm 18, Christiania 23, St. Petersburg 37, Moscow 43, Berlin 18, Hamburg 20, Dresden 26, Breslau 30, Munich 23, Vienna 27, Prague 32, Buda-Pesth 33, Trieste 22, Rome 19, Turin 25, Venice 20, New York 22, Brooklyn 17, Philadelphia 17.

Metropolitan Hospital Sunday Fund.

It is as yet impossible to forecast the probable result of the collection which took place in London on Sunday last in aid of this fund, but so far as the amounts were announced at the time of going to press, a slight falling off was observable from last year's receipts.

Notices to Correspondents. Short Letters, &c.

OUR 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.

INFECTIOUS DISEASES NOTIFICATION.

W. E. B. asks: "In cases of scarlet fever, or typhoid, occurring among the labouring class in a rural district, who is the proper authority to see that the house is thoroughly disinfected, and who must bear the expense of such disinfection?"

(The Rural District Council are required, as the sanitary authority, under sec. 5, of the Infectious Diseases (Prevention) Act, 1890, where their medical officer of health or any other registered medical practitioner certifies that the closing and disinfecting of any house or part thereof, and of any articles therein likely to retain infection would tend to prevent or check infectious disease, to give notice in writing to the owner or occupier of such house, or part thereof, that the same and any articles therein will be cleaned and disinfected by the local authority at the cost of such owner or occupier, unless he informs the District Council within 24 hours from the receipt of the notice, that he will cleanse and disinfect the house, or part thereof, and any such articles therein, to the satisfaction of the medical officer of health within a time fixed in the notice.—ED.]

MR. ED. COOPER (Be'gravia).—The proposal contained in your letter shall be considered, and a private note sent you.

THE HONOURABLE SYDNEY HOLLAND is thanked for his communication, with which we hope to deal fully in our next.

X. Y. Z.—Unless it can be proved that B acted dishonourably and was the means of bringing about your discharge, we do not think you would be justified in assuming it, or in blaming him for acting as he did.

ONE INTERESTED.—The point was determined at the meeting of the General Medical Council last week, and will be found in our Report of Proceedings.

THE LAY PRESS AND MEDICAL AFFAIRS.

As evidence—if any were needed—of the absurdities in which the lay press indulge when stepping outside their own sphere into medical regions, we may refer to the paragraph that went the round of the daily papers last week on the appointment of Dr. Barlow to the Queen's household, vice Sir J. Russell Reynolds, deceased. Our *contrefaire* is described as having "won the highest distinction as a child-doctor," not a recommendation for Her Majesty's household, one would imagine; and that he it was to whom "Mr. Gladstone turned on the death of Sir Edward Clarke." Again, it may be remarked that at this period of his life Mr. Gladstone would not have needed to turn to a "child-doctor," and, moreover, that Sir Edward Clarke was very much alive when we saw him a day or two since. Dr. Barlow may well exclaim, "save me from my friends."

DR. RUTHERFORD MORISON.—Cases received. A note has been made of your request.

LAYMAN (Leads).—It would be impossible to determine the question by statistics, for the reason that no statistics are available for the purpose. Nevertheless, common observation would seem to show that the consumption of meat is more general than used formerly to be the case. It has been stated that this greater consumption, if it be a fact, may be accounted for by the large importation into this country of low-priced refrigerator meat. Our correspondent might make inquiry himself into the increase or otherwise of the trade carried on under this head.

STUDENT (Highbury).—Placenta previa is said to be more frequent in women who have borne children rapidly, and in whom pregnancies have closely followed an abortion.

MR. SHIRLEY MATHEWS.—Your premises are not quite correct, inasmuch as the figures on which they are founded are wrong according to the latest official calculations. These are taken from last census returns, which give the population of the three largest American cities as: New York, 1,996,000; Philadelphia, 1,188,800; Brooklyn, 1,105,000. We do not know the exact figure for Chicago, but it is probably not far short of that for the three cities referred to.

Meetings of the Societies.

WEDNESDAY, JUNE 17TH.

ROYAL METEOROLOGICAL SOCIETY (22 St. George St., Westminster).—7.30 p.m. Papers.—Mr. F. Harries: Arctic Hall and Thunderstorms. Mr. J. F. Cullum: Climatology of Valencia Island, co. Kerry. Dr. H. E. Leigh Canney: The Winter Climate of Egypt, based on results from Self-recording instruments.

ROYAL MICROSCOPICAL SOCIETY (30 Hanover Square, W.).—8 p.m. Meeting.

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY (Lammer's Hotel, Conduit Street, W.).—8.30 p.m. Dr. C. T. Williams: Seabathing and the Open air Treatment of Disease. Followed by a Conversation.

THURSDAY, JUNE 18TH.

CHELSEA VICTORIA HOSPITAL FOR CHILDREN.—4 p.m. Dr. W. Carr: Pneumonias in Children and their Sequelae.

Vacancies.

Birmingham City Asylum.—Junior Assistant Medical Officer. Salary £80 per annum, with board, lodging, and washing. Applications and testimonials to the Medical Superintendent.

Chester General Infirmary.—Visiting Surgeon. Salary to commence at £90 per annum, with residence and maintenance. Applications and testimonials to the Chairman of the Board of Management, 29 Eastgate Row, North Chester, not later than June 27th.

Isle of Man General Hospital and Dispensary, Douglas.—House Surgeon. Salary £90 per year, with apartments, gas, coals, and washing free. Full particulars of Mr. Fredk. R. Fleming, Hon. Sec.

Lewes Dispensary and Infirmary and Victoria Hospital.—Resident Medical Officer. Salary £110 per annum, furnished apartments, coal gas, and attendance. Application and testimonials to the Hon. sec. by June 20th.

Norfolk County Asylum, Thorpe, Norwich.—Temporary Assistant Medical Officer. Board, lodging, and washing (no salary). Apply to the Medical Superintendent.

Seamen's Hospital Society.—House Surgeon for Branch Hospital, Royal Victoria and Albert Dock, E. Salary £75 per annum, with board and residence. Particulars of F. Michelli, Secretary, Greenwich, S.E.

Stockport Infirmary.—Assistant House and Visiting Surgeon. Salary £80 per annum, with board, washing, and residence. Applications and testimonials to the Secretary not later than June 23rd.

Appointments.

CARTER, E. J., M.D.Lond., D.P.H., Assistant Physician to the Western Skin Hospital London, W.

COWIE, G., M.B., M.S.Aberd., Assistant Medical Officer for the Infirmary of the Whitechapel Union.

EWENS, J., L.R.C.P.Lond., L.M.C.S.Edin., Consulting Surgeon to the Bristol Hospital for Sick Children and Women.

GREEN, E., M.D., B.Hy. (Durh.), Medical Officer of Health to the County Borough of Gateshead.

HELM, R. D., M.D., C.M.Edin., Assistant Physician to the Cumberland Infirmary, Carlisle.

HUME, W., M.B., C.M.Edin., Senior Surgeon to the Scarborough Dispensary.

KENDALL, H. W., L.R.C.P.Lond., (M.R.C.S.), Surgeon (out-patients' department) to the Bristol Hospital for Sick Children.

McKEOWN, W. A., M.D.Irel., M.Ch., Lecturer on Ophthalmology and Otology, Queen's College, Belfast.

MELLER, C. B., L.R.C.P.Edin., M.B.C.S.Eng., Medical Officer of Health for the Borough of Cowbridge.

MORISON, A., M.D., F.R.C.P.Ed., M.R.C.P.Lond., Physician to Out-patients at the Children's Hospital Paddington.

MORTON, C. A., L.R.C.P.Lond., M.R.C.S., Surgeon (out-patients' department) to the Bristol Hospital for Sick Children and Women.

NORTON, T. C., M.B.C.S., Consulting Surgeon to the Bristol Hospital for Sick Children and Women.

PADBURY, G. J., M.B., L.R.C.P.Lond., M.R.C.S., Medical Officer for Member Sanitary District of the Axminster Union.

ROE, H. H., M.R.C.S., Medical Officer for the Ashford Sanitary District of the Staines Union.

St. LOBBE, R. A., M.B., M.S.Edin., Medical Officer for Watford, Herts.

STEWART, W. A., M.B., M.S.Aberd., Medical Officer for the No. 5 Sanitary District of the Oldham Union.

WOODHOUSE, T. S., M.B., Ch.B.Vict., House Surgeon to the Stockport Infirmary.

Births.

BURTON-FANNING.—June 6th at Norwich, the wife of F. W. Burton-Fanning, M.B.Camb., M.R.C.P.Lond., M.R.C.S., of a son.

PUWELL.—June 12th at Glenarm House, Upper Clapton, the wife of Herbert E. Powell, M.R.C.S., of a son.

PRATT.—June 11th, at Penrose House, Rugby, the wife of W. Sutton Pratt, M.D., L.R.C.P.Lond., of a daughter.

Marriages.

GIVEN—GARNETT.—June 10th, at St. Ann's Church, Turton, J. C. M. Given, M.D., of The Grange, Liverpool, to May, eldest daughter of J. Garnett, Esq., The Grange, near Bolton.

GOODWIN—DUMERGUE.—June 10th, at St. Jude's Church, South Kensington, Wycliffe Goodwin, M.B., of Rhyl, N. Wales, to Olivia Adeline, fifth daughter of the late Captain Edward Dumergue, of H.M.'s Madras Army.

HOARE—GOWLAND.—June 10th, at Holy Trinity Church, Eastbourne, Edwin Stanley Hoare, M.R.C.S., L.R.C.P., of Sydenham, to Jessie May, only daughter of Thomas Stafford Gowland, of Eastbourne.

THOMPSON—COTTON.—June 9th, at St. John's Church, Hampstead, C. Sinclair Thompson M.B., of Hideford, to Florence, eldest daughter of the late F. J. Cotton, of The Knoll, West Hampstead.

WALTER—SODEN.—June 13th, at St. James's Church, Hampstead, Richard A. Walter, M.R.C.S., L.R.C.P.Lond., of Blackpool, to Rose Sherman, daughter of the late Rev. Frank Soden, of Lower Clapton.

WITHERS—SUMMERS.—June 9th, at St. Peter's Church, Ashton-under-Lyne, Percy Withers, M.B., of Ashford, Hale, Cheshire, to Mary Woolley, youngest daughter of the late John Summers, of Sunny-side, Ashton-under-Lyne.

Deaths.

EVANS.—June 5th, at Shaftesbury, Charles Silvester Evans, M.A., M.B., B.C.Cantab., M.R.C.S., aged 35.

LANGSHAW.—June 5th, at Elmids, Lancaster, James Pearson Langshaw, F.R.C.S., aged 82.

MORRIS.—June 3rd, at The Grove, Camberwell, Isaac Morris, M.D., of Wallands Crescent, Lewes, aged 54.

NOTICE.—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

Original Communications.

MAUNSELL'S METHOD OF INTESTINAL ANASTOMOSIS,

WITH A

SUMMARY OF THE CASES OF OPERATION.

By FREDERICK HOLME WIGGIN, M.D.,

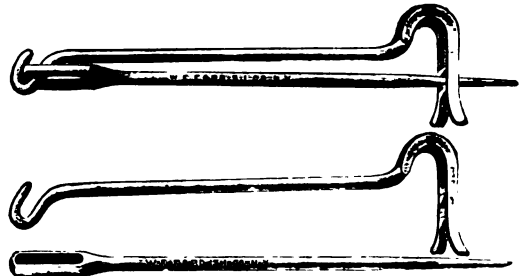
Surgeon to the New York City Hospital, Blackwell's Island, Gynecological Division; Fellow of the American Medical Association, and of the New York Academy of Medicine; Honorary Member of the German Surgical Association Berlin, &c.

So much interest has been manifested during the past few years in the surgery of the abdomen, and its viscera, that it seems timely to call attention to the method of intestinal suture devised and practiced some years since by the late Professor H. Widenham Maunsell, of New Zealand and London. This procedure, the writer believes, has not yet received its proper degree of recognition, owing to the fact that Professor Maunsell delayed the public description of his work till about the time of the presentation to the profession by Murphy, of Chicago, of his device for effecting the same end, intestinal anastomosis. This latter method, from its safety, ease, and the lack of special skill required for its accomplishment, captivated the professional mind, temporarily overshadowing the not less brilliant but more scientific procedure about to be described.

TECHNICS OF MAUNSELL'S METHOD OF INTESTINAL ANASTOMOSIS.

The patient having been prepared in the usual manner for the performance of a laparotomy, and having been anaesthetised, the operation is begun by making a median incision in the abdominal wall below the navel, extending it upwards if it prove to be necessary. This opening permits a quick and thorough search to be made for the diseased or injured portion of the bowel. For operations on the appendix vermiformis, the caecum, or any part of the ascending or descending colon, the rule is to make an incision over the site of the disease or injury, if it can be localised. In all doubtful cases the median incision is to be preferred. The abdomen having been opened, and the portion of the intestine to be excised located, it is brought outside of the cavity, accompanied by about six inches of healthy intestine on either side. It is next emptied of its contents above and below the diseased part by passing it between the finger and thumb, and gently compressed. The empty gut should be clamped on either side of the diseased portion of the bowel at points six inches distant, to prevent the escape of faecal matter at the time of excision, or during the subsequent manipulations, either by the clamps devised by McLaren, or by improvised, as suggested by Maunsell, from a safety-pin and a sponge. The general peritoneal cavity is shut off by flat sponges which have been rendered sterile and wrung out in hot saline solution, and the exposed portion of the bowel should be protected by similar means. The mesenteric vessels are preferably ligated before being cut, by means of a needle

armed with catgut being passed around them, the ligature tied, as suggested by Halsted. The portion of the intestine to be removed is excised by means of



FIGS. 1 and 2.—McLaren's Intestinal Clamps.

a V-shaped incision having its apex in the mesentery, and its lateral borders on either side of the diseased point.

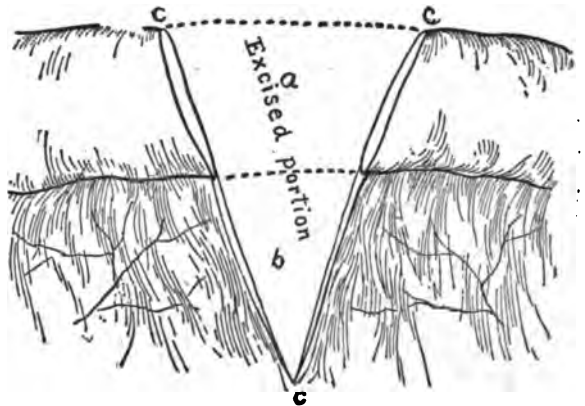


FIG. 3.—a b, portion of intestine and mesentery to be removed; b b, mesentery; c c c, lines of the incision.

The wound in the mesentery is closed by means of a continuous or interrupted suture, as seen in Fig. 4.

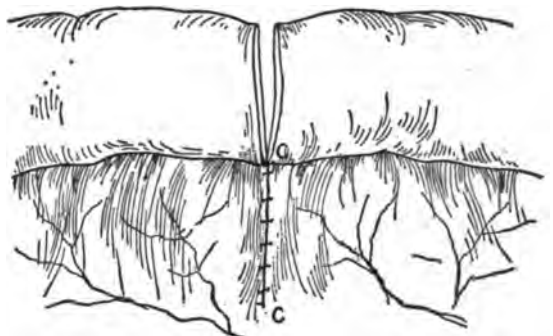


Fig. 4.—c c, incision in mesentery united by continuous suture.

After the divided ends of the intestine have been carefully washed with a hot saline solution, followed by a small quantity of a fifteen-volume solution of hydrogen dioxide, the proximal and distal ends are

united primarily by means of two sutures which are passed through all the intestinal coats, and tied, the ends being left long. The first suture is placed at the inferior or mesenteric border, and is passed in such a manner as to include a portion of mesentery on both sides, as is shown in Fig. 5, and the second is placed

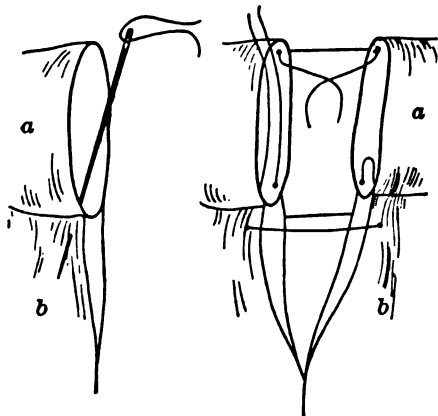


FIG. 6.—a a, segments of bowel; b b, segments of mesentery.

directly opposite at the highest point of the superior border.

A longitudinal incision, an inch and a half long, is next made in the superior border of the larger intestinal segment, two inches from its severed end, by pinching up the intestinal coats between the finger and thumb, and dividing them with a narrow-bladed knife (shown in Fig. 6). Through this opening a for-

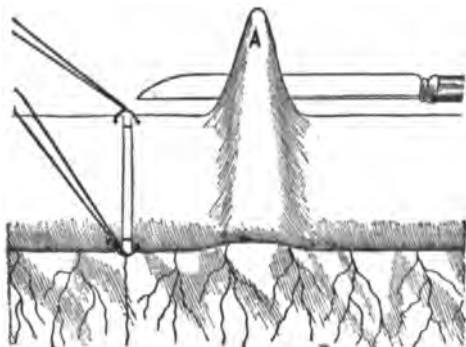


FIG. 7.—Longitudinal section of gut, showing A A, peritoneal coat; B B, muscular coat; C C, mucous coat; D D, primary sutures passed into the bowel and out through the longitudinal slit made in the larger intestinal segment; F, mesentery.

FIG. 6.—A, shows the point of longitudinal incision made in the superior border of the larger intestinal segment. A forceps is passed, and the long ends of the temporary sutures are caught up and drawn back through the opening.

By now drawing on these sutures, the ends of both segments of the bowel are invaginated and made to appear through the longitudinal incision as concentric rings. Figs. 8 and 9 show this to have been accomplished, and the peritoneal surfaces are seen to be in contact on all sides.

The ends of the long primary sutures previously alluded to are held by an assistant, while a fine, straight needle (milliner's No. 6), armed with a strand of horse-hair, is passed through all the coats of the bowel and through both sides about a quarter of an inch from the divided ends. The suture is caught up by forceps divided in the middle, and tied at once on either side, thus avoiding the confusion that would result if all the sutures were passed before any of them were tied. This process is repeated nine times more, or until twenty sutures are placed and tied. The long ends of the primary sutures having served their purpose as retractors, are cut off short. The cut ends of the

bowel are dusted over with either iodoform or acetanilide, and the invagination is reduced by means of gentle manipulation accompanied by slight traction. The edges of the longitudinal opening are turned in, and it is closed by Halsted's sutures passed through the peritoneal, muscular and submucous coats.

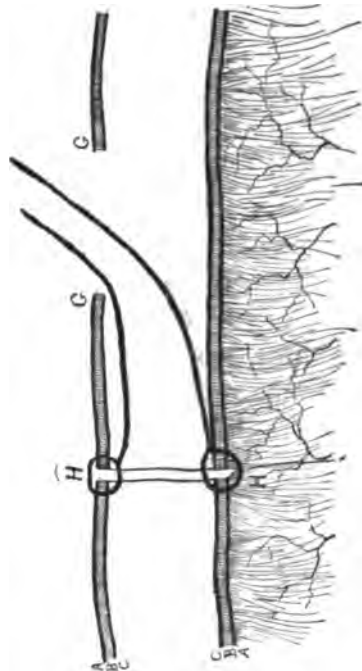


FIG. 8.—Longitudinal section of intestine, showing the relative position of the peritoneal coats of bowel invaginated at the longitudinal opening.

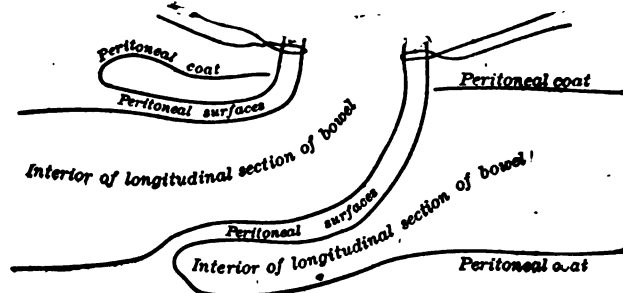


FIG. 9.—Interior of longitudinal section of intestine, showing the relative position of the peritoneal coats of bowel invaginated at the longitudinal opening.

Anastomosis of segments of ileum and colon may be effected by this method in the following manner:—

A primary suture is passed through all the coats of the greater and lesser intestinal segments at their mesenteric border, care being taken to adapt this border of either segment to the corresponding border of the other. This suture is tied and the ends left long. A second suture is passed through the side of the larger segment at the point where the superior border of the smaller segment touches it, and through which the suture is also passed, tied, and the ends left long. A third suture is passed through all the coats of the highest free end of the larger segment. The location of these sutures and the accurate adaptation of the mesenteric borders of the segments is shown in Fig. 11. A longitudinal incision is made in the superior border of the larger segment, two inches from

the divided gut. The ends of these sutures are now drawn through this opening, traction is made, and the

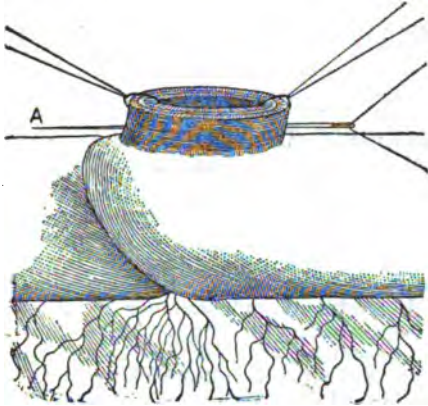


FIG. 9.—A, shows the needle passed through both sides of the bowel and through all the intestinal coats, and shows that one passage of the needle places two sutures.

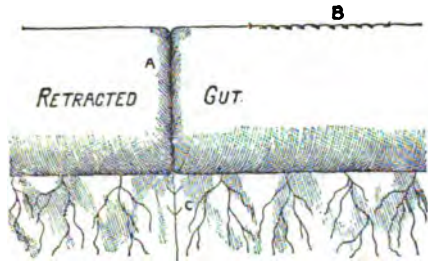


FIG. 10.—This figure shows the intestine after the completion of the anastomosis and the reduction of the invagination. A, line marking the point of union between the ends of the bowel, showing that the peritoneal coat is well turned in, and that the sutures and knots are all inside the gut; B, longitudinal slit in the bowel closed by Lembert sutures.

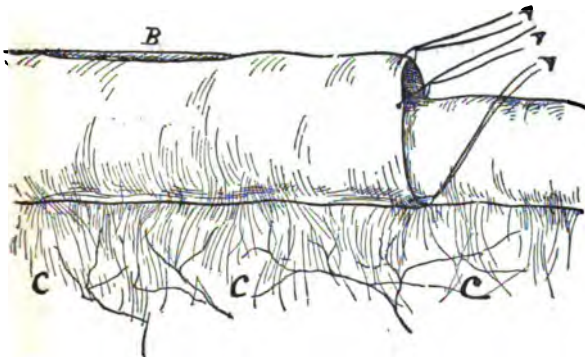


FIG. 11.—A A A, primary sutures passed through all the coats of both segments; B, longitudinal slit made in the superior border of the larger bowel; C C C, mesentery.

free edge of the larger segment is inverted and invaginated, and the free edges of the intestine now appear in the longitudinal opening as concentric rings. If the difference of calibre between the two segments is great, a V-shaped portion of the convexity of the larger segment may be removed. This and the method of suturing are shown in Fig. 12.

The intussusception is reduced and the longitudinal slit is closed, as previously described; all of which is shown in Fig. 13.

When the disease is located in the cæcum, or in the ileo-cæcal valve, the anastomosis may be effected as follows, instead of in the manner previously described:

The diseased cæcum having been completely excised, an opening is made in the side of the healthy colon, two inches from its cut end; into this opening the

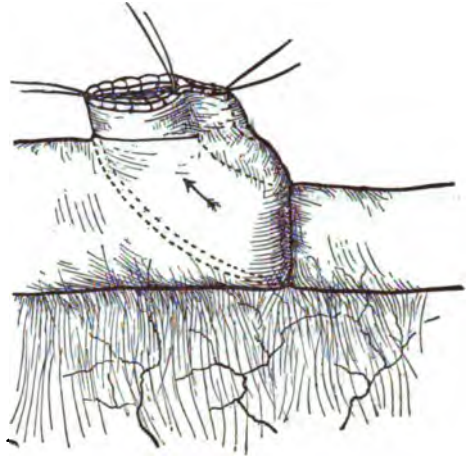


FIG. 12.—Diagram showing the union by invagination in a case where a decided difference in calibre exists between the segments of bowel to be united, and the method of suturing.

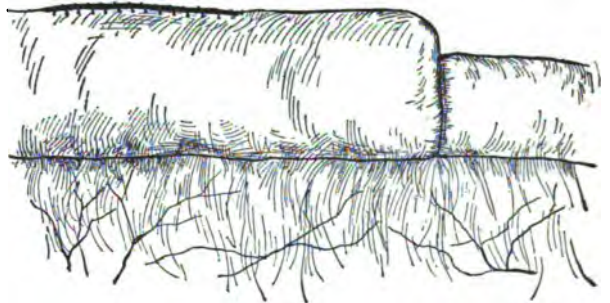


FIG. 13.—Diagram showing the segments after the reduction of the invagination, and the closure of the longitudinal incision in the superior border of the larger segment.

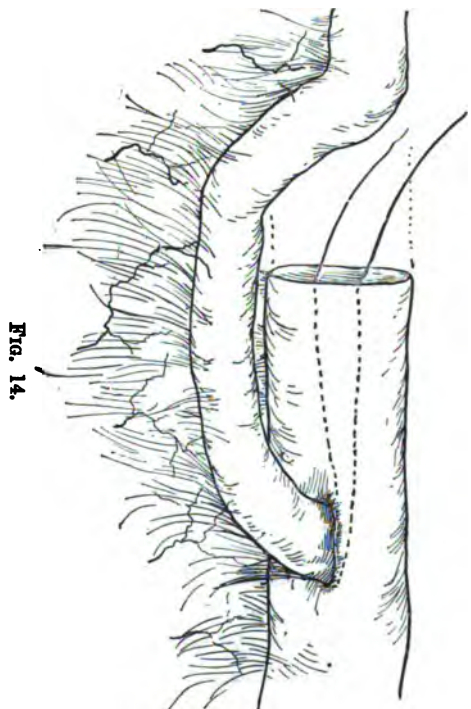


FIG. 14.

free end of the ileum is inserted. The primary sutures are applied, tied, and brought out through the cut end of the colon, as is shown in Fig. 14, and, traction being made on them, the cut edge of the colon and free end of the ileum are invaginated, and drawn through the free end of the colon. The sutures being applied in the manner previously described, the invagination is reduced. The free end of the colon is turned in to the extent of an inch, and the opening is closed by a row of Halsted sutures, care being taken to pass the needle through a few shreds of the submucous, as well as the peritoneal and muscular, coats.

When the diseased cæcum cannot be excised, owing to the existence of firm and long-standing adhesions formed between this portion of the bowel, the right ureter, and the iliac vessels, ileo-colostomy should be substituted for ileo-colotomy. The diseased cæcum and the ileo-cæcal end of the ileum having been emptied of their contents, clamps are applied four inches on either side of the diseased structure. The ileum is divided. The end of the ileum which is attached to the cæcum is invaginated, and the opening closed by Halsted sutures. An incision is made in the convex surface of the colon, large enough to receive the free end of the ileum, which is attached to the edges of the cut in the colon by the usual primary sutures. An opening is now made in the colon two inches higher up, through which opening a forceps is passed and the ends of the primary sutures are seized, all of which is shown to have been accomplished in Fig. 15. By their aid the free end of the ileum and the edges of the opening in the colon to which it has been attached are invaginated, and drawn out through the upper slit in the colon. The permanent sutures are passed as usual, tied, and cut off short. The invagination is reduced, and the longitudinal opening in the colon closed.

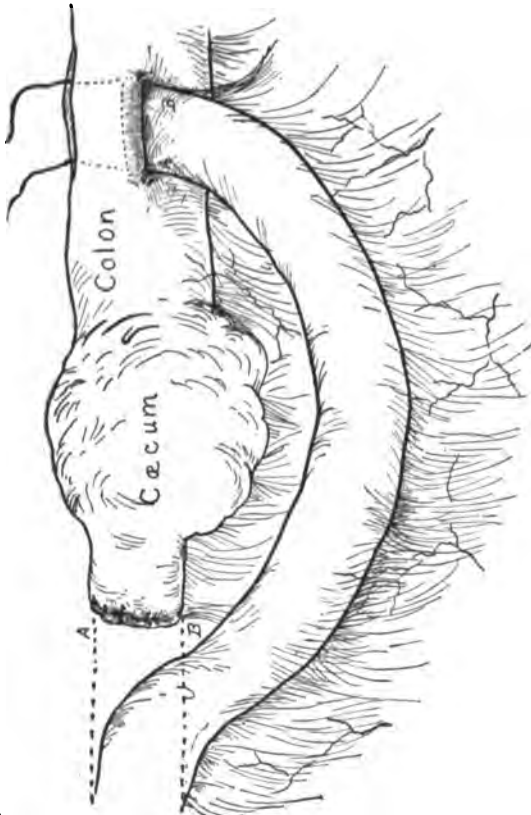


FIG. 15.

(To be concluded in our next.)

A CASE OF RESTORATION BY THE INDIAN OPERATION MODIFIED, OF A NOSE DESTROYED BY LUPUS.

By ROBERT H. WOODS, M.B., F.R.C.S.,
Throat Surgeon to Richmond Hospital, Dublin.

KATE F., æt. 29, suffered since before puberty from true lupus of the nose. For this she was successfully treated in the Richmond Hospital, by my colleague, Sir Thornley Stoker, the treatment lasting intermittently over some years. She was submitted to the Koch treatment and was one of the few who derived lasting benefit therefrom. The local treatment consisted in scraping the diseased area and cauterising the raw surface with acid nitrate of mercury. In the summer of 1894, the disease was finally cured and the patient sent to the country.

Before taking her leave she desired to have a substitute for the lost organ, and preferred a mechanical appliance to undergoing an operation. Her measure was accordingly taken, and a nose of the selected pattern was constructed to hang from the bridge of a pair of spectacles fitted with plain glasses. But the effect greatly disappointed her, and her disappointment grew into disgust when she found that on stooping to scrub, the fickle ornament dropped from its position and mockingly flapped before her eyes. In addition to this there was, in the wearing of spectacles, a tacit implication of defective vision from which she was most anxious to protect herself: While the incongruity of having to remove her nose in order to use her pocket handkerchief was very galling to her pride. She therefore rejected the apparatus with scorn, declaring that she would rather be without a nose than be troubled with so shabby a substitute.

Twelve months later, November 1895, she again sought admission with a view to a plastic operation. There was no recurrence of the lupus, all the scraped surfaces were healthy. The operation was performed as follows:—A flap of skin (see Fig. 1) of a shape and size determined by a carefully adapted piece of gutta-percha, of Dieffenbach's pattern, was taken from the forehead a little to the left of the middle line, the left end of the incision was prolonged downwards so as to cross the bridge of the nose and end at the lower part of the opening at the right nasal cavity.

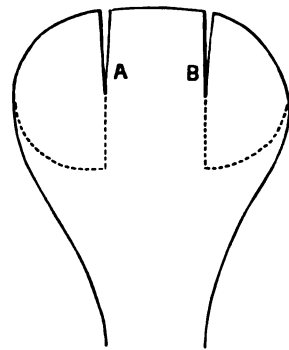


FIG. 1.

From the point at which this incision crossed the bridge, a corresponding cut was made down the left side ending similarly. The triangular flap between these latter two was then reflected from the bridge so that its raw surface looked forwards, its base acting like a hinge.

Two parallel incisions (A and B) were then made in the large flap, and the outer portions turned back as

represented by the dotted lines (Fig. 1), and coaptation secured by tiny leaden plates on the two skin surfaces connected by a horsehair. The square flap between the incisions (A and B) intended for the columella was then doubled on itself along its middle line, so as to bring its raw surfaces into contact and secured in that shape by a horsehair suture.



FIG. 2.

The large flap was then brought down, the pedicle being twisted as lightly as possible in order to avoid strangulation; this was made easier on account of the flap having been taken from the left side of the middle line. To its raw surface the triangular flap from the bridge was adapted and fixed by two leaden plates with a horsehair between. A small surface high on the upper lip was freshened for the reception of the columella and the whole flap, except a racquet-shaped surface on the right side, finally secured in its place by a large number of horsehair sutures. It will be seen that practically the whole of the inside of the artificial nose was covered with skin.



FIG. 3.

There still remained the raw surface on the forehead. To cover this, instead of drawing the edges towards one another and allowing the interval to granulate and cicatrize as in the classical operation, a flap of skin of the same shape and size as the deficiency was taken from the left arm, carefully avoiding the subcutaneous fat. The skin was put into warm sterilised water until required. This though unattended by any bad result was, I have since been led to believe, wrong in principle. Plain water has a destructive effect on tissues, and it might have been better had the skin been kept in normal saline solution or put in a clean dry vessel in tepid water until required.

The flap when detached shrunk to less than one-third the size of the surface which it once covered. It was fixed to the forehead by about twenty horsehair points of suture. A small triangular depression which existed at its junction with the pedicle of the forehead flap was used as a drain for the fluid exuded, for this purpose a small wad of moistened cotton wool was put

into the depression and renewed by the nurse every few hours.

No ligatures were used on the vessels during the operation. One artery in the scalp refusing to stop with forcipressure was secured by passing a loop of horsehair under it, through the skin at a little distance from the wound.

Horsehair was the material used for sutures throughout, and it more than fulfilled our hopes, not a point suppurated and it left no trace in the skin. It had previously been sterilised by boiling for five minutes in 1 per cent. sodium carbonate solution. This had the effect of greatly increasing its elasticity without diminishing its strength.

It was thought better in mapping out the flap on the arm to take exactly the size of the surface to be covered and not to allow for shrinking, because if a flap shrinks it must thicken and there would be greater risk run of a thick flap dying than of a normally thin one.

No dressing was used except a piece of dry Gamgee tissue, laid lightly across the forehead so as to keep the part warm, and yet allow enough ventilation to keep it dry.

Three days later the flap on the forehead was of a purple black colour, except at one point. It looked as if it were past recovery, but day by day its appearance improved and it cleared up very much in the same way and at about the same rate as a black eye.

The sutures were removed on the sixth day and the lead plates on the ninth. The new nose united by first intention.

Needless to say the patient's appearance was greatly improved, but of this I shall allow the photographs taken before and after operation to speak. The paleness of the new flap on the forehead is due to the lighter colour of the skin of the arm, but when it has been exposed for a time to the sun and weather, it will probably simulate the rest of the forehead.

The second stage of the classical operation (division of the pedicle of the flap) was not proceeded with. It was found that the pedicle after about three weeks adapted itself perfectly to its position, while there was no necessity for utilising it to cover the forehead surface. The racquet-shaped surface on the side of the nose which had contracted to a very small space, was excised after a month by an oval incision. This had the double effect of taking away a cicatrix and reducing the somewhat parrot-shaped prominence of the bridge to more elegant proportions.



FIG. 4.

In operations like this contraction of the new nostrils has always been a great stumbling block in the way of success, so much so that some operators recommended that the columella should not be sutured but allowed to hang down so as to produce the effect of two nostrils, while in reality there is but one. My experience in this case shows me that this can be avoided. Contraction of the nostrils takes place in proportion to the quantity of raw surface left to cicatrize, especially if

this be low down. If the inside be well lined with skin and if immediate union takes place between the two layers of skin, then there will be as in this case little or no contraction. Hence it is of prime importance that the flap originally cut from the forehead should be of such a shape and size that the whole or at least as much as is necessary of the interior of the nose shall be coated with skin derived from the forehead. This of course involves a larger forehead flap and up to the present surgeons have had to choose between the Scylla of contracting nostrils and the Charybdis of a too great scar on the forehead. Mr. Treves has thus been led in his operative surgery to advocate Langenbeck's pattern because the forehead wound can be better brought together, though it is obvious from a look at Langenbeck's in preference to Diffenbach's diagram, that there must be cicatricial contraction in the neighbourhood of the new nostrils. It will thus be seen that if we can overcome the necessity for economy in cutting the forehead flap, we shall solve the difficulty of great subsequent contraction of the nostrils. By transplanting the flap from the arm, the breach in the forehead however great, can be easily filled up, so that this method has the double advantage of contributing towards the patency of the nostrils, and the perhaps more important entire avoidance of the scar on the forehead.

SCARLET FEVER IN THE PUERPERAL STATE.

By J. O. SYMES, M.D.Lond.,

Late Assistant Medical Officer, London Fever Hospital.

It is now generally admitted that there is no special relationship between scarlatina and puerperal fever, beyond the fact that septic infection may be derived from one or more of the numerous lesions of the former disease, and may give rise to septicæmia after childbirth. The following two cases are of interest as showing that with modern antiseptic precautions this danger may be minimised. They, and the additional case mentioned, also illustrate the fact that the rule of pregnant women appearing to have a special immunity from scarlet fever is not constant. The patients were under the care of Dr. J. W. Washbourn.

CASE 1.—E. H., was admitted during the third month of pregnancy. Had well-marked attack of scarlet fever. Two of her children were in hospital at the time suffering from the same disease. There was occasionally morning vomiting and nausea, and on several occasions faint traces of albumen in the urine. Desquamation was free, and patient made a perfect recovery without complications.

CASE 2.—Mrs. M. C., æt. 38, primipara, was admitted Dec. 18th. Had had scarlet fever in childhood. On Dec. 4th, noticed a rash on chest, and complained of a slight sore throat, and malaise, but went about her work as usual. Dec. 17th, noticed that the skin of the hands was coming away in large pieces. On admission to the ward desquamation was found to be very profuse. Patient was supposed to be eight months advanced in pregnancy. Trace of albumen in urine. During the third week in January she was removed to a private room, where she was confined on January 23rd. The labour was normal, but tedious. Only one vaginal examination was made, and no douche was used at any time. The strictest antiseptic precautions with regard to person, bedding, and room were observed throughout. There was no rise of temperature subsequent to the confinement, but patient desquamated a second time, and consequently was not discharged until February 15th. The child at birth weighed 7 lbs. 1 oz. It subsequently desquamated very freely, but there was at no time any rise of temperature, or other sign of sickness.

CASE 3.—Mrs. G., on November 9th, was seized with vomiting. This was followed by a sore throat and scarlatiniform rash. November 11th she aborted, this being the fifth month of pregnancy. Her condition gradually got worse, and on November 24th she was admitted to hospital. The temperature was high; the throat sloughing, with rhinorrhœa; and large cervical abscess, and rheumatism in both knees and shoulders. The abdomen was not distended, there was no pelvic tenderness, and the slight vaginal discharge was inoffensive. On the day following admission an erythematous red rash covered the body. Nov. 27th.—The cervical abscess was opened with antiseptic precautions. Cultivations made from the pus showed numerous colonies of streptococci and cultivations made from the fauces gave a similar result. By Dec. 10th the acute symptoms had subsided, and the patient's condition was much improved. The vaginal discharge had ceased, and recovery was uninterrupted except by occasional erythematous rashes, and the presence of a trace of albumen in the urine. There was the usual amount of desquamation.

As far as I could ascertain no vaginal examination had been made in Case 3 during any period of the illness, and the immunity from puerperal septicæmia may have been due to the fact that the contagion was not conveyed in this way to the genital canal. As previously mentioned bacteriological examination revealed the presence of streptococci both in the fauces and in the pus of the cervical abscess, yet no septic pelvic trouble arose. A bacteriological cultivation from the fauces in Case 2 showed chiefly colonies of staphylococci with a few streptococci.

Clifton, June 1896.

Transactions of Societies.

OPHTHALMOLOGICAL SOCIETY OF GREAT BRITAIN.

MEETING HELD THURSDAY, JUNE 11TH, 1896.

The President, Mr. NETTLESHIP, in the Chair.

CASE OF ACUTE DOUBLE OPTIC NEURITIS.

DR. H. SPIGNER showed a patient, a married woman, æt. 21, who came to him on April 15th, complaining of headache and dimness of vision. She had been under observation for two months, and all this time vision had been steadily deteriorating. For this there was no obvious cause; there was no paralysis of any sort, there had been vomiting on a few occasions only, with slight headache. She had had a child thirteen months ago, and she suffered from diphtheria just before Christmas. He gave iodide of potassium in 20-grain doses three times a day, with mercurialunctions, but no treatment seemed to have had any effect. The headache had been mostly frontal. There was no history of syphilis.

LEUCOSARCOMA OF CHOROID.

DR. ROCKLIFF, of Hull, read notes of a case in which he had been enabled to watch the early symptoms which usually escaped detection. The patient was a strong healthy man, æt. 32, who came, in July, 1895, complaining of defective vision in the left eye. In September, 1894, he saw black spots, and it was not until July, 1895, that he awoke to the fact that the sight of the left eye was waning. He read best at an angle of 45°. His family history was good, and he himself had always had good health. He had a fall on the back of the head four years ago, not followed by any trouble. Vision, when first seen, R, with - I D, was 6/6; in the left eye, with + I D, it was 6/36. The field was normal and the colour sense good. The fundus was normal. As he was a heavy smoker, he stopped the tobacco, and put him on strychnine. By August 9th, vision in the left eye had declined to 6/60, he could only read No. 10 at an angle of 45°. He was ordered iodide of potassium and mercury, but at the end of three months he was only able to count fingers at

two feet. The field of vision began to contract above. A month later there was detachment of the retina, extending downwards, and nearly up to the optic disc, with proptosis. No tenderness, or obvious growth. Tension was normal, and there was no glandular infiltration. He hesitated between a solid growth and simple detachment. On October 14th, the patient consulted Mr. Nettleship, and Mr. Critchett, and both diagnosed a tumour of the choroid. He thereupon excised the eye and sent it to Mr. Marshall, who reported it to be a round-celled sarcoma springing from the choroid. All his other cases of pigmented sarcoma of the choroid had died within a short time, but he hoped this one would prove an exception.

The PRESIDENT observed that all such cases were interesting whether pigmented or not, especially in respect of the examination of the difference in refraction between the two eyes.

Mr. MARSHALL said that in 121 cases of sarcoma of the choroid which he had collected, there were 12.31 per cent. pigmented, and 87.18 per cent. non-pigmented.

Mr. GRIFFITHS said he had examined some 35 cases of sarcoma of the choroid and ciliary body, of which eight were cases of leucosarcoma. In the majority there were a few pigment cells, indeed, in adults it was the rule to find a few scattered pigment cells which were, on the other hand, very rare in infancy, whatever the origin of the growth in leucosarcoma, the cells were invariably round, whereas in retinal sarcoma the cells were more often spindle-shaped.

The PRESIDENT said it must have been very difficult to diagnose such a case, the growth having a wide base and no great thickness.

CATARACT EXTRACTION AND GOUT.

Dr. ROCKLIFF also read notes of a case in which extraction of a cataract was complicated by an attack of gout involving the operated eye. The patient was a country squire, set. 62, who came under observation in February, 1892, with incipient cataract. He remained under observation until March, 1893, without any obvious gouty manifestations though he had suffered therefrom. On March 23rd, he extracted the cataract of the right eye at 10 a.m. At 9 p.m. he was called to him and found him belching up a dark brown grumous fluid, his extremities cold and his pulse almost imperceptible, in fact, he was almost comatose. He had another attack of vomiting twenty minutes later, after which he gradually rallied and the next day he had a characteristic attack of gout in the hands and feet. On March 27th, he examined the eye and tested his vision, when he readily told the time by his watch. He was, however, somewhat puzzled to see the conjunctiva discoloured. On the 29th, the patient complained of irritation of the operated eye, and he found very marked chemosis with much swelling of the conjunctiva and slight chemosis of the other eye. The corneae, however, were very clear and there was no photophobia. He ultimately made a good recovery. On the twelfth day vision was 6/6, and on May 15th, two months later, it was 6/9. He had not been able to find any reference to this complication in the text-books, and he asked whether any of the members had ever met with a similar set of symptoms.

The PRESIDENT suggested that if the coincidence of gout with cataract extraction had not been more frequently recorded, it was presumably because it was not thought worthy of mention. He did not think it was rare for gouty patients to have such an attack soon after an operation.

Mr. LANG had met with four cases in people who had gout in the joints attacking the patient on the day of or the day following the operation without any local trouble.

ON THE ORIGIN OF RUPTURES IN DETACHED RETINÆ.

Mr. TREACHER COLLINS read a paper on this subject, illustrated by lantern slides. He mentioned that Grafe and Reclman held that ruptures were due to the tension of the sub-retinal fluid, while Leber and Nordenson believed they were produced by traction on the retina from shrinking bands in the vitreous. He was enabled to bring before them, and illustrate by lantern slides, two cases which afforded distinct anatomical proof of the occasional formation of these ruptures in the way thought out by Elschnig, from the appearances seen by him in two cases which he had examined ophthalmoscopically. In each of the eyes which he had examined the retina was detached,

and lay folded up in the centre of the globe. In each, microscopical examination showed a patch of atrophied retina intimately adherent to the choroid in the yellow spot region, and completely isolated from the rest of the retina. It would seem, therefore, that there must have been some central choroido-retinitis, which had, over a localised area, firmly united the retina and choroid, and when, subsequently, the former became detached, the adhering patch tore away and remained attached to the choroid, a hole thus being formed in the detached retina.

Mr. LANG said he had seen two or three cases of detachment of the retina with holes in the yellow spot region, and in all the detachment was moderate in extent and rather low down. In ruptures in other parts of the retina there was no apparent loss of tissue, so that such cases could not be explained in the same way as the ruptures occurring in the yellow spot.

CYST OF THE ORBIT.

Mr. W. E. CANT, of Jerusalem, contributed notes of the case of a man, set. 34, who was admitted for proptosis. He said the eye had been prominent ever since he was a little boy. The left eye was much proptosed, being displaced downwards and inwards, depressing the lower lid a good deal. It moved with its fellow, but not so freely. V = 6/12, no pain. A firm substance could be felt above and to the outer side of the globe, which appeared to be the lachrymal gland. On looking at the patient from the front there was obvious fullness in the temporal region, and a swelling was made out in the temporal fossa, which had a tense, elastic feel. There was evidently a fluid tumour which occupied the orbit and extended into the temporal fossa. Through an incision along the upper margin the solid substance was found, as surmised, to be the unaltered lachrymal gland, but further back a tense cyst could be felt. This he opened carefully, and a good deal of dark yellow or brown fluid escaped containing fragments of a pearly white friable substance. On passing the finger into the orbit the cyst was found to be lying next to the roof and outer wall of the orbit, much of which was wanting. The cyst cavity was drained for the next four months, and the discharge ultimately became purulent. Six months after fluid injected into the orbit still found its way into the temporal fossa, so a direct opening was made into the latter and the actual canterly was applied. The cavity then contracted until it was only a minute sinus half an inch deep. The globe of the eye had returned to almost its original position, and its movements were natural. Though two years had since elapsed no further trouble has been experienced. He observed that cysts of the orbit appear to form a rather rare group of cases, and this particular case was peculiar in its extending through the orbital wall into the temporal fossa. The chief interest was its mode of origin. In Palestine one was naturally suspicious of a parasitic origin, but he was not in a position to give any definite information thereon.

Dr. ARGYLE ROBERTSON, of Edinburgh, said he had had one or two cases of cysts of the orbit, but he proposed to speak rather of cases of dermoid cyst, cysts with very thin walls, which might be adherent to the periosteum, and so be very difficult to remove completely, with a consequent liability to recurrence, much to the surgeon's annoyance. Some twenty years ago a namesake of his, practising at Singapore, suggested to him a method of treatment which he said had yielded the best results, viz., to evacuate the cyst as far as possible and then to introduce a minute fragment of lunar caustic. This gave rise to suppurative inflammation of moderate intensity, and by-and-by the cyst wall was completely extruded through the external opening. He could testify from his personal experience that such was the case, and this was why he had thought it worth while mentioning.

ACQUIRED NYSTAGMUS IN OTHER OCCUPATIONS THAN THAT OF COAL MINING AND REMARKS.

Mr. SIMMON SNELL, Sheffield, read a paper on this subject. He observed that the labour bestowed in recent years on the investigation of the etiology of miners' nystagmus was bearing fruit in demonstrating the existence of a similar occupation-neurosis in the workers in other employments than that of coal mining. The constrained position in which the collier worked

would, perhaps, remain *par excellence*, the most conducive to the production, in frequency and severity, of acquired nystagmus, but the cases he related showed that nystagmus and weariness of the ocular elevators was already to be found in a variety of occupations. He referred to the interesting historical fact that Michael Angelo suffered in his eyes from painting the vault of the Sistine Chapel, and he wrote a sonnet, which Mr. Snell quoted, describing the constrained attitude he was compelled to occupy at his work. Vasari, the painter's biographer, suffered in a similar manner from painting the Medicean Palace. Mr. Snell mentioned that since recording his case of nystagmus in a compositor, in 1891, twelve other cases, five of them compositors, had come under his observation. Three cases had been communicated to him by Mr. Priestley Smith, and three by Dr. Simons, of Merthyr Tydvil, and Niden had recorded an instance of acquired nystagmus in a plank cutter. The total number of cases referred to in the paper was nineteen, and comprised six compositors, two metal rollers, a plate-layer, a plank cutter, a saw maker, a sanitary tube maker, a fitter, an iron founder, a worker in a "cage" at a mine, two employes at a glass factory, a youth engaged at a confectionery warehouse, and a man employed at the screens at the surface of a coal mine. They varied very much in degree, and in some there was more weariness of the ocular elevators than very noticeable nystagmus, but it was held that, as in the case of miners, the oscillations would have been more marked if the examinations had been made when the patients had been at work for some time. Generally speaking, the nystagmus was less marked than that met with in miners. Mr. Snell thought that attention having been drawn to the matter, nystagmus and strain or weariness in the elevators would be much more widely recognised as caused by different employments than was the case at present. He deprecated a too hasty assumption that because a patient was employed at this or that trade that therefore there could be no ocular strain. The plan of investigation advocated was to get the patient to place himself in the position in which he worked, or better, to see the patient actually at his employment. In conclusion, Mr. Snell remarked that he thought a main factor in the causation of "academy headaches" was the weariness induced in the ocular muscles by turning the gaze so frequently above the horizontal line. This could be compensated for by a backward movement of the head.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF MEDICINE.

MEETING HELD FRIDAY, MAY 8TH, 1896.

The President, DR. WALTER G. SMITH, in the Chair.

LIVING EXHIBITS.

DR. A. R. PARSONS exhibited the following patients:—
(a) A Case of Ataxic Paraplegia; (b) A Woman with Atresia Auris, Unilateral Facial Paralysis, and Loss of Sensation of Taste; (c) A Case of Hemichorea; (d) A Case of Empyema.

CASE OF SUPPURATIVE PERICARDITIS TREATED BY DRAINAGE.

DR. O'CARROLL read an account of a case of suppurative pericarditis secondary to pneumonia, which had been treated by free and constant drainage. The patient lived for two months afterwards. The pericardial cavity gradually contained less and less pus, but unfortunately the patient died of asthenia. *Post-mortem*, the walls of the pericardial cavity were adherent everywhere except in front, where there was about a drachm of pus.

The CHAIRMAN said he thought Dr. O'Carroll's paper gave great encouragement to the early exploration of similar cases, as the operation seems devoid of danger, and when performed in time gave satisfactory results.

DR. M. A. BOYD related the particulars of a case in which he drew off four ounces of serous fluid and the patient recovered. The temperature might be normal, with pus in the pericardium. In children broncho-pneumonia often preceded the collection of fluid in the pericardium; he thought that paracentesis should be resorted to more frequently than at present in cases of pericarditis in children.

DR. DOYLE asked was the pericardium sutured to the integument in the surgical operation succeeding the operation of tapping, as if so this might account for the secondary infection of the left lung.

DR. HEARD drew attention to the remarks of Dr. Ewart, of London, that a patch of dullness might be detected at the inner side of the angle of the left scapula at the base of the left pleura as an early symptom in these cases.

DR. DRURY asked Dr. O'Carroll to mention the exact site selected for the operation, as it had been recommended some time ago to tap the pericardium as close as possible to the left margin of sternum in the fourth interspace. He had examined a large number of subjects in the dissecting-room, and found that in a considerable proportion of cases either the internal mammary artery or vein would be wounded by such a proceeding.

DR. FINNY said that in his long experience he had only met with one such case of suppurative pericarditis requiring operation, the result was fatal, the fault being one of omission rather than commission; as, though he tapped the pericardium one inch outside the sternum, between the fourth and fifth ribs, and drew off eight ounces of purulent fluid, giving immediate relief, a second attempt to perform the same operation with a larger needle did not succeed, as for some unaccountable reason he failed to reach the pericardium.

DR. O'CARROLL, in reply, said that he left the surgical details to Sir Thornley Stoker, who performed the operation for him; there was no infection of the left pleura, as the fluid which it contained was a clear serous fluid due to the cardiac failure which occurred at the end of the patient's life. Though he had carefully examined the patient's chest he had not remarked the symptom referred to by Dr. Heard. In reply to Dr. Drury, he stated that in making his puncture he had selected a point in the fourth space a thumb's breadth internal to the nipple line.

LEUCOCYTHÆMIA.

DR. CRAIG read a short paper on Leucocytæmia. He exhibited photographs and stained blood films of a case of the lymphatic type of this disease which had died in hospital after a short but acute illness of two months' duration. The symptoms were general enlargement of all the lymphatic glands, pallor, severe epistaxis, diarrhoea, temperature varying from 99°—103° F., dyspnoea, slight increase in size of spleen and liver, no tenderness over bones, and in the case of the blood there was a diminution in red cells to at least one-third of the normal number, and an absolute and relative increase of the leucocytes, so that the proportion of white to red averaged about 1 to 20. The writer of the paper drew attention to the detailed description of the leucocytes found in normal blood given in a recent article by Kanthack and Hardy, and pointed out that in the case he was recording all the forms of white cells could be seen, although the increase was entirely due to the presence of lymphocytes. It was pointed out that a purely lymphatic form of leucæmia was rare, that when it did occur its victims were among the young, and that the disease generally ran an acute and rapidly fatal course. The correctness of these observations was borne out in the present instance, as the patient, an Italian boy, was only nineteen years of age, and the illness terminated fatally within two months from its onset. The severe epistaxis and persistent diarrhoea required symptomatic treatment, so that arsenic was not given a fair chance, and bone marrow was not tried.

The CHAIRMAN asked if arsenic had been administered in this case, or if the treatment by marrow fat had been tried. He laid stress on the great advancement that had been made in the microscopic examination of the blood in these cases, and thought that it should be more generally carried out in hospital practice, as the process was not a difficult one; he thought that the specific significance clinically of the various leucocytes was still very doubtful. He stated that the continuous use of arsenic in chronic cases was not devoid of danger, as peripheral neuritis might follow as a result; he mentioned the great chemical changes that occurred in the urine in this disease, the uric acid increased and xanthine bodies also increased, the normal oxidizing power of the body was not seriously affected.

DR. CRAIG, in reply, said that he had tried arsenic, but

as it caused diarrhoea and pain in the stomach, he had to cease administering it. He had thought of using marrow-fat, but had to content himself with trying to keep his patient alive.

NOTES ON CLINICAL CASES.

(a) Extensive empyema. (Patient exhibited.)

(b) Unusually short case of croupous pneumonia.

Dr. A. R. PARSONS read notes of the above cases, and exhibited the patient, who had been treated for an extensive empyema.

The CHAIRMAN said that in such cases the heart was generally the first organ to return to its normal position. After aspiration, the effects of the diplococcus of pneumonia seemed more amenable to treatment than those of the streptococcus, the examination of the pus drawn off was therefore of the greatest consequence. He agreed with Dr. Parsons that a peculiar tympanitic note on percussion with roughness on breathing were often the first symptoms in such cases as he related.

Dr. DOYLE questioned whether the heart was not now displaced to the right, and the right lung still considerably unexpanded. He agreed that good results followed washing out the pleural cavity with antiseptic solution.

Dr. PARSONS, in reply, said that he did not claim that the organs had fully recovered both position and function, but considered that the improvement, so far as it went, was remarkable.

The Section then adjourned.

LARYNGOLOGICAL SOCIETY OF LONDON.

ORDINARY MEETING HELD MAY 13TH, 1896.

The President, Dr. FELIX SEMON, in the Chair.

Dr. BARCLAY BARON (Bristol) showed a case of
OBSTRUCTION OF LARYNX DUE TO A WEB.

A man, *æt.* 39 years, who had not had syphilis nor other constitutional dyscrasia. In October, 1894, he had hoarseness and loss of voice with gradually increasing difficulty of breathing, which induced his own doctor to perform laryngotomy. On being admitted into the Bristol General Hospital under Mr. Baron, there was found to be intense inflammation of the whole of the larynx, the vocal cords, which were in apposition, were especially affected, being intensely red, swollen, and motionless. In spite of all that was done he continued in this condition for three months. Tracheotomy was then performed, and the laryngotomy tube removed. The effect of this was soon beneficial,—first one vocal cord and then the other leaving the middle line, and then the anterior two-thirds of the vocal cords was found to be united by a web. This was cut by Whistler's cutting dilator, and dilated by Schrotter's and other bougies, and now only a small amount of web tissue uniting the under surface of the vocal cords in front persists. The tracheotomy tube has been removed, and the man is able to do his work as a farm labourer.

Dr. FELIX SEMON showed a case of

THYROTOMY FOR EPITHELIOMA OF THE LARYNX.

The patient, a gentleman, *æt.* 65, was first seen on February 18th of this year. The only symptom was hoarseness dating back nearly a year and a half, and supposed to have commenced after an attack of influenza, which had also caused purulent discharge from the right nostril; this, however, troubled the patient very little. The whole of the left vocal cord, particularly in its middle part, was considerably tumefied, and showed a granular appearance. At the same time its mobility was surprisingly free, and the hoarseness comparatively speaking very slight. Malignant disease had already been diagnosed by Dr. Madden and Mr. Dudley Wright. The diagnosis was further corroborated by Mr. Butlin. The operation was performed on February 27th, and offered no incidents of importance. On opening the larynx the growth was seen to extend all over the left vocal cord, and the ventricular band also appeared somewhat swollen. In front the growth just extended to the median line. The whole affected portion was delineated by two semicircular cuts at a distance of about three-quarters of an inch from the growth, meeting in front and behind and cut out with curved scissors. Posteriorly the extirpation extended to the front part of

the arytenoid cartilage, which was also removed. The patient made an excellent recovery, except that on the third day some ominous black spots appeared in the wound, supposed to be due to infection from the purulent nasal discharge. These were scraped out, and nothing further occurred.

Dr. BOND showed a case of

UNCONTROLLABLE, INTERMITTENT, LARYNGEAL CRY.

A boy, *æt.* 11, began in March, 1895, one night when in bed to utter at irregular intervals a loud cry. This he continued to do until August, 1895, when he went to stay for about ten days in the country, and towards the end of the visit the cry "gradually" ceased. At Christmas, 1895, a second attack came on at 3 a.m., and had continued since. He appeared to be dull and stupid, with hands and arms continually working like those of a child with chorea. At intervals, varying from about 12 seconds to 1½ minutes, he utters an explosive, sudden cry of considerable volume, very like part of a milkman's cry, but not resembling any word. The cry is associated with somewhat violent action of the diaphragm, and with a lifting of the soft palate. It is never emitted during a laryngoscopic examination, but directly after such an examination has been made the cry is emitted. The boy has double proptosis, also he has adenoids of the nasopharynx. Dr. Bond thought that the removal of adenoids (which would end a source of irritation, and ensure sounder sleep), in conjunction with the administration of arsenic and a prolonged change of air in the country, would be the only treatment likely to improve the patient.

Dr. BOND also showed a "Case of Tubercular Laryngitis," in a man, *æt.* 45. An exploratory thyrotomy performed on November 15th, when the whole left ventricular band was found affected and was removed, and also the inner edge of the brim on left and the left cord. On the posterior commissure were several papillary excrescences, and the mucous membrane here was also removed. The left thyroid plate was scraped, and also the anterior commissure. The patient left hospital a month after the operation with a narrow sinus unhealed, and with some cough. Since which he had considerably improved, his temperature being normal and his weight had increased to 12 stone.

A third case was also shown by Dr. BOND, it being one of "Sarcoma Recurring in Nose," in a man, *æt.* 62. When seen at the Throat Hospital, in October, 1893, the left side of nose was congested, greatly swollen, and completely plugged in front by a fungating, slightly movable mass, which bled freely on examination with a probe; enlarged glands could be felt below the angle of left jaw. The mass was removed piecemeal by a snare, and its base thoroughly curetted, and the nose firmly plugged. Afterwards the site of growth was cauterised with the galvanocautery. The enlarged glands were also removed. Recurrence occurred after two and a half years, and in March, 1896, a mass was removed from lower part of septum and floor of nose.

CASE OF HEALED TUBERCULOUS DISEASE OF THE LARYNX.

Shown by Mr. LAMBERT LACK. Patient a girl, *æt.* 28, was quite well until, 1893, when symptoms of phthisis developed, and she lost her voice. In October, 1893, the patient was losing flesh, had much cough, and a hectic look. She was nearly aphonic. Examination of lungs showed dulness over the upper half of the chest on both sides, back and front, with abundant moist sounds and bronchial breathing at the right apex. Examination of larynx showed irregular fleshy thickening of both vocal cords, with very deficient movement on the right side. There was a prominent ulcerating growth on the anterior surface of the right arytenoid, and some oedema of both arytenoids. Treatment: cod-liver oil and iron internally and pure lactic acid well rubbed in locally once a week. After some months' rather irregular attendance, she was much improved, but the tumour remained much the same. This was then entirely scraped away with the curette, and pure chromic acid applied to the resulting ulcer. This slowly healed, and in the spring of 1895 the ulcer of the larynx was quite healed. In November the larynx appeared almost normal, the movements being quite free, and there was no trace of swelling or ulceration.

Mr. LACK showed also a "Case of Lupus Pharyngis" in a patient, *æt.* 34. Arsenical treatment and the cautery

locally was being persevered with, but it was yet too early to decide as to its value, the case being an acute one.

Mr. LACK showed also a third case in a patient, F—, æt. 22, who for about sixteen years had suffered from nasal obstruction, with occasional thick yellowish discharge, and pains over left side of head. The left nostril showed polypi and pus, the right, polypi but no pus. The polypi were removed, and the left antrum drilled. The antrum contained pus, but was cured by a few weeks' syringing. The patient was very slightly improved. In 1894 the left frontal sinus was opened through an incision in the line of the eyebrow, the field of operation being bounded by the supraorbital notch and the pulley of the superior oblique. A large piece of bone was removed by the chisel, and much pus was evacuated. A long rubber tube was passed through the infundibulum into the nose, and retained for about ten days, when it was replaced by a short silver tube. After six weeks all symptoms had disappeared, the tube was left out, and the wound soon healed, leaving an inconspicuous scar under the eyebrow. The patient now, nearly two years later, remains well.

Dr. H. TILLEY also submitted a "Case and Specimen of cured Polypi of Frontal Sinus," and the two cases were discussed at the same time.

Mr. C. BAKER thought that Mr. Lack's case was interesting as having, after recovery, left only a slight scar hidden by the eyebrow. He related a case under his care in which there was protrusion of the eyeball from distension of the left frontal sinus with non-fetid mucous liquid containing cholesterine crystals. On opening the sinus from the forehead it was found completely cut off from the nasal cavity, where there existed purulent disease of the ethmoidal cells. The case was still under treatment.

The PRESIDENT related a case he had with Mr. Horsley in which a transverse incision was made, a portion of the front of the sinus taken away, and the whole mucous membrane removed. During this operation the hopelessness of operating through the nose was apparent, as it was impossible to get at all the disease through the nose. He asked whether in these cases it would not be possible to fill up the sinuses with foil or something to prevent the falling in of the cavity.

Mr. SPENCER suggested plaster-of Paris as being good for filling up bone.

Mr. STEWART thought that plaster of Paris would be too heavy for the frontal sinus.

Dr. DUNDAS GRANT mentioned a case of Waterhouse in which decalcified bone was used to fill up a hole in the astragalus. He pointed out the difficulty of any bone healing without a drawing in of the cavity.

Dr. HERBERT TILLEY stated that he had recently examined the frontal sinuses in a large number of skulls (over a hundred), and that the constant and extreme variation in the size and extent of the sinuses was in favour of an external opening, and he preferred the vertical median incision in the majority of cases.

Dr. SCANES SPICER showed a "Case of Mycosis of Tonsils and Pharynx," and Dr. FURNISS POTTER one of "Malignant (?) Disease of Larynx."

CASE OF ABDUCTOR PARALYSIS.

Shown by Mr. SPENCER. Patient, a man, æt. 35, had worn a tracheotomy tube since June, 1882. He was a soldier who served in Egypt, and an abscess formed in the neck in the site of a scar at the anterior border of the left sterno-mastoid just above its insertion. He had felt nothing wrong with his throat, but a few hours after the opening of the abscess he was eating his dinner when he was suddenly attacked by difficult breathing, for which tracheotomy was done the same evening. Subsequently an attempt to leave off the tube failed. He came concerning a warty growth in the tracheotomy wound, which has been removed. He can speak well with the finger over the tracheotomy tube. The vocal cords are apparently normal, but fixed in adduction, no abduction beyond 1—2 mm. can be done. The affection is doubtless due to syphilis. A nerve lesion there may have been distinct from the above. If perichondritis, it is remarkable that he should have had no throat trouble beforehand.

STARBUCK.

[FROM OUR OWN CORRESPONDENT.]

PARIS, June 28th. 1888.

STRICTURA OF THE EMPHYSEMA.

At the last meeting of the Académie de Médecine, M. Nicaise spoke on subcutaneous emphysema of the neck occurring in women while in labour. He said the accident, which was very rare, was almost always observed in primiparæ, in confinements necessitating great and prolonged efforts, and above all, when accompanied with violent pains and repeated cries.

The mode of production of this emphysema was explained by rupture of the pulmonary vesicles, of the trachea, of the crico-thyroid membrane, &c.; opinions varied much as to the real cause.

To elucidate the question, M. Nicaise said that it was necessary to consider the physiology of the trachea. Formerly, it was thought that this canal expanded during inspiration and contracted in expiration; the reverse was the case, and the dilatation during repeated and prolonged cries was often considerable. The trachea was, under these conditions, so distended that rupture became possible; it was thus that should be explained the spontaneous emphysema of the neck observed in child-birth, and in children suffering from whooping-cough.

The treatment of the complication in parturient women consisted in hastening the delivery, and if that were not possible, chloroform might be given in order to diminish the pains, and consequently the cries, by which means the emphysema would at least remain stationary and not invade the whole of the neck as was more than once seen, and with fatal results.

As to the emphysema existing, it was sufficient to enjoin rest to the patient and to speak only in whispers: the rupture of the trachea healed rapidly.

TYPHOID FEVER AND OYSTERS.

M. Chantemesse read a paper on this subject in which he described an incident which proved that typhoid fever could be transmitted through oysters.

In a small town of one of the southern departments, where a case of typhoid fever had been observed a year previously, a shopkeeper received, in February last, a basket of oysters from Cetta. These bivalves were sold and eaten raw by fourteen persons of the town and all fell ill, eight were quit with slight gastric trouble (pain, vomiting, diarrhoea, &c.), four others suffered from dysentery of an infectious nature, while the remaining two, a girl, æt. 20, and a man, æt. 21, were seized with typhoid fever of an extremely grave form. The young girl succumbed.

When this accident had been brought under his notice, M. Chantemesse bought from one of the principal oyster-sellers in Paris fresh oysters from different beds. They were alive and well preserved. He submitted them to a bacteriological examination. All of them contained numerous germs and some of them were contaminated with the coli bacilli. He placed some of these oysters in sea water soiled intentionally with typhoid dejections. After a sojourn of twenty-four hours in this water, they were taken out and preserved, firmly closed for another twenty-four hours, after which they were examined again with the result that both in the water which surrounded them, and in the bodies of the fish, a large amount of coli bacilli and bacilli of typhoid fever were

—◆—
THERE has been a great increase of typhoid fever at Johannesburg, consequent on the impurity of the water.

found. It was probable that oysters became contaminated in the beds situated near the mouths of rivers and canals, which carry germs and dejections of every kind.

Similar accidents have occurred in England and America, and attracted the attention of the Governments of these countries.

In presence of these facts, M. Chantemesse thought it desirable that the sanitary measures employed to ensure the innocuity of butchers' meat should be extended to molluscs eaten raw, since the number of oysters consumed annually in Paris exceeded thirty millions.

M. Chatin said that the noxious effects of oysters were attributed to four causes: Chromatium, period of reproduction, degeneration of tissue, and the *milieu* in which they were reared. The first cause should not be maintained, as yellow or green oysters are annually eaten by millions without any evil effects. It was generally admitted that at spaying time oysters were dangerous, as in the case of other aquatic species, but he was not of that opinion, and attributed the belief to a popular prejudice.

Disease of the oyster is easily recognised by the yellow, greenish, or blackish aspect of the tissues, derived from a diffusion of the hepatic pigment.

The fourth cause, or that of the *milieu*, was, in his opinion, the only serious one. The water in which the oyster lived required to be particularly attended to, for in it lay the great danger.

SEDATIVE GARGLES.

At the Société de Thérapeutique, M. Bardel said that a gargle composed of 1 part of liq. Van Swieten (corrosive sublimate 1, water 1,000) and 4 parts of boiled water relieved the most violent toothache. It was sufficient to gargle two or three times for a few minutes, taking care to keep the solution in contact with the diseased tooth, to get ease.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, June 19th.

THE SURGICAL CONGRESS.

HR. V. ESMARCH gave an address on

ARTIFICIAL BLOODLESSNESS.

He said there were three things that troubled the pleasures of the surgeon in operating: the pain he caused, the danger to life caused by a wound, and the hæmorrhage, which it was often enough difficult to master. In 1846 anaesthesia was introduced, and in it one difficulty was removed, and by Lister's discoveries of the antiseptic treatment of wounds another was got rid of. One difficulty still remained, however, the arrest of bleeding. As assistant to Langenbeck and to Stromeyer, he had ample opportunity of practising the tying of ligatures, the only method of arresting hæmorrhage known at the time. It was through accident that in 1873 he came upon his method of artificial bloodlessness. A Danish lady had an inflamed finger and wished to have a mourning ring removed. To effect this, he wrapped a thread closely round the finger from the tip up to the ring. He then passed it under the ring and unwound the thread in the reverse direction. The ring was then easily removed on account of the artificial bloodlessness thus produced. This was the principle of producing artificial bloodlessness in a limb. By encircling the limb in an elastic tube the vessels were kept empty as

long as necessary. It was objected to this method, however, that the procedure caused paralysis, that the edges of the wound died, and that after removing the tube the bleeding was more profuse than before. These objections were not altogether invalid, and he endeavoured to perfect the method. He did not use the tube any longer but an elastic band, but in operation on the shoulder and hip-joint the elastic tube was still indispensable. The following was the procedure in the Kiel Klinik:—The limb was first of all held perpendicular if possible, and enveloped in an elastic bandage. The elastic girdle was then applied at the desired level, but care was to be taken not to cause paralysis. On the other hand it should not be applied too loosely, so that some expertness was required. After the operation the vessels were ligatured, the wound closed, and the girdle only taken off after a good compressing bandage had been applied. The patient was then put to bed, and placed in such a way that the limb operated on was suspended perpendicularly for a quarter of an hour, when it could be placed horizontally. A good compressing dressing was an essential part of the process. The advantages of this method were not doubtful, the idea of forcing the blood from a limb, and without losing it to the organism, had already found acceptance in the method of saline transfusion, which was based upon it.

Other subjects that passed under review of the last twenty-five years were operations on the stomach and intestinal canal, on the vermiform appendix, and the surgery of the gall-bladder.

OPERATIONS ON THE STOMACH AND INTESTINAL CANAL.

The first subject was treated by Hr. Wolfier, Prague. He said that twenty-five years ago nothing was imagined of the brilliant development of intestinal surgery that was then before it. The first operations were on the rectum, and these were followed by one on the sigmoid flexure by Thiersch. The first resection of intestine was performed by Billroth. The impression would never be forgotten that was made by Billroth's communication in 1879 on his first resection of the pylorus. The sutures at first caused great difficulties. Murphy's button had the undoubted advantage of allowing rapid operation, but it possessed two considerable drawbacks. The opening was too small, so that fecal masses could not always find their way through, and a foreign body remained in the intestinal canal, and might cause injury to it. The mortality of resection of intestine in 1888 was 45 per cent., since then it had fallen more than 10 per cent. Resection of the pylorus gave rather bad results, but where it was successful it prolonged life more than gastroenterostomy; in the case of carcinoma, it prolonged life only when the symptom of stenosis appeared early. But the thing to be considered was not how long patients lived after the operation, but how they lived, and we must confess that an operation that saved the patient from the horrible death by starvation, and still more when it was not an exceedingly dangerous operation, was a perfectly justifiable one.

Hr. Sonnenburg, Berlin, discussed

OPERATIONS ON THE VERMIFORM APPENDIX.

He said that 25 years ago perityphlitis, both pathologically and clinically, presented a good deal that was mysterious and incomprehensible; but which was now much clearer and much more simple, thanks to the intelligent co-operation of German surgeons, who had not contributed least to our knowledge of the disease, and the

means of overcoming it. Surgical treatment was at first limited to opening abscesses, the seat of the disease itself was only attacked when the dread of opening the peritoneum had disappeared. The knowledge that the process itself was always the seat of the disease, had [the result that the name appendicitis, introduced from America, was accepted amongst us, and the misleading term typhilitis became more and more forgotten. As time went on recurring perityphlitis, without suppuration, became more and more frequently the object of treatment.

Perityphlitis, according to our present knowledge, was a slowly progressing disease of the vermiform appendix showing various stages and grades of inflammation, often lasting for years, often healing spontaneously, but mostly, however, progressing. The constantly returning recurrences were characteristic. Sometimes after even severe symptoms the appendix would be found but little changed. Chronic catarrh made the process rigid, adherent, and thickened. Adhesion took place to the surrounding parts, the contents were emptied with more and more difficulty, coprolites or pus collected in the pouched parts. Infection might be associated with any stage, and might lead to foudroyant symptoms; infection might prove fatal so quickly that there would not be time for gangrene to take place, but an acute purulent oedema would be found. Sometimes the symptoms would be very slight, but they were never absent altogether. Sometimes they had been misinterpreted, attributed to the stomach or liver, or there would be slight pain with attacks of partial obstruction or diarrhoea that had attracted no attention, or, on the other hand, moderate swelling of the mucous membrane might cause violent pains. The disease was characterised by the so-called appendix colic, with a tendency to diarrhoea or constipation in the free intervals, pain in the ileo-cæcal region, fever, and a gradually increasing resistance, caused by exudation. The addition of complications or infection naturally changed the picture according to the nature of the addition.

Austria

[FROM OUR OWN CORRESPONDENT.]

VIENNA, June 19th, 1896.

MUSCULAR HERNIA.

THIS was a peculiar case of a young man who sprained himself two years ago when lifting a weight while following his daily avocation, though on this occasion he heard a crack, with subsequent pain and swelling on the inside of the thigh 4 centimetres below the pubic arch. In the act of adducting the leg the swelling greatly increased, jutting forward like a hen's egg.

Meinlechner made an incision about 10 centimetres long over the prominence, and cutting down on the muscle, discovered the tear in the tissue of the adductor longus. The ruptured parts of the muscle were coaptated and united with stitches, finally closing the superficial parts of the wound with perfect success.

The same operator related how he had removed a number of lipomata from neck, face, and body in the same individual.

PROMINENT EARS.

In another case of projecting ears a cosmetic operation was performed, with surprising success, where a pair of donkey ears were transformed into a pair of respectable human auricles by the removal with the chisel of a

part of the mastoid bone, the soft coverings being held aside during the operation.

LUPUS.

Notwithstanding the commendations of less heroic measures in the treatment of lupus, Professor Lang holds tenaciously to the excision method of dealing with this disease. The success of his operation certainly vindicates his enthusiastic advocacy. The difficulty of the operation, he affirms, is only in the situation of the operation at the orifices of canals where skin and mucous membrane meet, such as mouth, nose, ear, genitals, or arms. He describes the necessity of having to decorticate the ear to protect the cartilage from the progressive erosion that accompanies the disease. In such cases a double operation is necessary, first, the removal of all trace of the disease, and secondly a plastic or cosmetic operation to restore the original appearance. This was well illustrated in one case where repeated attacks on one cheek, involving the nose, and lip below, with dacryocystitis above, had been ingeniously restored by plastic operations.

DECIDUOMA MALIGNA.

Neumann brought forward a specimen from Schauta's Ward, of a deciduous malignant tumour. This affection may be considered as rare, although the malignant formation may take place after a normal confinement, abortion, or tubular pregnancy as a cystic mole. The age of the individual or number of pregnancies have no apparent importance in the formation, but it is evident that profuse hæmorrhage, endometritis, &c., favour the primary morbid changes. The phenomenal changes sometimes take place immediately after the retention of the lochial discharge, in others they may not appear for several weeks. In most cases this is accompanied with great anæmia, while the tumour can be observed rapidly increasing. Degeneration with metastasis in the lungs, hæmoptosis and intense cachexia to speedily destroy life. The early recognition of this accident was an absolute necessity for successful treatment. In the diagnosis, hæmorrhage, enlargement of the uterus, patency of the cervical canal, and the consistence of the tumour are the clinical points in diagnosis. Excochleation and microscopical examination of a portion of the tumour may verify the necessity of undertaking an operation of total extirpation of the uterus before metastasis commences. The pathological anatomy of the tumour is described by different observers as being varied in origin. Its immediate point of origin appears to be the internal wall of the uterus, forming an irregular substance on its surface which penetrates like polypi into the small structure forming a succulent reddish grey deposit. Sängner first recorded the structural element in 1889 which he considered was developed from the decidua, although many other authors were inclined to view it as a sarcoma arising from the chorion cells.

The Operating Theatres.

ST. THOMAS'S HOSPITAL.

OVARIOTOMY.—Mr. BATTLE operated on a woman, æt. 60, for tumour of the abdomen which had been noticed for about three months. The patient was a very stout woman who had borne several children. She had only noticed the enlargement of the abdomen but had had no pain or discomfort, she had consulted her doctor simply on account of the enlargement. He told her that she had an ovarian tumour and must undergo operation. On admission to

the hospital the patient was in good health though very stout. The tumour, about the size of her head, could be felt on the left side of the abdomen. It was rounded in outline, dull on percussion, fluctuating and very movable. When she lay on the right side the sensation of *ballottement* could be easily obtained. The hand could be introduced between the tumour and the pubes. The rest of the abdomen was quite resonant, there being no abnormal dulness anywhere excepting near the region of the tumour. When the patient lay on her back the umbilical region was the most prominent. Examination per vaginam showed the vaginal orifice to be much contracted as the result of a former destructive process probably sloughing after the last confinement. The uterus was freely movable and quite normal; the tumour could be moved quite independently of it. At the operation it was found that the tumour was a multilocular one, as had been anticipated, and that it was attached to the right side of the uterus, although it had always been noticed on the left side of the abdomen. A Spencer Wells' trocar and cannula was used to diminish the size of the large cyst, and was then passed from the same opening into other cysts around. The wall of the cyst was very friable and tore, allowing some fluid to escape, as also was the wall of another cyst in the upper part of the tumour. The fluid was, however, taken up by the sponges placed around. The incision, which was about four inches long, permitted the remaining portion of the tumour to be withdrawn; the pedicle was then ligatured in two parts with silk, the first ligature being made to again encircle the whole pedicle. The peritoneum was carefully cleansed with sponges, the omentum drawn down over the intestines and the wound closed. The peritoneum and sub-peritoneal tissue and the fibrous sheath of the rectus were closed with interrupted silk sutures, in one layer, the skin and deep layer of fatty tissue being closed by a second row of fish gut. The usual dressings were applied. Mr. Battle remarked that the case was one which presented no difficulty in diagnosis. The patient was extremely stout, and, therefore, not particularly favourable to undergo an important operation, but her obesity did not suffice to hide the characters of the tumour. The interesting point about the case, he thought, was this: that although the tumour had always been noticed on the left side, it was growing from the right ovary. The point which was noticeable on opening the peritoneal cavity was the escape of a considerable quantity of ascitic fluid; this accounted for the ease with which *ballottement* could be obtained, but it was curious that so little evidence had been given of its presence before. The operation was rendered more difficult by the great depth of the wound owing to the deposit of fat in the abdominal wall.

MIDDLESEX HOSPITAL.

RUPTURE OF AN OVARIAN CYST SIMULATING A MALIGNANT TUMOUR OF THE BELLY.—Mr. BLAND SUTTON operated on a woman, *æt.* 40, admitted into a medical ward for ascites and hydrothorax. On physical examination a large solid mass was made out in the right side of the belly surrounded with much free fluid. The right half of the chest was filled with fluid, and respiration was so hindered that paracentesis thoracis was resorted to with marked benefit. As the fluid did not re-accumulate Mr. Sutton was asked to see the patient, and he strongly recommended the adoption of celiotomy. The abdomen was opened in the usual way and a large quantity of mucus of the density of size was drawn out by handfuls.

A large, semi-solid ovarian adenoma was then detected; the incision was prolonged nearly to the ensiform cartilage, and after the adhesions at the pelvic brim had been detached the mass was extracted and its pedicle secured. Some large vessels which bled freely along the margin of the mesometrium, were secured with silk. The remainder of the mucus was removed with sponges. The serous surface of the intestines was covered with a deposit resembling partially boiled sago; this was derived from the mucoid stuff which had exuded from the adenoma. The wound was closed by the triple method and a small india-rubber drain was introduced into the pelvis. The wound was dressed with iodoform gauze, charpie and a flannel binder. Mr. Sutton stated that he operated in this case because he had learned long ago that the association of free fluid in the belly and an ovarian tumour was not a sure indication of malignancy. Happily it transpired in this case that the free fluid was due to rupture of a loculus of the adenoma and the jelly-like stuff, too thick to be absorbed into the circulation and then excreted by the kidneys, had slowly accumulated in the belly and simulated ascites. In the last ten years, he remarked, he had operated on a score of cases in which a precisely similar state of things existed, and in one case he had operated and removed an adenoma, with an abundance of free jelly-like stuff in the belly: the remaining ovary was to all appearance healthy. Three years later the same patient again came under his care with a large adenoma and a collection of free jelly-like stuff in the belly.

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“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, JUNE 24, 1896.

SPLenic ANÆMIA.

UNDER the general head of splenic anæmias most text-books describe, more or less vaguely, a number of

affections characterised by anæmia in association with an enlarged spleen. For the present these may be roughly divided into Hodgkin's disease, leucocythæmia, and, finally, splenic anæmia, properly so-called. This term of splenic anæmia has recently been introduced, not merely to indicate mere anæmia with enlarged spleen, but to designate a peculiar and still obscure condition in which, among other symptoms, there is more or less pronounced anæmia and an enlarged spleen, the distinguishing feature of this particular disease being the absence of anything approaching leucocytosis. With this definition before us it is obvious that the diagnosis must rest largely, if not entirely, upon repeated and careful microscopical examinations of the blood by the latest and most approved methods. In this disease the enlarged lymphatic glands which *inter alia* stamp a given case of anæmia with enlarged spleen as Hodgkin's disease, are wanting and the large increase in the proportion of white corpuscles which characterises leucocythæmia is conspicuous by its absence. These cases were formerly described as pseudo-leukæmia, but such a description is very misleading because it leads one to infer that there is some pathological relationship between splenic anæmia and leucocythæmia which has been satisfactorily shown not to be the case. It was in order to clear up the confusion which has been creeping into medical literature by the abusive use of the term splenic anæmia that Dr. West brought forward a typical case, and discussed the whole subject in an able paper read at the last meeting of the Royal Medical and Chirurgical Society. Splenic anæmia, properly so-called, commences insidiously with gradually increasing weakness, associated with occasional pains in the splenic region. Later, the anæmia usually becomes more marked and the enlargement of the spleen becomes a very prominent feature of the case. Ultimately, and usually within a year or so, the patient reaches a final stage of cachexia culminating in death. Such cases are rare and do not generally come under observation until the second stage has been reached. The patient then presents marked anæmia with an extremely enlarged spleen, the temperature is raised, the pyrexia being of the continuous type. As the disease progresses a marked tendency to hæmorrhage is developed. Under the microscope the number of red corpuscles is seen to steadily diminish and the hæmoglobin value of the blood falls in a corresponding ratio. The difficulty of establishing an absolutely certain diagnosis is considerable because it has not only to be distinguished from the maladies already referred to, but also from malarial and syphilitic affections of the viscera. The uncertainty of diagnosis was amply proved by the fact that of the comparatively large number of cases adduced by those who took part in the discussion on the occasion referred to, quite a large proportion obviously belonged to some other category, indeed, in several, the essential precaution of examining the blood was not even attempted. The disease is stated to occur at any age, but to be commonest in adults and in males. It is, however, doubtful whether the pathology is the same in children as in adults, for

in the former a certain amount of leucocytosis is the rule. The only treatment that appears to render any service is arsenic, but judging from the published reports of cases the benefit is very limited. In a few cases in which splenectomy has been resorted to the greatest relief has followed the operation, and the patients have survived, in some instances, for years. In leucocythæmia removal of the spleen has proved almost invariably fatal, hence the importance of making sure of the diagnosis before resorting to so radical a measure. It is worthy of note that in a case related by Dr. Coupland great improvement followed splenectomy performed by Mr. Gould in spite of the fact, discovered at the autopsy two years later, that the case was not of the kind suspected. The more we consider the obscurity which surrounds the pathology of all kinds of anæmia the more imperative does it appear that methodical investigations should be carried out in all cases of severe anæmia without regard to the immediate bearing on the individual case.

SCIENCE AND PRACTICE.

THE increase in the accumulation of scientific knowledge is nowhere more embarrassing in its vastness than in the comprehensive profession of medicine. Hence the busy practitioner, who has to carry on the daily warfare against disease, is hard pressed by the ever-growing difficulty of adapting the latest advances of science to the immediate wants of the sick and the consulting rooms. In the old days the average well educated practitioner would be content with a knowledge of the chemical and microscopical tests of urine, blood, vomited matter, and a few similar points of clinical routine. But nowadays the needs and necessities of minute investigation are far wider and more exacting. A generation ago the extraction and demonstration beneath a cover glass of the *acarus scabiei* would have satisfied the most advanced standard. At the present moment, we should not be in the least surprised by the appearance of a monograph dealing with the parasitic diseases of the itch-mite itself. The familiar lines:—

"And little fleas still smaller fleas have on their backs to bite 'em,

And these again have smaller fleas, and so on
ad infinitum,"

have in the whirligig of time become simply a statement of sober truth. It is the case of the "little fleas" as investigated by the biological tests of our bacteriological laboratories that constitutes one of the rocks ahead of every-day practice. Supposing a case of early diarrhoea to come under observation. A doubt exists as to whether it is a simple or a specific malady. The only immediate test is that of the cover-glass or the culture-tube, which will speedily determine if any of the specific pathogenic organisms, such as those of enteric fever or cholera, be present. Or take the instance of doubtful sore-throat, where an early diagnosis of the condition is all-important. The bacteriological examination of the throat discharges furnishes the one crucial test. In most cases, if only on the score of time, it is impossible for the busy medi-

cal man to carry out such highly technical investigations. Hence, he has learned to an increasing extent to relegate that branch of his work to skilled specialists, who place the resources of an organised clinical laboratory at the disposal of the worker in practical medicine. To read a modern work on clinical diagnosis is to realise the enormous development of this branch of knowledge. In the older manuals, for example, the examination of the urine would be dismissed in, say, half a dozen pages: whereas in the latest published handbook on clinical medicine no less than 163 octavo pages are devoted to that portion of the subject. In short, owing to the vast growth of special knowledge, it seems that the future general practitioner will have to resort to the consulting clinician, if we may use that term, for many of the data on which he is to found diagnosis, prognosis, and treatment. In his own interests it is advisable for the medical man to obtain the support of such skilled workers in not a few cases of doubtful nature. That proposition will be readily supported by those who have a practical acquaintance with the modern handling of medical evidence in the law courts. Only a few weeks since a surgeon in the Divorce Court swore that a female respondent had suffered from gonorrhoea. "How do you know it was gonorrhoea?" was the next question of the cross-examining counsel. In reply, the witness ran through a list of the usual signs and symptoms of the condition, but was forced to admit that they might also be due to non-specific vaginitis. Had he been able to state that a bacteriological examination of the discharges revealed the gonococcus, then his evidence would have been valuable, and, to a great extent, convincing. Of course, it need hardly be pointed out that the mere presence of the specific gonococcus does not necessarily imply sexual transference, as the organism is found in purulent ophthalmia and other conditions, such as the non-specific vulvitis of children. Still, under certain circumstances, its discovery would constitute overwhelming contributory evidence. On the whole, it is fortunate that medical men are able to accept with confidence the facts furnished by the skilled laboratory workers. Such a result emphasises the exactitude and infallibility of some fields of scientific work. The great problem now before medical authorities is how to preserve the balance between the science and the practice of medicine as regards the standards to be fixed for examination purposes.

PRESCRIBING BY PHARMACISTS.

THE Council of the Pharmaceutical Society of Ireland debated at some length, at a recent meeting the editorial observations made by the *MEDICAL PRESS AND CIRCULAR* with reference to an inquest recently held upon a child which had died from neglect, having been physicked by a pharmacist who had never seen the patient, and who simply prescribed, upon hearsay evidence, over the counter. The remarks of the President and other Members of the Council were gratifying, inasmuch as they admitted the fairness of

the spirit in which our criticism was conceived, and because the President explicitly stated that—

"He expressed the feeling of his colleagues when he declared that pharmacists had no right to engage in counter-prescribing, and that the Council had no sympathy with the practice. They had no excuse for it in Dublin, as the medical men did not make up their own medicines but wrote prescriptions and left the compounding to the chemist. Therefore, the chemist should be loyal to the doctors and leave them the prescribing to do."

We do not, however, quite concur in the plea of the President that the Pharmaceutical Society has no power to discourage counter-prescribing. We are aware that the terms of the Pharmacy Act do not give the Society authority to prosecute or to punish its licentiates for so doing, although it is expressly stated by the Act that prescribing is legally declared to be outside and beyond the function of the chemist. Nevertheless, we think that the Council might do a good deal, short of prosecution, to prevent the abuse. It would, for instance, we believe, be within its powers to exact from all candidates for licence a formal and solemn written declaration not to engage in any practice which they are not authorised by the Act to adopt, and if the Council should find any licentiate breaking this promise it might officially remonstrate with him, and, if he persisted, might publicly express its disapproval of his conduct. We apprehend that such moral suasion as this would be almost as efficacious in preventing counter-prescribing as any actual penalty which might be imposed. The President further said that the person through whose counter-prescribing the child died—

"Did not claim the right of prescribing under the Pharmacy Act, but on account of his training in his father's shop. Many apothecaries left their shops to apprentices, who prescribed for persons who came in."

We submit that it does not matter what may have been the ground of the totally illegal "claim" to prescribe; the person who put forward that claim is a pharmaceutical chemist, and the Society remains morally responsible for his acts if it omits to exercise such powers as it possesses to control them. There is no analogy with the case of the apothecary assistant, because the apothecary master possesses the right to prescribe, and, very improperly and negligently, delegates that function, temporarily, to an assistant for whose acts he remains fully responsible, whereas the chemist has no right to prescribe, either in himself, or delegated by anyone. Lastly, we would observe that the President is under a total misapprehension if he supposes that the Irish Apothecaries Company has any power to prevent prescribing by unqualified persons. The authority is possessed by the English Apothecaries Company by its Act but is not given to the Irish Company by any law. We devote special attention to this matter because we believe that counter-prescribing by chemists in Ireland has grown, and is daily growing, to formidable dimensions, and that it is largely practised, to the full knowledge of the leaders of the Society, who, though they will not pursue that trade themselves, take no steps to check it in those

who are under their jurisdiction. The authority of the Council may not be as large as we should desire to see it, but it possesses great moral power, and we confidently hope that it will exercise that power so that no one shall be able to say that it connives at the offence which it publicly condemns.

Notes on Current Topics.

The Control of Quack Practice.

WE recently called attention to the refusal of magistrates to convict certain persons who had placarded themselves as M.D., U.S.A., and with other similar titles, it being held by them that such affixes did not amount to a representation that the person using them was qualified. Manifestly this was, on the face of it, a very serious decision, considering that, if it were allowed to stand, it would admit to practice all manner of quacks with titles misleading to the public. The General Medical Council has, therefore, thought it necessary to take the opinion of its legal adviser as to the expediency of applying for an amendment of the Medical Act. The reply of Mr. Muir Mackenzie deserves to be reproduced for the information of the profession:—

I think that any such proposed legislation would be involved in considerable difficulty. I have attempted to draw more than one clause for the amendment of the law as enacted in Section 40 of the Act of 1858, but I have found it a very difficult task. Any such clause would, I think, lead to very considerable discussion in Parliament which might have the effect of ultimately weakening some extremely beneficial provisions. I cannot agree that there are such difficulties in the way of securing a conviction as makes it necessary that there should be an attempt at further legislation. I think that in a case presented to the courts before a strong and competent tribunal, there is no difficulty in securing a conviction. From my experience of the cases in which I have personally been engaged as counsel, no serious difficulty has been found in a case in which the charge is carefully framed, and also in which the evidence is careful and abundant, and also, I am bound to add, in which one has a sufficiently strong tribunal. The tribunal to whom one has to go is a justice of the peace; and I am not wanting in respect to that body if I say that the quality of justice administered by justices of the peace all over the country varies considerably. Now, the misfortune of these two cases, in my opinion is, that they will afford a handle to weak magistrates to dismiss charges made under Section 40, and so far as one of the cases was a decision that a person might assume the title of M.D. with U.S.A. attached to it, with impunity, it was a very unfortunate decision. But, on the other hand, one may contrast with these decisions the decision in the case of Steele against Ormsby, where a person signed himself M.D. with Bc. (signifying Botanic) attached to it, and no difficulty was experienced in obtaining a conviction. In *Regina v. Baker*, where a person with an American degree signed a certificate M.D., no difficulty was found in obtaining a conviction; and in the case of Ferdinand, where a man assumed the title of M.D., U.S.A., no difficulty was experienced in obtaining a conviction and the fullest possible penalty. In addition to those cases, no difficulty was experienced in obtaining convictions in some cases in which the practitioners had been removed from the *Register*, and had had their qualifications taken away by the Bodies which had

granted them, and who had yet continued to assume the titles granted by those Bodies. In one of those cases it had been contended that it was not illegal for the practitioner to assume a title which had been originally granted to him, although it had been taken away, but that contention was dismissed by a very strong magistrate, and a conviction was secured. The one case upon which one of the judges expressed opinion that a decision ought, if possible, to be obtained, was the case of a person who is struck off the *Register*, but whose registrable qualification is not taken away by the qualifying Body which granted it, and who continues nevertheless to practise under that qualification. There is a strong dictum of Lord Coleridge in the case of the *Queen v. Baker* that a person who so practises is practising in circumstances which imply falsely that he is registered in respect of the qualification which he assumes. But suffice it to say that the cases of Frikart and Bridgewater did not present that particular point of law in a form in which it could be conveniently decided by the High Court. I venture to think that the breakdown of these two cases was a breakdown mainly due to the way in which the magistrate dealt with it, and is by no means such a serious matter as is thought. On the other hand, I venture to think that any proposition to amend legislation would be embarking upon a very troublesome and risky adventure, and my opinion is that there is no present necessity for it.

This is a safe, but to the profession, scarcely a satisfactory opinion. It amounts to a suggestion that any one who wishes to protect the profession against the ravages of quacks had better go to the High Court and not to the magistrates, but that, in any case, the General Medical Council had better not burn its fingers with attempts at amending legislation lest inconvenient questions might be asked respecting other medical affairs. The only persons who will suffer by adopting these sage suggestions are the Medical Defence Union, which would have to pay in the High Court ten times the cost of prosecutions in the inferior Court, and the general practitioner, who will be obliged to endure the competition of the quack until money can be found to carry the matter into the more expensive tribunal. It seems to us that, if the General Medical Council acts upon this advice, which no doubt it will do, the only course for the Medical Defence Union is to force the hand of that body by introducing a Bill of its own. The British Medical Association is the organisation naturally indicated to undertake such work, and we presume that it will see that the time has come for it to do so.

Dangers of Gynæcological Practice.

ONE of those legal inquiries which frequently illustrate the risks of medical practice, and which should serve as a warning to practitioners, was held in the Dublin police courts last week, when an application was made to the magistrate to accept informations against Dr. Auchinleck, Physician to Mercer's Hospital, charged with a criminal assault upon a female patient at his own house. Without entering into details it is sufficient to say that the complainant completely failed to establish even the probability of the truth of her story, and the magistrates refused to receive the informations. Upon the investigation of the woman's allegations her case entirely broke down. In the first

place the offence was alleged to have been committed on the 20th of January, and was not brought to trial until five months afterwards. An attempt was made by the prosecution to explain this delay by saying that successive solicitors and lawyers were all this time considering whether a civil action would lie, but such a plea was evidently inconsistent with the expressed determination of the complainant to avenge instantaneously her injured virtue. Then again she asserted that she was accompanied by another woman, but it was flatly sworn by the servant and the doctor that no other woman was there, and that, in fact, no such person was known by them to exist. Lastly it was admitted that, after the alleged commission of the offence, the complainant left the house without making any noise or complaint, although the servant was waiting in the hall and the other members of the family were within call. Judging the complainant upon her own testimony and not at all upon that of Dr. Auchinleck, or of the Master of the Rotunda, or of Dr. More Madden, who gave evidence on his behalf, it seems to us that the refusal of the magistrate to put Dr. Auchinleck on his trial was fully justified. That gentleman is entitled to our sympathy in having been forced to defend in open court a charge for which no proofs worthy of the name could be produced. Dr. Auchinleck has suffered great distress of mind, much loss of money, and considerable public opprobrium, and his sole compensation is that he has cleared his professional character; for persons who make such accusations are rarely open to legal proceedings. But it might have been worse. Some of our readers may recollect that, many years ago, we took up the case of a humble practitioner in Manchester who was not only accused of a similar offence, but was convicted and sentenced to eighteen months imprisonment. Yet when the circumstances were further investigated upon pressure by the MEDICAL PRESS AND CIRCULAR and the local members of the profession, the Home Secretary concluded that there had been a miscarriage of justice, and the poor man was magnanimously "pardoned" for a crime never committed, but for which, nevertheless, he had served five months hard labour. An organisation for the defence of medical practitioners against black-mailing attacks would serve an excellent purpose but would be difficult to work, and we apprehend that no effective remedy is available for similar attacks in the future.

Surgeon-Captain Fowler's Case in the House of Commons.

SIR WALTER FOSTER, in the House of Commons last week, made an earnest appeal to the Government to reconsider the case of Surgeon-Captain Fowler. It will be remembered that this officer was called upon to retire from the Service by the War Office, without any official inquiry into his case in the nature of a court-martial. The injustice of the proceeding was self-evident from the first; and in the discussion in the House which followed Sir Walter Foster's speech many of the speakers expressed their disapproval of the course which the authorities had adopted. The War Office,

however, sheltered themselves behind the question of discipline. They held that a breach of discipline had been committed by the officer, and consequently that no redress could be given. No charge was made against him of incapacity in a professional respect. It was simply that he had failed to conform to the Queen's regulations in a matter which related to military discipline. Unfortunately for the Army Medical Department, and for the Army as a whole, the House of Commons accepted this explanation, and Sir Walter Foster's praiseworthy and kindly attempt to obtain justice for a *confrère* failed. Although, perhaps, in a technical sense, the War Office are within their legal rights in dismissing Surgeon-Captain Fowler as they have done, it is impossible to doubt that they have committed a serious error of judgment in insisting upon his retirement. The circumstances under which his alleged offence was committed belonged entirely to matters which concerned the discipline of the combatant branch of the Service; that is to say although every effort is made by the War Office and the combatant officers of the Army to impress upon the officers of the Medical Department that they are merely "civilians," no opportunity is lost to visit upon the latter the pains and penalties of failure to conform to the regulations which especially apply to the combatant branch of the Service. It is really difficult to discuss this case dispassionately. Here is the War Office summarily dismissing a good officer of the Medical Department upon mere, paltry, technical grounds, and this in face of the fact that the unpopularity of the Service is such that competent young medical men cannot be inveigled to apply for the vacancies in the Service which are continually arising. We earnestly trust that Lord Lansdowne will exert his authority on the side of the Department, and teach "my military advisers" a lesson which they will not readily forget.

The Islington Board of Guardians and Vaccination.

AFTER the experience of the people of Gloucester in regard to the ravages of small-pox in an unvaccinated community, it might be thought that other Boards of Guardians would take warning and proceed without hesitation to enforce the compulsory clause in the Vaccination Act, and so give effect to the law. But such is not the case with the Islington Board, as we learn from the *Islington Gazette*. Our contemporary, in a forcible article last week, shows how sadly the Board have neglected their duty in this respect. "The mischief," says the writer, "has been going on for three or four years, and Islington has only been spared by the mercy of God from the fate which she has absolutely invited." It is then pointed out that Islington was for many years a model for the rest of the country for its sanitary precautions, and especially for its enforcement of the Vaccination Act. But while, in the progress of time, its people have not changed, its guardians have. There has been a decline in tone and in intelligence in the *personnel* of the Board, and hence crochet-mongers and faddists, of

the less informed type, are doing their best to obtain their own way to the detriment of the district. What our contemporary observes here with regard to the Islington Board of Guardians is probably the truth in respect to most of the boards which set at defiance the Vaccination Act in England. Of course, it is the popular vote which returns the half-educated and unintelligent aspirants to positions on the Boards of Guardians, and the people are thus able to have their views represented. But the policy of returning those who are faddists and who easily become the tool of the dangerous and pronounced anti-vaccinationists has lately been demonstrated to have been conspicuously harmful.

The Remuneration of Medical Officers of Health.

A RETURN has been issued to Parliament giving a list of the Medical Officers of Health appointed by County Councils. One of the most curious details in this official document is the prominence given to the fact that in the whole of Wales there is only one county, Glamorgan, the County Council of which has seen fit to appoint a Medical Officer of Health. But the same negligence is apparent in the Western Counties of England. Neither Devon, Cornwall, Dorset, Somerset, Wiltshire nor Gloucester have any public official of the kind. There are, moreover, no less than 47 Councils in England and Wales which have failed to take advantage of the privileges conferred upon them by the law in this matter. The question, however, of the various salaries paid to these guardians of the Public Health will probably afford most general interest. The payments, it is pointed out, run from £500 per annum with travelling expenses, to £1,000 without these when the officers engage to devote their whole time to the public service. There are eleven counties which pay such salaries, namely, Chester, Derby, Durham, Essex, Glamorgan, London, Northumberland, Stafford, Surrey, Worcester, and the West Riding of York. Appointments, otherwise conditioned, are made in Bedfordshire, which pays a retaining fee of 50 guineas, travelling expenses, and "suitable fees" for each inspection, inquiry, or attendance at a meeting; in Shropshire, where there is "an honorarium" of ten guineas and a "fee for any special inspection and report he may be required to make"; and in the North Riding, which has a fixed fee of £100 a year to cover attendance at quarterly meetings, and 5 guineas (to include expenses) for every other day on which the Medical Officer is required by the Council to leave home. In Cumberland the reports of the local Medical Officers are annotated and reported on for 10 guineas a year; in Leicestershire a similar service is remunerated with £50 a year; and in East Sussex there is a Consulting Medical Officer who receives 2 guineas a year. It will thus be seen from the above facts how various is the remuneration with which different counties require the services of their Medical Officers of Health. The absence of these appointments in certain counties to which attention is drawn is probably dependent upon economical grounds, but surely the important

subject of the public health is above being decided by a policy of economy.

Lunatics in Workhouses.

THE Local Government Board has addressed an important letter to the Hampstead Board of Guardians impressing upon the medical officers of the Workhouse the absolute necessity of making a careful examination of lunatics on admission to the Workhouse and on their departure from it. The Local Government Board insists on such examinations being made, and the record preserved in each case. The examination should be of such a character as will permit of the medical officer ascertaining and certifying from personal knowledge, not only the fact of the existence of any disease, but also as to the presence or absence of any bruises or other injuries. The medical officer should also in connection with his examination of a lunatic for transfer elsewhere, report not only as to the mental condition but as to the physical fitness to travel. These are very important instructions. Lunatics not infrequently come into institutions with injuries of greater or lesser import. It is sometimes a nice question to settle whether the injuries were received in the institution or outside. The fact that the medical officer examines the patient immediately on admission would at once settle this doubt. And for that reason alone this is a very important instruction of the Local Government Board. No less important is the instruction to see that the physical condition of the patient is such that he can properly be removed. From time to time scandalous reports appear in the papers of patients dying soon after removal as the result of carelessness on the part of the medical officer or other officials of the workhouse.

A Flaw in the Notification Act.

A SERIOUS flaw in the Notification of Infectious Diseases Act was last week brought under the notice of the Vestry of St. George the Martyr, Southwark. The defect was clearly stated in a special report by Dr. Waldo, Medical Officer of Health for the district. It appears that scarlet fever broke out in a children's hospital within his authority, but that the knowledge of the fact was brought to his notice merely as a matter of courtesy on the part of the hospital management. The Act provides in its wisdom that the fact of any inmate of the hospital contracting one of the notifiable diseases notice of the occurrence shall be sent to the Medical Officer of the district to which the patient belongs. That is to say, that no report is to be sent to the sanitary authority most affected, namely, that in whose area the hospital lies, and which is naturally the only one likely to enforce those proper measures of isolation and disinfection which are the logical companions of notification. It is quite evident that an outbreak of infectious disease in any institution whatever should be at once notified to the Medical Officer of the particular area in which it occurs. A more absurd arrangement than the one to which Dr. Waldo has drawn attention could hardly be imagined. That a change must be effected in this particular clause of the Act is a self-evident fact.

The Hospital Saturday Fund and the Medical Profession.

In the eyes of the public the Hospital Saturday Fund is a sound and progressive institution, full of practical good for the present and of promise for the future. On the whole, that opinion is most likely correct, but at the same time, it has from time to time appeared to us that the fund is still engaged in shaking off a chrysalis load of youthful faults and follies from its back. One such error, to our mind, was committed at last week's quarterly meeting of delegates, when it was decided to obtain a medical certificate from persons applying for chest hospital letters. The Distribution Committee proposed that such certificates should be obtained in all cases from a body known as the Metropolitan Provident Medical Association at a cost of 1s. each. We are glad to learn, however, that the good sense of the delegates insisted that the certificate of any duly qualified medical man should be accepted. In this way a gratuitous injury to the mass of general practitioners has been to some extent avoided. It may be questioned whether the Saturday Fund is empowered to spend money on medical certificates. The points raised by these proposals are so important as to the relations existing between the Fund, the public, and the medical profession, that we propose to deal with the whole question in an early issue.

The Influence of Asylum Life on the Minds of the Sane.

DR. HOWDEN, Montrose, has usually something novel and instructive to say in his annual report, and the present is no exception. He regards insanity in a great many instances as the result of insufficient nourishment. The allegation sometimes made that asylum attendants are themselves liable to become insane, the Doctor, from his forty years' experience, says is an entire mistake, but that sometimes cases are met with in which the association of the sane with the insane outside asylums seems to have had a prejudicial effect on the former. In such cases it is likely there has been a relationship between the sane and the insane, and a hereditary strain affecting both, but in asylums where there is no such thing, our experience confirms Dr. Howden's. And yet it is an experience that *a priori* one would not expect. The long hours on duty of attendants and nurses, the turmoil and strife, and the irritation of some asylum wards must be very trying to the nerves, and yet, strange to say, we do not find insanity as the result of a breakdown at any time of asylum officials.

Foreign Doctors in France.

It seems almost incredible that any serious proposal should be made, even in Protectionist France, to prohibit duly qualified foreigners practising their profession in that country. Yet such is the case, and the sense of justice and common sense among French deputies is not so conspicuous as to render the rejection of the proposed measure a foregone conclusion. There would be some sense, though very little justice, in the proposal if French medical men were cultured

linguists, but it is notorious that nowhere are foreign languages less cultivated than in France, and the medical men of French birth who can speak even passable English might almost be counted on one's fingers. It may be urged that foreigners are at an advantage compared with natives in that they are not under any obligation to devote any part of their life to military service, and in respect of Englishmen this is certainly true, but it does not apply to medical practitioners of other nationalities. The plight of the average British matron who should be constrained to seek medical advice at the hands of a French doctor would not be enviable. In no profession is tact and delicacy in the choice of words and phrases more imperative than in medicine, and these are qualities only to be acquired by long familiarity with the language. A vaudeville might be written on the ambiguities likely to result from a medical conversation under such circumstances, which would certainly be amusing though possibly more in accordance with the ethics of the French than the English stage. Perhaps the most regrettable feature of the movement is that it is endorsed by men whose eminence and talent ought to have placed them above such miserably narrow ideas. Their adhesion simply proves that petty egotism may be masked, but not abrogated, by superior intelligence and education.

Guardians' Notions of Workhouse Sanitation.

THE gentlemen and ladies who have made public complaint of the abominations of Irish workhouses have been roundly abused for so doing, and accused of gross exaggeration. Judging from newspaper reports it really appears that many guardians hold opinions on the proposed workhouse reform which will scarcely be credited to them by civilised people. The Monaghan Board might be supposed to be at least respectable in its views, yet we find in the report of its visiting committee the following statements:—

We observe that no proper provision for a supply of hot water is available for this bath, the old boiler being wasteful and taking a long time to heat. The order of the Board as to bathing casuals in water of a suitable temperature is therefore, we fear, nugatory. We call attention to the dirty condition and misuse of the bath, by the porter, who employs it as a sink for emptying water, used for washing his kitchen utensils, &c.

We notice that five dogs are kept by him in an adjacent yard.

As to the suggestion for improved sanitary arrangements, we consider that there is no reasonable objection to the system of buckets for night requirements.

There is no need for the use of knives and forks, the meat being always chopped up, so that spoons are sufficient.

The lunatic ward is very dirty, the chimney smokes and should be altered, and a new grate supplied. The paint should be washed, and the walls whitened.

It is obvious that remonstrance is wasted on a conclave, which is not moved to action by an official report that—(a) No hot water bath is to be had. (b) The bath is used as a sink. (c) No sanitary appliances exist at night, some pails within the wards, reeking with odoriferous abominations. (d) The paupers have to tear asunder their food with their fingers. Surely

it is loss of time to try to convince administrators who hold no higher sanitary aspirations than these.

The Diagnosis of Measles by the Public.

IN Dr. Matthew Hay's report for May, we notice that he complains forcibly of the reluctance of Aberdeen householders to report the occurrence of cases of measles in their families when the cases are so mild that a medical man is not called in. In order to bring the matter more directly under the notice of the public the parents, in one case, were brought into court, and fined 19s. 6d. (fines and expenses), for not reporting a case of measles. Several observations follow, written in a high strain about the intolerable wrong done to the public by such concealment and the difficulties thus created for the Public Health Department. We wonder if Dr. Hay thinks all parents competent to diagnose a case of measles, especially if very mild, or if he is of opinion that they can tell a mild case of measles, which may not exhibit to their minds sufficient symptoms of disease to warrant the taking of any precautions, from a case of German measles, which is not notifiable? Perhaps the good housewives of Aberdeen are taught to diagnose the crescentic rash of measles before marriage, and to be able to tell from the presence or absence of knotted glands in the neck or axillæ whether it is a case of the true or of the German variety. Although Dr. Hay has, probably, no intention of censuring those who do not notify doubtful cases, the logical outcome of his remarks is to show that the provisions of the Notification Act may be pressed by enthusiastic disciples a good deal further than is rational, and that in time it may be necessary for the school boards to include in their curriculum information as to the signs and symptoms of the notifiable diseases, especially when they are of a mild character.

The Charity Organisation Society and the Hospital Sunday Fund.

LAST week we made some remarks on the duties of the Charity Organisation Society. It may be well to point out one particular subject to which the society ought to direct its attention, if it is at all interested in assisting, as it ought to be, in the dispensing properly of the results of Hospital Sunday. A close scrutiny is necessary to prevent the great abuse of hospital charity, which now arises from the number of those who go to hospitals for advice and treatment who have no claims to such charity. Now that subscribers' letters have been done away with, and the great boast of a hospital is the number of its patients when advertising for funds, we think that this is a species of robbery which the Charity Organisation Society is supported to correct. The sooner the society is dissolved the better unless it reforms itself, for otherwise it must be classed amongst those offenders it pretends to expose.

THE vacancy in succession to Surgeon Major-General Patterson, Principal Medical Officer at Aldershot, is to be filled by the promotion of Surgeon-Colonel

Churchill, now serving in India, and who will come home from the Soudan Campaign for that purpose.

THE Secretary to the Colonies has learned by telegram from the Governor of Hong Kong that there were twenty-seven fresh cases of bubonic plague in the week ending June 15th, and twenty-two deaths from the plague during the same period.

DR. GEORGE MURRAY, after a close contest, has been appointed by the Governors of the Royal Infirmary, Newcastle-on-Tyne, Physician to that Institution, in succession to Dr. George Philipson, whose term of office recently expired.

SURGEON LIEUTENANT-COLONEL W. CAMPBELL, of the Grenadier Guards, has been again selected for the post of Principal Medical Officer at the Bisle Rifle Meeting.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

EDINBURGH UNIVERSITY COURT.—A meeting of the Court was held on Monday of last week, at which the Senatus reported that a new Vans Dunlop Scholarship had been instituted in Pathology and Medical Jurisprudence, and that, on the recommendation of the Faculty of Medicine, the Pattison Bursary had been assigned to the subject of Clinical Surgery.

THE DISPUTE BETWEEN ST. ANDREWS AND DUNDEE.—Still another addition to the already voluminous mass of papers relating to this dispute appeared last week in the form of an elaborate memorandum issued by the University Court of St. Andrews. The memorandum recapitulates the clauses of the Universities (Scotland) Act dealing with affiliation, the agreement made between the St. Andrews University Court and the Council of the University College, Dundee, and tells how the University Commissioners issued an order "purporting to give the alleged agreement the force of law," and then a declaration that the University Court was constituted in accordance with this order; and adds that "a number of persons accordingly met from time to time in that capacity." The protests lodged and legal action raised, which resulted in the reduction of these two orders are then dealt with, and the objections of the Court to various ordinances of the University Court are stated in detail. The Court then submit their objections to the agreement between St. Andrews and Dundee, which is at present *sub lite*. These are chiefly that the old Court had not power to enter into such an agreement, that it was never approved in its final form, that many of its articles are *ultra vires*, that after a trial of five years the agreement has proved a complete failure, that very few in St. Andrews look with favour upon it, and that there is reason to believe that the authorities of Dundee College are convinced that a union based upon this agreement is impossible. They add that, while "willing to consider proposals for affiliation (which can be equally effected without the aid of the Commissioners), or for incorporation (which the University Commissioners have no power to effect), refuse to consent to any union

such as that for which alone the peculiar powers of the Universities Commissioners are necessary, and which would be neither an affiliation nor an incorporation, but both and neither." The concluding sentences intimate that the Court are not willing to conclude any agreement as long as there is any possibility of the provisions of Ordinance No. 5 being enforced, and express the opinion that the University of St. Andrews can do better service by itself, than by joining Dundee College to engage in an experiment for the purpose of endeavouring to find out if that institution can be kept alive, "even if stimulated for a short while by the consequent ruin of St. Andrews."

A DISPUTED CONTRACT.—Lord Low in the Court of Session has closed the record in an action by J. M. Thom, M.B., C.M., formerly in practice at Crieff, now living near Glasgow on his appointment as Medical Officer under the Prison Board for Scotland, against J. R. Marshall, M.B., C.M., Dean Terrace, Bo'ness. Dr. Thom claims £500 as damages in respect of defender having failed to implement a contract for the sale of the goodwill of his practice at Crieff. It appears that when Dr. Thom was appointed to the post under the Prison Board he was desirous of selling his practice and entered into an agreement with Dr. Marshall by which he was to receive £100 at once and £50 more if the practice yielded as much during the first year. The pursuer introduced the defender to his patients on the strength of the agreement, but was surprised a short time afterwards to receive a letter from the defender refusing to implement it. The defender pleads that the bargain was never completed, and that as he was not satisfied with the information as to the practice he never completed it. The case will come on in due course before the Court and the decision will be of considerable interest to medical men on the vexed question of proprietary rights in a private practice. It may be noted that such transactions are not nearly so common north of the Tweed as they are south of it.

THE LADY-EXAMINER QUESTION IN DUBLIN.

WE understand that the Council of the Royal College of Surgeons in Ireland, considered on last Thursday, the memorial of students praying that a male examiner in Midwifery and Gynecology might be appointed in place of the lady who was chosen by the Council on the occasion of the last election. It was, we believe, resolved by the Council that the memorialists be informed that, inasmuch as a Fellow of the College, duly qualified, had been selected in conformity with the obligation imposed by the Charters, the Council could not accede to the request of the students. It should be understood that, if the Council had been ever so anxious to draw back from its selection it has no power to remove an examiner nor is it probable that it would be disposed to exercise such power if it possessed it.

Correspondence.

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

THE "HAT" FOR GUY'S HOSPITAL.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Although I am not in complete sympathy with the gratitude and satisfaction which you express because a number of well-meaning, wealthy, unthinking people have planked down £150,000 at the dinner for Guy's

Hospital, nor because our future King lent his influence and approval to the appeal, it is but just that, as I have unparaphrasingly criticised the administration of London hospitals, I ought to say that Guy's possesses the negative merit of not being quite so extravagant and unmeritorious as some of the others. Its administration (let us say) has not been able to avoid the loss of nearly one-half of its endowments, and has also frittered away the substantial sum of £100,000, which the last rotation of the "hat" yielded fifteen years ago. Let us assume that the depreciation of income from investment was no one's fault, and that the £100,000 was necessarily expended to keep the hospital running: nevertheless, I ask—What would be thought of a commercial concern which, with a rapidly falling income and no chance of a turn in the tide, would omit to retrench expenditure, and would spend its last shilling? It would be reasonably thought that such a firm would shortly become insolvent and its bankers would immediately shorten its credit. Happily for London hospitals they never become bankrupt, and their bankers, the public, never close their accounts. They may make ducks and drakes of their money and run themselves up to the throat in debt, and they have only to come back to the public, whimper over their inability to do everything that is philanthropic, and get a Royal Prince into the chair, and, forthwith, the monied innocents are found ready to pay out their thousands without the least concern where that money is going to. It is very safe to predict that the £150,000 now contributed will follow the £100,000 collected fifteen years ago and will be lost like the investment capital of the hospital, and that, in another decade, the monied admirers of Royalty will sit at another monster dinner, with the same or another Royal Prince in the chair, and will hear the successors of the present financial wire-pullers of the hospital making lamentation speeches because the institution is not able to accommodate as many of the comfortable independent shopkeepers and artisans as they could wish.

But I have said that I desire to do justice to the administration of Guy's as not being so extravagant and unmeritorious as that of other London hospitals. I find that the cost of keeping a bed in the hospital is £95 annually and the cost of every patient £5 5s. This is "dirt" cheap as London hospitals go, for I note that St. Bart's costs £131 per bed; Middlesex, £136, and St. Thomas's, £121, and in these hospitals, each in-patient costs from £8 to £10. The administration of Guy's, however, is somewhat extravagant, for I see that it absorbs £5 15s. a bed, while the London expends on the same unproductive item only £3 5s., and St. George's only £3 15s. However, in this respect, Guy's is better than King's, which costs £12 15s., and Charing Cross, which costs £10 for the same item. Comparably with London hospitals, Guy's deserves sympathy and support, but comparably with hospitals outside London it merits condemnation. The Edinburgh Royal Infirmary and the Meath Hospital, Dublin, not to speak of many cheaper and not less efficient institutions throughout Great Britain, maintain a bed for £64 and £54 respectively, while Guy's outlays £95 for the same purpose. The official administrative expenditure of the Edinburgh and the Meath is £4 12s. and £3 10s. respectively, while that of Guy's is £5 15s. I see no reason to doubt that either of these hospitals is as well kept, nursed, fed, and administered as Guy's at two-thirds the price. Yet let us be thankful for small benefits, and let us follow the fashion and cheer to the echo this most admirably-managed establishment, which disposes of £100,000 and loses half its property within fifteen years. Such an exploit certainly merits all the encomiums bestowed upon it by His Royal Highness the Prince of Wales, and the rest of the speakers at the recent symposium.

To think that £150,000 can be raised in one evening for the gratification of such extravagance, and can be only raised by making the occasion fashionable and by putting a Royal Prince into the chair, while thousands of poor workers live their lives out within a stone's throw of the hospital in a state of semi-starvation, is enough to "make the angels weep." What Pharisees we are!

I am, Sir, yours, &c.,

THE YOUNG MAN FROM THE COUNTRY.

THE ETIQUETTE OF LADY MEDICALS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR.—Your anonymous correspondent from Carlisle has found a fine mare's nest.

As I have advertised no class whatever of my own, I can only suppose he refers to an advertisement of Science Classes at the Edinburgh School of Medicine for Women, which I inserted officially as Dean of the School, by direction of the Executive Committee. As that Committee includes a late President of the Edinburgh College of Physicians, and a present Member of the General Medical Council, they are probably as good judges of Medical Etiquette as the correspondent who does not venture to endorse his statements with his signature. Moreover, the names of the lecturers were not given, and the advertisement was addressed *not* to "lady medicals," but to other ladies who might probably be interested in science, and who would certainly not be likely to see notices in any medical paper.

Lastly, I may inform "*Fiat Justitia*" (!) that it is the custom of the Extra-mural School, as a whole—i.e., of Edinburgh "male lecturers,"—to insert advertisements in the *Scotsman* before each winter and summer session, and if anyone wishes to try conclusions with them on the subject openly, and not anonymously, he will have ample opportunities of doing so.

I am, Sir, yours, &c.

SOPHIA JEX-BLAKE, M.D.

Bruntsfield Lodge, Whitehouse Loan,
Edinburgh, June 18th.

[The chief comment to be offered on this letter is that no evidence is furnished in proof of its assertions. This criticism applies equally to the original letter sent by our Carlisle Correspondent. If either the latter gentleman or Dr. Jex Blake could enclose cuttings of the newspaper advertisements to which their communications refer, we should be in a better position to judge as to the relative weight of their contradictory assertions. It will be just as impossible for our readers, in the absence of such quotations, to arrive at any definite opinion on the subject. Perhaps it would be worth while for Dr. Jex-Blake to look up a file of the *Scotsman* and let us know the exact wording of the advertisement as to the Women's Medical Class which appeared before the present Summer Session.—ED.]

THE FORTHCOMING ELECTION OF DIRECT REPRESENTATIVES ON THE MEDICAL COUNCIL.

We are asked to publish the following correspondence in the nature of replies to questions submitted by the Hon. Sec. of the Incorporated Medical Practitioners' Association, by Dr. Alderson, a former candidate for the post of Direct Representative for England.

SIR.—1. The amendments proposed by the British Medical Association meet with my approval, and with a few additions might be desirable to accept, perhaps all that could be obtained.

2. I should oppose any Bill that would create a new order of partly qualified practitioners and thus violate the principle of the Bill of '86. At the same time I am not opposed, and believe some legislation is necessary to control and prevent the present unlicensed (and in many cases the lamentably ignorant) practice of midwives in poor neighbourhoods. The midwife should be known and legally described as an obstetric nurse, and the term midwife should never be used officially, and in my opinion it is desirable that the practice of obstetric nurse should be under the supervision and control of the general practitioner, and in the present crowded state of the profession is quite feasible.

I am in favour of the suggestion of Dr. Fraser as mentioned in the *Lancet* of Feb. 29th, and especially as to the registration of still-births.

3. I am strongly opposed to "Medical Aid Associations" that make a profit of the skill and labour of their Medical Officers, and which canvass from door to door.

It is this practice that has proved so inimical to the interests of the general practitioner, but, in my opinion, the only effectual remedy is to render the practice illegal by the General Medical Council.

4. I have advocated in my speeches and writings for many years for an increase of the number of Direct Members of the General Medical Council, and this effort shall have my strong support.

FREDERICK H. ALDERSON, M.D.

Hammersmith, W.,

June 16th, 1896.

Obituary.

SIR THOMAS G. LOGAN, M.D.

DECEASED, who was formerly Director-General of the Army Medical Department, died last week at the ripe age of 88. His diploma of L.R.C.P.Ed., was obtained so far back as 1827, and the degree of M.D. Glasgow, in 1828. He entered the Army Medical Department in the latter year, being appointed an Assistant Surgeon in 1830. He became full Surgeon in 1842, and served in the Sutlej Campaign of 1845-46 with the 53rd Regiment, was present in the affair of Buddiwal, and took part in the actions of Aliwal and Sohraon, for which he had the medal and one clasp. Appointed a Surgeon-Major in 1852, he went out to the Crimea in 1855, serving at the siege of Sebastopol, and was present at the taking of the Quarries on June 7th, at the assault a few days later, and, as Principal Medical Officer of the Highland Division, at the final assault on September 8th. For these services he was awarded the medal with clasp, the Fifth Class of the Medjidie, and the Turkish medal. He reached the rank of Inspector-General in 1859, was Director-General of the Army Medical Department from 1867 to 1874, being created a K.C.B. (Military Division) in 1869, and was placed on the retired list in April, 1874. He had been hon. physician to the Queen from 1859, and he was a Fellow of the Royal College of Physicians, London, from 1867, and hon. Fellow of the Royal College of Surgeons, Ireland. Sir Thomas Logan, who married, in 1858, Christiana, only daughter of the late Colonel Welford, late of the Royal Staff Corps and School of Musketry, was a Fellow of the Royal Geographical Society, and on the Royal Patriotic Fund Commission.

Literature.

TWENTIETH CENTURY PRACTICE. (a)

THIS second volume of the great storehouse of information for the practitioners of the coming age has pleased us more than the first. The articles seem to us to be more symmetrical in structure—better rounded off, and with less unnecessary dovetailing or objectionable overlapping. They are disposed as follows: "Addison's Disease and other Diseases of the Adrenal Bodies," by Sir Dyce Duckworth, London; "Diabetes Mellitus," by Carl von Noorden, Frankfurt-o.M.; "Rheumatism," by T. J. MacLagan, London; "Gout," by Henry M. Lyman, Chicago; "Arthritis Deformans," by Archibald E. Garrod; "Diseases of the Muscles," by Dujardin-Beaumetz, Paris; and "Obesity," by M. J. Oertel, Munich.

Sir Dyce Duckworth's account of Addison's disease is, as all of us who are acquainted with his former works would have expected, characterised by discriminating care and conscientious accuracy. Symptoms are described with a degree of clearness which we do not often meet in the literature of the present day. With regard to the nature of this mystical disorder there is still scope for further enlightenment. "We are confronted with the strange fact that mere destruction of the adrenals is not of itself a necessary cause of true Addison's disease." ". . . We

(a) "Twentieth Century Practice: An International Encyclopaedia of Modern Medical Science by Leading Authorities of Europe and America." Edited by Thomas L. Stedman, M.D., New York City. In twenty volumes. Vol. II—Nutritive Disorders. New York: Wood & Co. London: Sampson, Low, Marston and Company. 1896.

have to account for cases in which melasma occurs, as a leading symptom, without any obvious disease of the adrenals." "It has to be confessed that with increase in our knowledge both of the nature and symptoms of this malady no corresponding improvement has been made in respect of its treatment." The reader, under such circumstances, will hardly, we think, be led to over-estimate the amount of "increase of our knowledge." The practitioners and pathologists of the twentieth century will probably have something left for them to discover in the domain of adrenal etiology.

Dr. Carl von Noorden has certainly treated the fertile subject of Diabetes Mellitus with the exhaustive thoroughness which characterises the best work of the combined Professor and Physician of the highest German centres. The reader will find here everything that is known on the subject, and the article is followed by a splendid bibliography; still, on turning back over its pages, we feel pretty exactly as we felt on concluding the perusal of the preceding one—that certainty as to either causation or treatment will hardly be attained on this side of the coming age.

We have something more definite to grasp and grapple with in the case of "Rheumatism"; and this very important subject is very fully treated by Dr. MacLagan, the great modern apostle of salicyl therapeutics. He speaks with full confidence of the power of this mode of treatment in preventing the terrible cardiac complications—if commenced in good time and carried out with rigorous decision. "Thirty grains [of salicin or salicylic acid] should be given every hour till the temperature is normal and the pain gone." He does not claim so decided a curative action, if the valvular lesion has once been established. The subject of rheumatic hyperpyrexia is discussed at length, and the results of clinical study and of theoretical investigation are fairly well displayed for the advantage of the reader; but we fear that the twentieth-century practitioner will not feel edified by the perusal of such a clause as: "Heat is an excretory product requiring to be eliminated."

The discussion of "The Relation of Rheumatism and Chorea" revolves around the axial statement that, "Rheumatism is essentially a disease of the motor apparatus; chorea is essentially a disease of the motor centres."

We have a greater amount of combined pleasure and instruction from the perusal of Dr. Lyman's article on "Gout" than of any of its predecessors in the pages of the "Twentieth Century Practice," although presenting in its opening sentence a bit of *arthritic* Greek composed in rather *philhellenic* type. His style is well characterised by the vividness of description and lightness of touch which we have been taught to look for in the higher class of the scientific literature of America. The result is that he exhausts his subject without exhausting his reader.

In a correspondingly exhaustive manner, but in a somewhat more tedious style, Dr. Archibald E. Garrod deals with "Arthritis Deformans." We think highly of it; and this is something, for we know the disease—from personal experience.

The articles on "Diseases of the Muscles" and "Obesity" have been prepared with great care by the respective authors. We have been, upon the whole, greatly pleased with this second instalment of "Twentieth Century Practice."

OLIVER ON PULSE-GAUGING. (a)

THE accident which has delayed our review enables us to speak with greater advantage of the excellence of this original work. Based upon studies performed with the help of the arteriometer and the pulse-pressure gauge—instruments which bid fair to become indispensable in clinical work—the contents of this compact volume may be described as from first to last original, with an essentially clinical scope. The instruments and their mode of employment are described, and the author proceeds to report his results in health and disease. Of great importance to physiologists are the observations made as to the

variations in the calibre of healthy arteries under varying influences, such as temperature, digestion, posture, and muscular and cerebral activity. Still greater practical value is offered to the clinical physician in the determination of the variations in calibre due to pathological causes. These observations afford valuable help in diagnosis, and particularly in the diagnosis of chronic kidney disease, arterio-sclerosis, myxœdema, acquired syphilis, and chronic gout; all of which abolish the normal variation in calibre under changes in posture, probably, as the author thinks, owing to structural changes in the vessel wall. With the help of the arteriometer, the physician would be in a position to recognise with the greatest ease the presence of these important changes, and would readily identify their cause. Illustrations are given of the diagnostic value of the restricted or amplified postural variations, and obvious deductions are made bearing upon treatment.

No less important is the estimation of pulse tension by Oliver's pulse-pressure gauge, which is constructed much on the same principle as the arteriometer. For both instruments it may be claimed that they are small and handy, and easily managed—a strong recommendation with all those who have worked with more complicated although not equally delicate forms of apparatus. We have long been familiar with the idea of estimating the tension of the pulse, and with the value which must be attached to its determination, but hitherto we have failed in the means of obtaining its absolute value. This, the pulse-pressure gauge professes to do, and the observations which Dr. Oliver records possess, in consequence, weight not equalled by the usual clinical statements as to the pulse tension in given cases.

The author informs us—and it need hardly be insisted on—that this is but an early instalment of results which it is hoped may acquire considerable development, especially if the practical methods suggested are widely employed. At any rate, no physician should be without the practical help which the book itself conveys, and we may hopefully predict that the employment of the methods suggested will, in most cases, be a consequence of its perusal.

BOURNEMOUTH IN LUNG TROUBLES. (a)

THE Author says, in his preface, "Physicians are now beginning to recognise the inadvisability of sending all consumptives out of our own country in search of pure air."

Doubtless, to a large extent, this is true; the fact being that many foreign health resorts for the consumptive have been greatly over-valued as to any curative powers they may possess. Physicians, as they learn this from experience, become much more cautious and prudent as to the class of patient they may send abroad, looking rather to prevention of threatening disease than cure of actual chest mischief by a stay in a foreign health resort.

At page 15, Dr. Milner shows from good authority that the climates of elevated regions such as Davos Platz, St. Moritz, &c., are quite unsuitable for the majority of consumptive invalids.

Chapter II deals specially with Bournemouth and its climate, its dry porous soil, and balmy pine forests. The rest of the chapter speaks of the drainage, lodgings, and hotels at Bournemouth, and tells that which we think will be fully accepted by those who have had experience of a residence in this favoured watering-place.

The subsequent chapters in the book treat briefly, but concisely, of the diseases of the larynx and chest generally, giving hints at the close of the chapter on the suitability of Bournemouth to these cases.

At page 67, we have some remarks on asthma. We are told that Dr. Williams considers that 80 per cent. of cases of asthma are due to bronchitis. What is said on the treatment of asthma is good, though the citrate of caffeine, so much extolled by Dr. Thorowgood and some others, obtains very scant notice as a remedy. What, however, impresses us most is that nothing is said of the excellent effect that the Bournemouth climate has over

(a) "Pulse-gauging: A Clinical Study of Radial Measurement and Pulse-pressure." By George Oliver, M.D.Lond., F.R.C.P., author of "Bedside Urine Testing," "The Harrogate Waters," &c. London: H. K. Lewis. 1895.

(a) "Bournemouth in Lung Troubles. A Summary of Diseases of the Air Passages and their Treatment, with special reference to the air of Bournemouth as a Curative Agency." By Vincent Milner, M.B., M.Ch. Univ. Edin., pp. 196. London: Baillière, Tindall and Cox, 1896.

many cases of bronchitic asthma. we are not wrong, many chest specialists could supply examples of the curative influence of Bournemouth and its pine climate in some of these cases.

The remaining chapters of the book deal with the management of chronic bronchitis and phthisis, and contain much information as to the prevention and cure of these diseases. The printing and general "get-up" of the book is most commendable, and the illustrations well and carefully executed. Dr. Yeo's inhalation respirator, perhaps, might be a little puzzling at first sight to those not familiar with this instrument. The frontispiece view of Bournemouth Foreshore is one that will be well appreciated by all who are familiar with the pretty and, usually, sunny prospect.

ST. BARTHOLOMEW'S HOSPITAL REPORTS. (a)

THE volume commences with two obituary notices. One of Sir William Savory, which, although, in no way flattering to the great surgeon—who stood amazed and amused at the paraphernalia which ushered in antiseptic surgery—they recalled Hogarth's picture of the apparatus for drawing a cork, three men were able in four hours to pull a cork, and, yet, as the inventor explained there was not an unnecessary screw or lever in the machine. Sir William Savory very properly believed that the antiseptic dressings were redundant; but he promptly recognised the value of aseptic surgery, and in the exercise of his art was inferior to none; which latter fact the authors of the obituary freely acknowledge. The more than fifty and five years of Mr. Mark Morris's faithful servitude at St. Bartholomew's deserved and has received a kindly notice from an old friend, one who knew Mr. Morris's gentle nature and appreciated his courteous manner of carrying out his duties.

Of the twenty-five contributions to the report we can only refer to those of more than usual interest, and we would draw attention to Mr. Richard Gill's paper on the "Mechanical Factor in Chloroform Anæsthesia" which we should like to see reprinted in pamphlet form, and a copy sent to every hospital in the country. If its wise precepts were followed the heading, "Death from Chloroform" should appear less frequently.

"The "Physiological Aspects of Disease" is a thoughtful paper on the adaptability of viscera to altered environment, by Dr. Campbell, and the author enlarges on the views which the late Dr. Wm. Stokes was so fond of enunciating at his clinical lectures on structural diseases of the heart.

Mal des Montagnes.—A rather long paper from Dr. Hepburn is noticed as being one of the few accounts of the disease we possess, though there are many short sketches, and most mountain climbers incidentally refer to it. Dr. Hepburn arrives at the conclusion that—"The symptoms of *Mal des Montagnes* can all be explained by the diminution of oxygen per unit-volume." And that it cannot be recognised as existing below about 16,500 feet.

In his article "On Cell Memory," Dr. T. Clage Shaw discusses one of those interesting subjects that engages the physiologist and psychologist. The author plunges at once in *medias res* to the question—Where, or in what condition (during anæsthesia), have been all the memories, ideas, associated groupings, characteristics, all the knowledge that we recognise on its return to be much the same in character and composition as it was before? Who can return a satisfactory answer? The question will give our readers some idea of the nature of the paper. We, however, regret that space will not allow of our giving some quotations.

We cannot close without drawing attention to the statistics of anæsthetics. During the year 1894, anæsthetics were administered 5,714 times; chloroform, 2,350 times; ether 981 times; nitrous oxide gas, 1,682 times; gas and ether 701 times. That chloroform is used so much more frequently than the other anæsthetics needs no comment, the fact alone is more than worth all the hysterical babble that is poured forth in its disparagement.

(a) "St. Bartholomew's Hospital Reports." Edited by Samuel West, M.D., and W. J. Walsham, F.R.C.S., vol. xxxi. London: Smith, Elder & Co. 1896.

ASHBY'S DISEASES OF CHILDREN. (a)

A NEW edition of an established work does not call for the same critical examination as a new pretender to professional bookshelves: and the appearance of a third edition, six years after the publication of the first, still further disarms criticism. Of late years many books on diseases of children have appeared and so the evolution of a third edition suggests professional selection.

The arrangement is admirable; in spite of one author chiefly dealing with surgery and the other with medicine, there is no appearance of "crazy" work, but each subject is treated with due regard to proportion and perspective. "Tuberculosis" may be cited as an example of surgical and medical aspects being admirably fitted in, and the included paragraph on "Scrofula and Tuberculosis" may be cited as a good example of author's word-pictures.

In dealing with treatment the authors have again struck the happy mean. General conditions are discussed and treatments suggested, but there are no long lists of possible remedies like pages from a drug circular. The reader of average intelligence armed with a B.P., and Extra-pharmacopœia, or some other work of the same genus, can easily ring the changes for himself.

Dr. Alex. Williams supplies a well-written and practical chapter on anæsthetics; but why does he advise the use of a piece of lint for chloroform? He may consider a "Skinner" old-fashioned, and so object to mention it, but those who use it look upon the man with a piece of lint somewhat as brother-workmen look upon one who, having pledged his screw-driver, is trying to extract a screw with a bradawl.

NOTTER AND FIRTH'S HYGIENE. (b)

THERE could be no better argument advanced for the merit or utility of an elementary work in science, than a rapid appearance of the second edition. The work is well arranged for students in Hygiene, and up-to-date in the principles of examination and research in this complicated subject.

To the present edition is appended a resumé of the Acts of Parliament, bearing on sanitary subjects in London and the provinces. Many useful extracts are taken from the model Bye-laws of the Local Government Board, that may enhance its value for the general reader. The authors assure us that this legislative instruction is added for the benefit of *Pater familias* whom we fear will eschew it as too technical, although invaluable to the student as a concise enumeration of the enactments, &c., bearing on the subject of sanitation.

Novelties.

THE "SELZODON."

SODA-WATER has long since ceased to be a luxury and is now a simple necessity of modern civilised life. Its presence in every household, down to the humblest, has been hitherto hindered by the two facts of cost and inconvenience. As everyone knows, to supply a family of average size with soda-water as retailed in the familiar wired half-pint is a somewhat expensive matter, to say nothing of the trouble of opening and of stowing away the bottles, and the old-fashioned gas-seltogene is not only a costly, but a cumbersome and troublesome engine to boot. Of late, however, science has been brought to bear upon the subject and that marvel of modern chemistry, liquefied carbonic acid gas, has been pressed into the service of the aerated water manufacturer. The best thing of the kind we have yet seen is the "Selzodon," of Messrs. Darafort & Fils, of Paris. In effect, the invention consists of a five-pint decanter, which is simply filled with water and charged with carbonic acid gas from a little iron cylinder. The householder in want of a supply of soda-water fills up the decanter, fixes on a gas charger (which costs him about threepence), presses a lever, and in one short moment he

(a) "The Diseases of Children," Medical and Surgical.—By Henry Ashby, M.D., F.R.C.P. and G. A. Wright, M.B., F.R.C.S. Third Edition. London: Longman, Green and Co. 1896. Pp. 814. Illustrations, 192.

(b) Hygiene by J. Lane Notter and R. H. Firth. Second Edition. Longman & Co., London. 1896.

becomes the possessor of five pints of excellent aerated water. One word as to the carbonic acid gas cylinder which forms, so to say, the core of the invention. It is a steel globe, about the size of a bantam's egg, and, despite a somewhat bomb-like appearance, is absolutely safe. The solidified carbonic acid gas with which it is charged is unaffected by ordinary temperatures. Further, every gas cylinder, before being sent out from the factory, is tested by being passed through boiling water. The enterprising firm which is putting this extremely useful and clever little invention into the market proposes to supply these cylinders in boxes of a dozen. The "Selzodon" has a special interest for the medical profession, which for many years has recognised the value of carbonic acid gas as a gastric sedative, and of soda water as an article of ordinary diet. Nurses, too, will find these cylinders of the utmost service for invalids, especially in the country and on board ship. Indeed, the merits of the "Selzodon" cannot fail to make their mark even in the history of so progressive an industry as that of aerated water making in the nineteenth century.

STOWER'S LIME JUICE.

MESSRS. RIDDLE & Co., 36 and 38 Commercial Street, London, have submitted to us samples of "Stower's Pure Lime Juice" and "Lime Juice Cordial." These preparations are certified to be free from alcohol as well as from sulphurous acid, and manufactured only from the pure juice of the fruit. We can testify to their extremely agreeable and characteristic flavour, to their freedom from mustiness, which is so objectionable in many similar preparations, and to their keeping properties. Properly diluted with water, plain or effervescing, Stower's Lime Juice affords a very palatable and salutary drink, likely to be appreciated at this season of the year, quite apart from its known anti-scorbutic properties.

Medical News.

Presentation.

MR. WILLIAM COPE HAMILTON, son of Mr. Edward Hamilton, sometime President of the Royal College of Surgeons of Ireland, received last week a very gratifying testimony of respect and regard from the past and present students of Dr. Stevens's Hospital on his retirement from the House Surgeoncy of the institution, which he has held for the last four years. The presentation took the form of a handsome gold watch, a purse of sovereigns, a large photograph of the hospital, and an illuminated address. Mr. Hamilton also received, as a mark of the esteem of the resident medical staff, a very handsome silver cigar box engraved with a suitable inscription. Mr. Hamilton must be congratulated upon having deservedly acquired a warm feeling of friendship and respect on the part of those with whom he has been associated, which is very creditable to him.

Inter-Hospital Boat Race.

LAST Thursday, the annual Inter-Hospital Boat Race took place from Hammersmith to Putney, in brilliant weather, and was witnessed by a large assembly. Three Metropolitan Hospitals were represented, viz.:—Middlesex Hospital, St. George's Hospital, and London Hospital. A good race ensued, for the first mile, between Middlesex and St. George's, the former, however, gradually increasing their lead. At the point opposite to the Ranelagh Club, the St. George's crew were evidently beaten, and the Middlesex holding the race well in hand passed under Putney Bridge with a clear lead of two-and-a-half lengths. London, who rowed a plucky stern chase, finished five lengths behind. The winners carried the course in the excellent time of 9 minutes 3 seconds. The winning crew were as follows:—Bow, C. H. Reissmann, 10st. 4lbs.; 2 H. C. Whiteside, 11st. 7lbs.; 3 G. P. Bletchley, 11st. 11lb.; Stroke, C. Charnock-Smith, 10st.; Cox., W. G. Higgins, 9st. 2lbs.

The British Medical Association.

SIR WILLIAM PRIESTLEY, as president, and Lady Priest-

ley held a reception and *conversazione* of the members of the Metropolitan Counties Branch of the British Medical Association, on Thursday evening last in the Natural History Museum at Kensington. The central hall and the bird gallery, specially illuminated for the evening, were thronged by a large crowd of members and their ladies, and a very pleasant re-union of friends resulted. Music by the band of the 2nd Life Guards and by the Edelweiss Alpine Singers enlivened the proceedings, and light refreshments were served during the evening. It is the first time that a medical *conversazione* has been held in this building, whose beautiful internal architectural features lend themselves for purposes like the one on Thursday, to thorough enjoyment. We may add that great credit is due to those who organised and carried out the entertainment.

An Interesting Experiment.

SOME time ago the District Medical Officer for Poplar and Bromley suggested to the Millwall Dock Company that they should plant a large mud heap (composed of river dredgings, belonging to them in the East Ferry Road) with willows, which he said would not only save the company the expense of using disinfectants, but would purify the ground by a natural process, besides creating a new industry in the district. The novel proposal was adopted by the dock company, and two acres of the fifty which comprise the land were planted with 10,000 willow plants—6,000 for coarse basket work and 4,000 for fine articles. Dr. Alexander, in his annual report just issued, records the great success of the experiment, especially from the point of view of the public health, and points out that the planting of osiers on a large scale in North-western India has assisted to stamp out malaria in a notoriously unhealthy valley covered with stagnant pools.

Parotitis on the Britannia.

It is reported that a severe outbreak of mumps has occurred among the cadets of the training ship *Britannia*, at Dartmouth. The infectious hospital on shore is full of patients, and yesterday the gunboat *Racer*, which has just been commissioned as tender to the *Britannia*, was sent to sea with a large number of cadets who have not yet contracted the disease. Surgeon Robert F. Bowie, R.N., has been placed in charge of the infectious hospital. The Staff-Surgeon James Porter, R.N., has been ordered to take up his quarters on board the *Britannia*.

Royal College of Surgeons of England.

THE following candidates having passed the necessary examinations, were admitted, last week, "Licentiatees in Dental Surgery of the College":—Messrs. Edgar Ashby, Ernest D. Bascombe, Luther Bidlake, Wallace W. Briant, Ernest Coltman, Hector C. Cowles, Harold S. Crapper, A. E. B. Crosby, Albert De Mierra, Joseph E. Dupigny, George R. Edey, Harold O. W. Harris, Edwin E. D. Heeson, Charles J. Hinchliff, Albert F. A. Howe, William J. Mark Lacey, Norman H. Oliver, Arthur G. G. Plumley, Arthur Read, Norris Snell, Richard H. Stevens, Leopold Ta' Bois, Benjamin G. Tasker, and Ernest Reginald Tebbitt, of Guy's Hospital; Walter B. Barnard, Edgar A. Blomfield, Harold Conder, Kendrick J. Eay, Harry Dunlop, Frederick Hemsted, Sydney, A. Knagge, Fred. W. Mardon, Osbert Mordaunt, Walter Mudie, Ernest A. Newbery, Alfred E. H. Orridge, Frank J. Padgett, and Harry H. Staton, of Charing Cross Hospital and the Dental Hospital of London; George W. Connor and Walter Sexton, of Middlesex Hospital and the Dental Hospital of London; Ernest F. B. Beyer, of Owens, Royal Infirmary, and Victoria Dental Hospital, Manchester; Thomas W. Byrne, Arthur P. Nixon, and John W. Skae, of University College, Royal Infirmary, and the Dental Hospital, Liverpool; Stuart Carter, Sydney E. Fisher, and Arthur M. Robey, of Mason's College, Queen's and General Hospital, and the Dental Hospital, Birmingham; William E. Hill, Charles J. H. Richee, of Middlesex and the National Dental Hospital; Hubert W. Moore, of Glasgow University, Middlesex Hospital, and the National Dental Hospital; Charles Mullord, of the London Hospital, and the National Dental Hospital. Sixteen candidates did not pass, and were referred back to their professional studies.

Notices to Correspondents, Short Letters, &c.

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

M. G.—The pamphlet which accompanied your letter hardly lends itself to serious criticism, except, perhaps, on the ground of its being a discreet advertisement for its author, a point you would possibly prefer to leave untouched.

DR. SPENCE (Birmingham).—A movement has already been suggested to raise a memorial to the genius of Jenner, the memorial to take the form of a statue in London. But no definite steps have as yet been taken.

A HINT FOR ANALYSTS.

A CHEMIST, near Dartford, was prosecuted recently for selling adulterated "sweet spirits of nitre," but he escaped penalty because the analyst, instead of confining himself to a simple statement of the nature and amount of the adulteration, put it on his certificate that the drug was "bad." The magistrates, acting upon a previous decision of the High Court, considered that the certificate was invalid because it expressed an *opinion* on the subject.

DR. DOCKRELL.—Paper on "The Present Position of Dermatology" received.

DR. FANOURT BARNES'S paper "On Some Psychological Consequences of Suppressed Menstruation" shall appear, if possible, in our next.

OUR SUPPLEMENT.

WE regret that the necessity for including the half-yearly index of the journal in the present issue prevents us from issuing the usual weekly Supplement devoted to Irish Poor-law intelligence and local Irish affairs. The contents of the Supplement, which we have in type, will appear next week.

MESSES. MACMILLAN & BOWES (Cambridge).—The remark was intended to apply to all publishers who send medical books to the lay press for review.

YOUNG CONSULTANT.—Our correspondent need not take the system of spelling adopted by certain American medical journals seriously. It has become quite a mania with the editors of some of our contemporaries on the other side of the Atlantic. The proof that it is merely a fad is that all the leading medical journals of the United States adhere to the usual English method of spelling medical terms—and as long as this is the case "American spelling" can never make any progress.

Q. B.—A "pocket ambulance case" which may answer your purpose is sold by Messrs. Maw, Son, and Thompson. It contains a supply of "first aid" accessories in a small compass, all that a cyclist is likely to require, unless he fractures his skull or a long bone.

DR. W. B. (London).—There are at present plenty of "studios" where skiographic photographs may be obtained. In your district the nearest is probably at Messrs. Coxeter & Sons (4 Grafton Street, W.C.), where skiographs of interesting cases can, we are informed, be executed forthwith.

Lectures and Demonstrations.

WEDNESDAY, JUNE 24TH.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC (Bloomsbury).—8 p.m. Lecture by Dr. Gowers.

LONDON POST-GRADUATE COURSE.—Hospital for Skin Diseases, Blackfriars, 4.30 p.m., Dr. Payne: Selected Cases.

WEST LONDON POST-GRADUATE COURSE (West London Hospital, W.)—5 p.m., Dr. W. Hunter: Pathological Demonstrations.

THURSDAY, JUNE 25TH.

LONDON POST-GRADUATE COURSE.—Brit. Inst. of Preventive Medicine, Great Russell Street, W.C., 8.30 p.m., Dr. Allan Macfadyen and Mr. A. G. Foulerton: Detection of Drugs in Urine.—Central London Sick Asylum, Cleveland Street, W., 5.30 p.m., Mr. J. Hopkins: Clinical Lecture.

VICTORIA HOSPITAL FOR CHILDREN (Chelsea).—4 p.m. Mr. Waterhouse: Adenoid Vegetations in the Naso-Pharynx and their Treatment.

HOME FOR TREATMENT OF WOUNDS AND ULCERS BY OXYGEN (35 St. George's Square).—4 to 5.30 p.m. Demonstrations of Treatment, Apparatus, and Cases.

FRIDAY, JUNE 26TH.

LONDON POST-GRADUATE COURSE.—King's College, 3 to 5 p.m., Prof. Crookshank: Tetanus, Rabies, and Cholera.

SATURDAY, JUNE 27TH.

HOME FOR TREATMENT OF WOUNDS AND ULCERS BY OXYGEN (35 St. George's Square).—4 to 5.30 p.m. Demonstrations of Treatment, Apparatus, and Cases.

Vacancies.

Brighton and Hove Lyng-in Institution and Hospital for Women.—House Surgeon. Salary £36 per annum, with furnished apartments, board, gas, coals, and attendance. Diplomas and testimonials to the Secretary before July 1st.

Dundee Royal Infirmary.—Matron. Salary £100 per annum, with board, lodging, and washing. Applications, with testimonials, to the Secretary on or before July 1st.

Huddersfield.—Medical Officer of Health. Salary £100 per annum. Applications, with testimonials, to F. C. Lloyd, Town Clerk, not later than July 7th.

Kennington Dispensary.—Resident Medical Officer. Salary £125 per annum, with furnished rooms, coals, gas, and attendance. Applications and testimonials to the Hon. Sec., F. Leach, Esq., 7 Stanford Road, Kennington Square, by July 4th.

Newport and Monmouthshire.—House Surgeon. Salary £100 per annum, with board and residence. Applications, with testimonials, to the Secretary not later than July 11th.

Seamen's Hospital Society.—House Surgeon for Branch Hospital, Royal Victoria and Albert Docks, E. Salary £75 per annum, with board and residence. Particulars of P. Mitchell, Secretary, Greenwich, S.E., by June 30th.

St. Mark's Ophthalmic Hospital, Dublin.—Resident Surgeon. Salary £22 per annum, with apartments, attendance, &c. (See advert.) Taunton and Somerset Hospital.—House Surgeon. Salary £100 per annum, with board, lodging, and washing. Applications and testimonials to J. H. Biddulph Finchard, Secretary, on or before July 15th.

Western General Dispensary, Marylebone Road.—House Surgeon. Salary £20 a year, with board and residence. Applications and testimonials to the Hon. Sec. not later than the 26th inst.

Willton Union, Somerset.—Medical Officer and Public Vaccinator. Salary £30 per annum. Applications, with testimonials, to Thomas Joyce, Clerk, before 10 o'clock on Saturday, June 27th.

Appointments.

ALEXANDER, ADOLPHUS B., Dental Surgeon to the Western Skin Hospital, London.

FOXWELL, ARTHUR, M.D., F.R.C.P., Examiner in Medicine in Cambridge University.

GOODHUE, FRANK W. J., B.A. Cantab., M.R.C.S., L.R.C.P. Lond., Assistant House Physician to the Hospital for Women, London, W.

HEAD, HENRY, M.A., M.D. Camb., M.R.C.P. Lond., M.R.C.S. Eng., Medical Registrar to the London Hospital.

HUGHES, B. T., L.R.C.P. Lond., M.R.C.S., Assistant Medical Officer for the Workhouse and Schools of the Birkenhead Union.

KENDALL, H. W., L.R.C.P. Lond., M.R.C.S., Surgeon to the Bristol hospital for Sick Children and Women.

MATHES, E. O., L.R.C.P., L.R.C.S. Edin., Medical Officer for the Billinge Sanitary District of the Wigan Union.

MILNER, E. A., M.B., M.Ch. Edin., Medical Officer for the Sixth Sanitary District of the Bodmin Union.

MORGAN, WM. L., M.A., L.R.C.P. Lond., M.R.C.S., Lichfield Clinical Lecturer in Surgery, Oxford University.

MORTON, C. A., F.R.C.S. Eng., L.R.C.P. Lond., Surgeon to the Bristol Hospital for Sick Children and Women.

SOOT, W. E., M.D., M.Ch. Dubl., Medical Officer of Health for Bloemfontein Orange Free State.

STARKE, E. G. B., M.B., M.Ch. Edin., Medical Officer for the Fyde Rural Sanitary District.

TAYLOR, W. J., L.R.C.P., L.R.O.S. Irel., Medical Officer of Health for the Amptill Sanitary District.

WILSON, GEO. J., M.A. Oxon., M.D. Dubl., M.R.C.S., Lichfield Clinical Lecturer in Medicine, Oxford University.

WINTLE, COLSTON, L.R.C.P. Lond., M.R.C.S., Surgeon (out-patient department) to the Bristol Hospital for Sick Children.

Births.

BELL.—June 18th, at Upgate, Louth, Lincolnshire, the wife of Charles W. J. Bell, M.R.C.S. Eng., of a daughter.

DODD.—June 4th, at Millford, Charleville, the wife of W. S. Dodd, L.R.C.S.I., L.K.Q.C.P.S., of a daughter.

HAYSOFT.—June 19th, at 4 Briton Terrace, Exmouth, the wife of F. T. Haycroft, L.D.S., of a son.

RICHARDS.—June 18th, at 47 Churnet Street, Manchester, the wife of Arthur Isod Richards, M.R.C.S., L.S.A., of a son.

Marriages.

BATESON—DURHAM.—June 16th, at St. Paul's Church, South Hampstead, William Bateson, Fellow of St. John's College, Cambridge, to Caroline Beatrice, daughter of the late Arthur E. Durham, F.R.C.S., Consulting Surgeon to Guy's Hospital.

BUCHANAN—ATKINSON.—June 15th, at the British Consulate, Lusanne, and at Christ Church, George Seaton Buchanan, M.D., of London, son of the late Sir George Buchanan, M.D., F.R.S., to Rhoda Atkinson, daughter of the late Thomas Atkinson, of Windermere.

CRUM—SIEVEKING.—June 30th, at St. Thomas's Church, Orchard Street, London, W. Walter Ewing, eldest son of the late Alexander Crum, of Thornliebank, to Ella, second daughter of Sir Edward Sieveking, M.D.

Deaths.

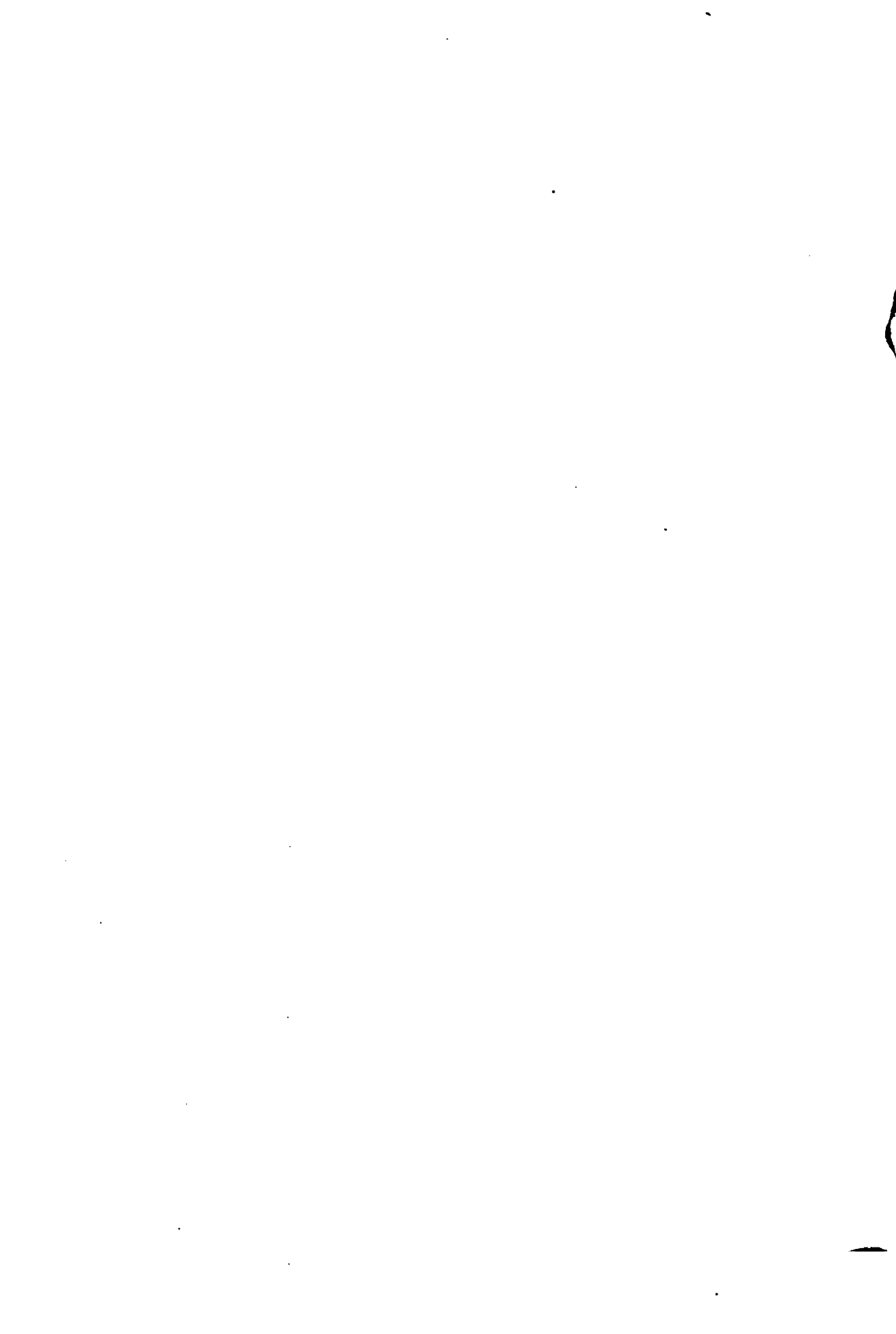
CHOLMELEY.—June 18th, at 71 Clarendon Road, London, W., William Cholmeley, M.D., F.R.C.P., aged 73.

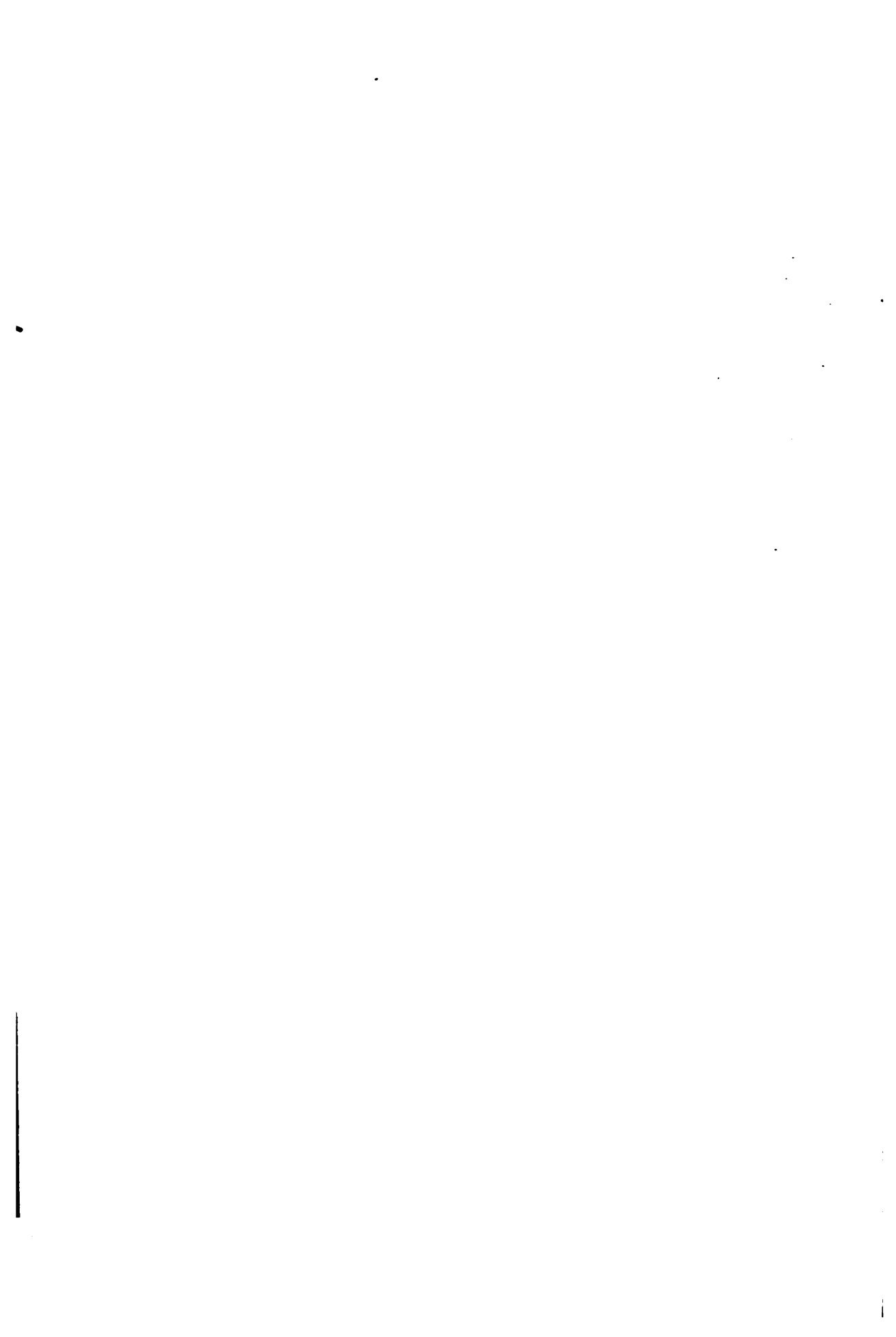
FRASER.—June 19th, at 2 Tottenhall Road, Wolverhampton, Charlotte Ann, wife of John Fraser, M.D.

KIRBY.—June 15th, at Cambridge Terrace, Hyde Park, London, Thomas Charles Kirby, M.D., aged 62.

PAGET-BLAKE.—June 19th, at Alverstoke Vale, St. Marychurch, Torquay, Charles Paget-Blake, M.D., F.R.C.P., Retired Surgeon R.N., aged 76.

NOTICE.—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.





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